

PSYCHOPHARMACOLOGICAL TREATMENT IN HEART TRANSPLANTATION CANDIDATES

P.1.g.043

Roberto Sánchez¹, Josep M. Peri², Eva Baillés², Anna Bastidas², Félix Pérez-Villa³, Antonio Bulbena¹, Luis Pintor²

¹Department of Psychiatry. Institut de Neuropsiquiatria i Addiccions, Centre Emili Mira, Parc de Salut Mar, Barcelona.

²Department of Psychiatry. Institut de Neurociències. Hospital Clínic i Provincial de Barcelona. Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS). Universitat de Barcelona.

³Heart Transplantation Division. Department of Cardiology. Instituto Clínic del Tórax. Hospital Clínic i Provincial de Barcelona. Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS). Universitat de Barcelona.

e-mail address: 39639rsg@gmail.com

INTRODUCTION

Studies investigating psychosocial aspects of the pre-operative phase of heart transplantation have demonstrated enormous distress on patients prior to the operation. During this phase there is a high prevalence of anxiety and depressive disorders caused by the rapid decline in somatic condition and the psychological stress of the situation. In these patients psychopharmacological treatment is very common, but no conclusive quantitative data are available. [1], [2]

PURPOSE

Describe the psychopharmacological treatment profile and make an approach to the most commonly used drugs, in patients in waiting period for heart transplantation. Such a secondary objective we want to describe the cardiological and psychiatric features of these patients.

MATERIALS AND METHODS

Descriptive analysis of 108 adult patients enrolled between 2006 and 2012 in heart transplant program during waiting list phase. The study protocol was approved by the ethical committee board of the Hospital Clinic of Barcelona and all the participants signed informed consent. We analyzed the following variables: age, sex, years of disease progression, etiology of cardiopathy, presence of axis I disorders applying structured clinical interview for DSM-IV and Hospital Anxiety and Depression Scale (HADS), and description of psychopharmacological patterns. We used descriptive statistics such means, averages and percentages. All statistical procedures were performed with PASW Statistics 18 for Microsoft Office 2007.

RESULTS

Demographic and clinical characteristics:

On average, the 108 patients of the sample were aged 55.6 ± 10.8 years. 85 were male (78.7%) and 23 female (21.3%). The mean of cardiac disease progression was 9.3 ± 7.4 years. The main etiologies of cardiopathy were ischemic heart disease (39.8%), dilated cardiomyopathy (32.4%) and valvular heart disease (12%).

Psychopharmacological treatment profile:

A 28.7% of the sample (31 patients) was treated with psychopharmacological drugs at time of inclusion in waiting list, with this distribution: Benzodiazepines 13%; Selective Serotonin Reuptake Inhibitors 6.5%; Selective Serotonin Reuptake Inhibitors + Benzodiazepines 5.6%; Serotonin-Norepinephrine Reuptake Inhibitors 1.9% and other antidepressants 1.9%. No patient received treatment with antipsychotics or mood stabilizers. (Figure 1)

Psychiatric evaluation:

Axis I diagnoses were present in a 28.7% of patients of the sample, all of them included in anxiety and depressive disorders. The mean score of HADS was 11.6 (S.D. = 6.6), with a mean score of 6.6 in subscale of anxiety and 5.0 in subscale of depression.

