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Media advisory: Female cardiovascular patients who are depressed amass up to 53 percent higher costs in cardiovascular health care over five years, according to an article in the *Journal of the American College of Cardiology*. C. Noel Bairey Merz, M.D., who led the study and is a nationally recognized expert in women's heart disease, is available to provide details on the relationship between depression and cardiovascular costs.

DEPRESSION LEADS TO HIGHER HEALTH CARE COSTS FOR WOMEN CARDIOVASCULAR PATIENTS, NATIONAL STUDY SHOWS

WHAT: Women with suspected coronary artery disease who suffer from depression have significantly higher health care costs than those who are not depressed, according to findings from the Women's Ischemia Syndrome Evaluation (WISE), an ongoing, multicenter study funded by the National Institutes of Health.

Previous studies have shown that patients suffering from certain medical conditions and depression have greater health expenses than those without depression. Because women are diagnosed with depression at twice the rate of men, the study of costs related to depression and women's health issues is particularly important.

WHO: C. Noel Bairey Merz, M.D., is available to provide additional details. She is one of the journal article authors and chair of the multicenter WISE initiative, which is investigating potential methods for more effective diagnosis and evaluation of coronary artery disease in women. Bairey-Merz serves as director of the Women's Heart Center at the Cedars-Sinai Heart Institute, where she also directs the Preventive and Rehabilitative Cardiac Center at the Cedars-Sinai Heart Institute. A professor of medicine at Cedars-Sinai Medical Center, she holds the Women's Guild Endowed Chair in Women's Health.

DETAILS: This study, conducted among 868 women undergoing evaluations for possible coronary artery disease, used three different approaches to measure depression (history of treatment for depression, use of antidepressant medications, and a standard, widely accepted questionnaire). Seventeen percent to 45 percent of the women in the study met depression criteria.

Depression was associated with 15 percent to 53 percent increases in cardiovascular costs over five years. Translated into dollar figures, annual cardiovascular costs were \$1,550 to \$3,300 higher for depressed women than for those who were not depressed (depending on the depression criteria used).

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Several factors appear to be responsible for these increased costs, but one clear association is the fact that the depressed women experienced more cardiovascular disease events. Interestingly, relationships between depression and costs were particularly strong among women who did not have evidence of significant coronary artery disease, suggesting that depression may play a larger cost role in women who do not have traditional markers of heart disease. These results combined with prior work suggest that women with symptoms of heart disease without obstructive CAD are more prone to depression possibly secondary to misdiagnosis and misunderstanding. More research is needed," said Bairey Merz.

RAMIFICATIONS: The findings suggest that depression is an important factor in understanding overall and cardiovascular-related costs in women who have symptoms of heart disease. Although it is not currently known whether treatment for depression can lower costs in cardiac populations, the results support future research in this area.

FUNDING: The study was funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health, the National Center for Research Resources, the Gustavus and Louis Pfeiffer Research Foundation, The Women's Guild of Cedars-Sinai Medical Center, The Ladies Hospital Aid Society of Western Pennsylvania, and the Edythe Broad Endowment for Women's Heart Research.

The study abstract can be accessed at
<http://content.onlinejacc.org/cgi/content/abstract/53/2/176>

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Citation: *Journal of the American College of Cardiology*, January 13, 2009, "Depression and Cardiovascular Health Care Costs Among Women With Suspected Myocardial Ischemia."

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