Sažetak sa skupa

Anksiozno-depresivni poremećaj u akutnog kardiološkog bolesnika

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Podaci niza autora ukazuju da se kod bolesnika s akutnim koronarnim sindromom (ACS) javljaju brojne druge somatske, ali i psihičke bolesti. Jedna od češćih psihičkih bolesti kod bolesnika s ACS je depresija, ali i anksiozni poremećaj, a čest je i anksiozno-depresivni poremećaj. To je dijagnostička kategorija koja se po prvi puta javlja u MKB-10 klasifikaciji (F41.2), a postavlja se onda kada su zastupljeni simptomi i depresije i anksioznosti, ali ni jedan skup simptoma kada se promatra sam za sebe nije dovoljan da bi se postavila dijagnoza ni depresije ni anksioznosti. To dakle nije komorbiditet depresije i anksioznos-

Meeting abstract

Anxiety-depressive disorder in acute cardiac patient

The data by a number of authors show that that with patients with acute coronary syndrome (ACS) there occur not only numerous somatic but also mental diseases. One of more frequent mental diseases with patients with ACS is depression and anxious disorder as well as anxiety-depressive disorder is also very frequent. This is a diagnostic category that for the first time occurred in ICD-10 classification (F41.2) and is made when symptoms of both depression and anxiety are present, but not a single group of symptoms when considered in isolation is sufficient as to make a diagnosis of neither depression nor anxiety. So,

ti, već poremećaj u kojemu su podjednako zastupljeni depresivni i anksiozni simptomi.

Depresivni simptomi se kod bolesnika s ACS javljaju u 15-23% slučajeva. Pojava depresije se kod tih bolesnika obično javlja prije pojave ACS, dakle kao recidiv već ranije dijagnosticiranog velikog depresivnog poremećaja, ali se javlja i u dijela bolesnika neposredno nakon koronarne dekompenzacije. U tim slučajevima se obično radi o reaktivnom depresivnom stanju.

Kako je depresija vrlo mukotrpno stanje za bolesnika koje dovodi u težim slučajevima i do suicidalnosti, potrebno ju je liječiti. Liječenje treba započeti odmah nakon što je depresija prepoznata i to onim metodama koje su za specifičnog bolesnika i njegovu kliničku sliku najviše obećavajuće. Treba započeti s nemedikamentoznom terapijom, no te metode obično nisu dovoljno učinkovite i zato je potrebno primijeniti psihofarmakoterapiju. Ta se metoda liječenja u vrijeme klasičnih antidepresiva nije primijenjivala u srčanih bolesnika radi njihove kardiotoksičnosti, no neki suvremeni antidepresivi nisu kardiotoksični. Kliničke studije su pokazale da neki selektivni inhibitori ponovne pohrane serotonina nisu kardiotoksični i da su indicirani u bolesnika s ACS. Provedene su kliničke studije koje pokazuju da je npr. sertralin siguran i učinkovit za rekurentnu depresivnu epizodu u bolesnika s akutnim infarktom miokarda. Na dvostruko slijepoj studiji usporedbe sertralina i placeba pokazalo se da sertralin ima značajno bolji antidepresivni učinak mjeren i HAM-D i CGI-I skalom te značajno poboljšava i kvalitetu življenja i sve parametre na skalama SF-36.

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this is not comorbidity of depression of anxiety, but a disorder including all equally represented depressive and anxiety symptoms.

Depressive symptoms with patients with ACS occur in 15-23% cases. The occurrence of depression with such patients usually occurs prior to ACS phenomenon, as a recurrence of previously diagnosed large depressive disorder, but it also occurs in a part of patients immediately following coronary decompensation. In such cases, reactive depressive state is usually concerned.

Since depression is a very hard state for a patient leading to some more serious conditions and suicides, it is to be treated. The treatment must start immediately after depression has been recognized applying methods that are specific for a particular patient and which are for his/her clinical manifestation the most promising. Nonpharmacological therapy should be initiated, but such methods are usually not sufficiently efficient and for that reason psychopharmacological therapy should be applied. Such treatment method at the time of applying traditional antidepressives has not been applied in cardiac patients due to their cardiotoxicity, but some modern anti-depressives are not cardiotoxic. Clinical studies have showed that some selective serotonin reuptake inhibitors are not cardiotoxic and that they are indicated in patients with ACS. The clinical studies have been conducted showing that e.g. sertralin is a safe and efficient for recurrent depressive episode in patients with acute myocardial infarction. The double blind comparison study of sertralin and placebo has showed that sertralin has a significantly better anti-depressive effect measured by HAM-D and CGI-I scale and significantly improves the life quality and all parameters in scales SF-36.