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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

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anxiety-depressive and depressive disorders were stopped by long-term inpatient treatment by 65%, in the secondary group - by 34%.

Conclusions. The combination of drug treatment with psychotherapeutic support in the form of short-focus psychodynamic psychotherapy proved to be significantly more effective in correcting of anxiety-depressive and depressive disorders that arose against the background of transferred HPMK, than drug therapy without psychotherapeutic support.

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CLINICAL AND PSYCHOPATHOLOGICAL FEATURES OF PATIENTS WITH DEPRESSION ASSOCIATED WITH CARDIOVASCULAR PATHOLOGY

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Introduction. Depression is one of the leading causes of ill health and disability worldwide. More than 300 million people are now living with depression, an increase of more than 19% from 2010 to 2020. In addition, the World Health Organization predicts that by 2030, depression and cardiovascular diseases will be the most frequent causes of disability and mortality. The relationship between depression and cardiovascular disease is hotly debated and is believed to be bidirectional.

The aim of the study. This study aimed to investigate clinical and psychopathological features of patients with depression associated with cardiovascular pathology.

Material and methods. Sixty five patients with a depressive disorder between the ages of 18 and 75 were included in the research process. The main group of the study included patients (45 people) with depressive disorder and comorbid cardiovascular diseases. The control group included 20 patients with depression without accompanying somatic pathology. The level of depression and anxiety in patients was determined by the Hamilton Depression Rating Scale (HDRS) and the Hamilton Anxiety Rating Scale (HARS).

Results. The mean HAM-D score in patients with depression and cardiovascular disease at baseline and 3 months later was 26.23±6.71 and 10.24±4.37, respectively ($p<0.0001$). The results in patients without cardiovascular diseases were as follows: (HAM-D score 21.87±7.21 at the beginning of treatment and 6.42±5.60 after 3 months). The mean HAM-A score in patients with cardiovascular disease was 25.22±6.38 and 11.78±4.22, respectively ($p<0.0001$). The decrease in HAM-A scores observed in patients without cardiovascular disease was lower, 22.81±6.18 and 4.24±5.34 ($p<0.0001$). Symptoms of depression and anxiety in patients with/without cardiovascular disease showed a significant reduction between the first and follow-up examinations of the patients. According to the results of our study, factors such as advanced age, male gender, obesity, and smoking increased the risk of coronary heart disease in depressed patients. Arterial hypertension and diabetes also increased the risk of coronary heart disease by 40% and 20%, respectively. The results showed that depression increases the risk of coronary heart disease and cerebrovascular disease. Depression is a risk factor for coronary heart disease (overall relative risk 1.30).

Conclusions. Patients with depressive disorder and cardiovascular disease had a slightly higher baseline depression score (HAM-D) compared to patients without cardiovascular disease. After 3 months of treatment, depression and anxiety symptoms decreased in both groups. In patients without concomitant cardiovascular diseases, we achieved better indices in the reduction of symptoms of both depression and anxiety. Regardless of other cardiovascular risk factors, a confirmed diagnosis of depression increases the risk of coronary heart disease and cerebrovascular disease. Because depression may be a high risk factor for cardiovascular disease, future research should focus on diagnosing and preventing cardiovascular disease in people with depression.