




The association between the use of therapy for anxiety-depressive disorders and the occurrence of the first episode of heart failure

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Introduction: Studies show that even though the prevalence of depressive disorders varies worldwide, patients who have experienced heart failure (HF), have higher rates of depressive and anxious disorders than in the general population.¹ However, this made us wonder is the reverse also true. Therefore, the aim of our study was to find if depressive disorders lead to higher incidence of heart failure, since therapy for depressive disorders is prescribed often and without a psychiatrist's recommendation.

Patients and Methods: Patients who came into the emergency department of the University Hospital Centre Osijek, were included in this study. The inclusion criteria was heart failure as the primary diagnosis. Data was collected about their gender, age, chronic therapy, diabetes mellitus (DM) and whether this was their first heart failure. Data on therapy for depressive (F32-F33), anxious (F40-F41) disorders and insomnias (F51) were analyzed. The study was conducted from January 2024. to March 2025.

Results: The overall number of examinees, included in this study was 146, out which most were male 74 (50.68%). Therapy for depressive disorders was taken in 41 (28%) of all the examinees and the most common drug was alprazolam. Diabetes mellitus was prevalent in 63 (43.15%) examinees. This was the first heart failure for 59 (41.78%) of them and 20 (33.89%) of those examinees were diabetics. Therapy for depressive disorders was taken by 24 (40.67%) of the first time HF examinees, and there were 11 (7.53%) first-time heart failure patients with diabetes mellitus.

Conclusion: The incidence of depressive disorders rises after experiencing heart disorders, therefore after heart failure as well. We aimed to prove that taking medication for depressive disorders, with or without comorbidities, leads to higher incidence of HF. However, we did not find higher levels of depressive and anxious disorders among first time heart failure patients in our study. This could also be because not all the examinees admitted to taking therapy, since social stigmas around these medications still exist. Therefore, a bigger study that would include more examinees and over a longer period, should be conducted to get a better insight into these disorders.

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LITERATURE

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