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STUDY OF DEPRESSION AND ANXIETY PREVALENCE IN PATIENTS UNDERGOING ACUTE MYOCARDIAL INFARCTION

The interest in the problem of disorders of the anxiety-depressive spectrum in various cardiovascular diseases (CVD) is determined by their wide prevalence, social significance, impact on disability. Despite a large number of studies, in the works of authors insufficient attention is paid to clinical pathological analysis of depressive and anxiety disorders in patients with cardiac pathology, a diagnostic assessment of these disorders from the standpoint of the current classification.

Keywords: depression, anxiety, treatment, myocardial infarction

Introduction

European Society of Cardiology Cardiovascular prevention in clinical practice (2012) depression, anxiety and other psychosocial factors are considered as independent risk factors of development of cardiovascular acute diseases of atherosclerotic origin, and their prevention and correction – as an integral component part of the primary and secondary prevention of CVD.

Criteria for the diagnosis of depressive disorders provide persistent (at least 2 weeks) decrease mood or loss of interest and pleasure from any activities changing in everyday life in the form of reduced performance and social maladaptation, changes in the somatic sphere. Features of depressive states in cardiological patients: Outpatient level of disorders; The presence of comorbid depressive affect disorders: asthenia, anxiety, cardiophobia, derealization, hypochondria, apathy, asthenic autism and algium, etc. Even staying in deep depression, agreeing with a doctor about depression of mood, lack of pleasure from previous occupation.

In this case, affective disorders significantly affect the prognosis of the disease and mortality. In our days, two groups of effects can be distinguished – behavior critical and pathophysiological that cause the relationship of emotional disturbances and AMI. Behavioral effects. Depression and related edemotor and volitional disorders become serious a barrier to successful rehabilitation after AMI. To the pathophysiological effects of depression, the way-to the development of AMI, include the activation of sympatho-adrenal system with chronic level increase norepinephrine and cortisol that trigger a cascade pathological reactions.

Objective

Study the features of depressive and anxious states in patients with undergoing acute myocardial infarction.

Materials and methods

The materials in this research were 40 patients with a diagnosis of «Undergoing acute myocardial infarction» aged 52–75 years who were hospitalized in the Cardiology department of the clinic of Andijan State Medical Institute. The average age of women 60 years, the average age of men 64 years. All patients, was carried specific tests. Specific examination included collection Hospital Scale Anxiety and Depression (HADS) tests. Results HADS test response was evaluated by the following criteria: +++ — clinically pronounced (depression or anxiety), ++ — subclinically expressed (depression or anxiety), + — unexpressed (depression or anxiety). We performed the HADS test in patients with subacute period of myocardial infarction (2-3 weeks to 2 months).

Results

Based on the results of the study, a chart was compiled. HADS study (depression) results in the control group (40 patients), the following: Not expressed depression (0-7 points) 6 respondents noted; Subclinically expressed depression (8-10 points) was noted in 12 respondents by. Clinically pronounced depression (over 11 points) have 22 respondents, which is 55% of the total the number of patients. And anxiety results in the control group (40 patients), the following: Not expressed anxiety (0-7 points) 12 respondents noted; Subclinically expressed anxiety (8-10 points) was noted in 10 respondents by. Clinically pronounced anxiety (over 11 points) have 18 respondents, which is 45% of the total the number of patients.

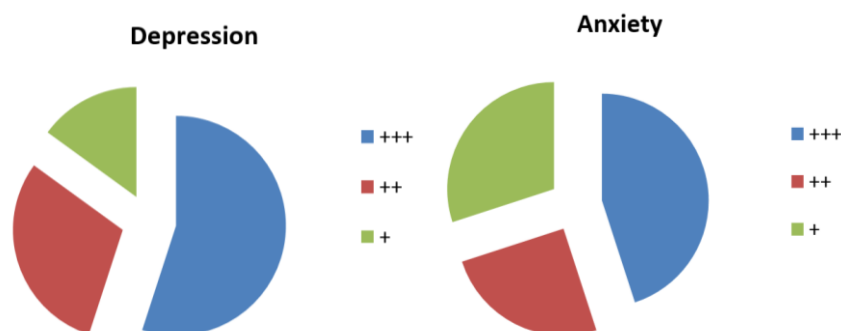


Figure 1

Conclusion

Special attention should be paid cases of anxiety-agitated depression and anxiety the peak of occurrence of which occurs on 2-3 weeks, due to the increased risk of auto-aggressive and outwardly directed aggressive actions. First days after a heart attack are the formation time severe and moderate to severe depressive episodes, including dysphoric; therefore, probably already in cardioreanimation conditions, where such patients, it is advisable to take therapeutic measures for the diagnosis, prevention of pressures and/or a decrease in the degree of its manifestations. Additional management strategies for depressed cardiac patients include cardiac rehabilitation and exercise programmes, general support, cognitive behavioural therapy, antidepressant medication, combined approaches, and probably disease management programmes.

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ИЗУЧЕНИЕ РАСПРОСТРАНЕННОСТИ ДЕПРЕССИИ И ТРЕВОГИ У ПАЦИЕНТОВ ПЕРЕНЕСШИХ ОСТРЫЙ ИНФАРКТ МИОКАРДА

Резюме: Интерес к проблеме нарушений тревожно-депрессивного спектра при различных сердечно-сосудистых заболеваниях (ССЗ) обусловлен их широкой распространенностью, социальной значимостью, влиянием на инвалидность. Несмотря на большое количество исследований, в работах авторов недостаточно внимания уделяется клинико-патологическому анализу депрессивных и тревожных расстройств у больных с кардиальной патологией, диагностической оценке этих расстройств с позиций современной классификации.

Ключевые слова: депрессия, тревога, лечение, инфаркт миокарда