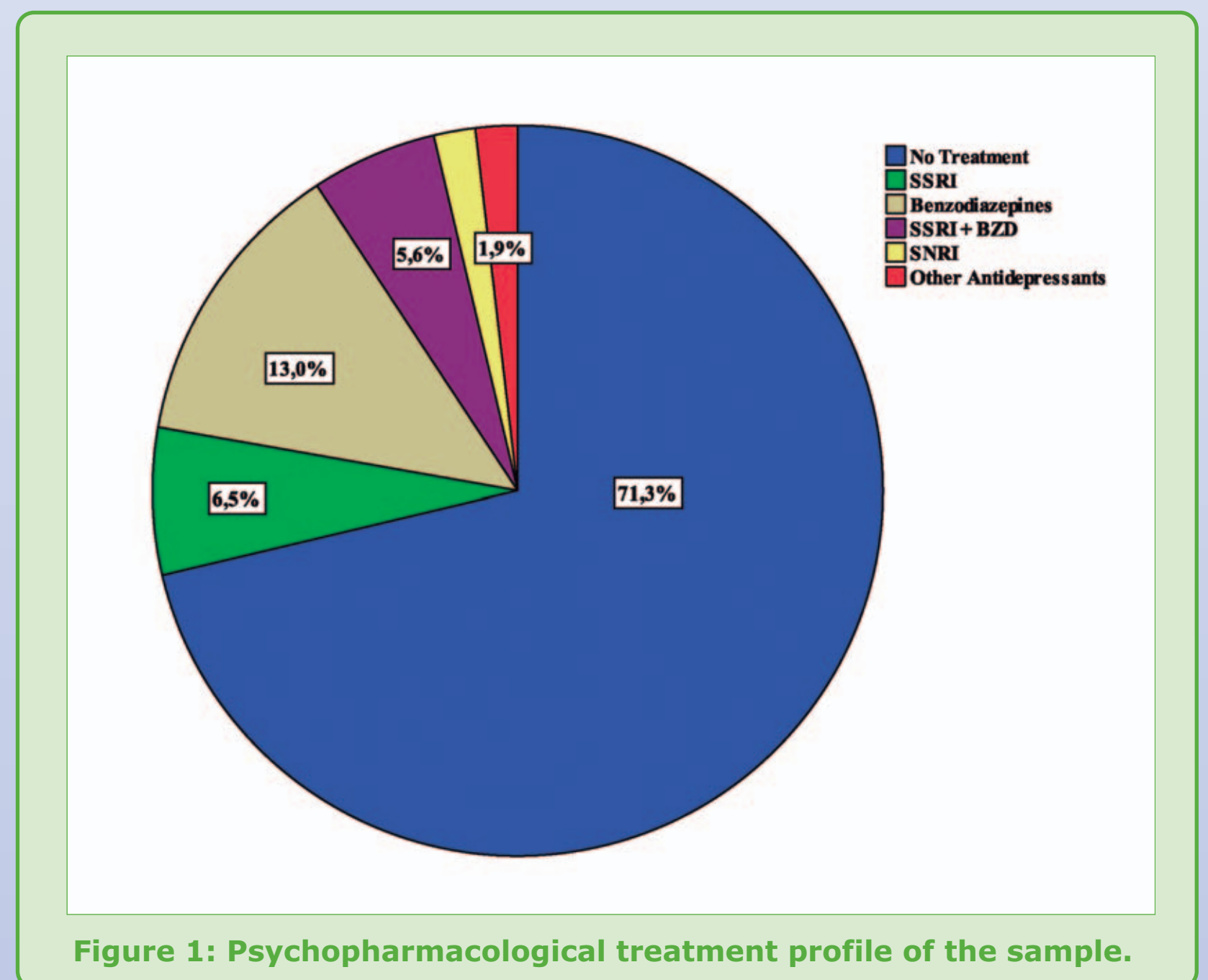


Figure 1: Psychopharmacological treatment profile of the sample.

CONCLUSIONS

About one third of patients in waiting list phase received psychopharmacological treatment, mainly anxiolytics and antidepressants. Selective Serotonin Reuptake Inhibitors was the most used group of antidepressants (used in 12% of the sample, 13 patients), may be due to positive profile of side effects and metabolic interactions in heart transplantation patients. The clinical characteristics of our sample are similar to the overall patient profile integrated in a heart transplant program and we founded a high prevalence of axis I diagnoses. [1], [3]

REFERENCES

- [1] Zipfel S, Schneider A, Jünger J, Herzog W. Anxiety, depressive symptoms and heart transplantation. In: Molinari E, Compare A, Parati G, editors. Clinical Psychology and Heart Disease. Italy: Springer, 2010; pp. 149-163.
- [2] Triffaux JM, Wauthy J, Bertrand J, Limet R, Albert A, Ansseau M. Psychological evolution and assessment in patients undergoing orthotopic heart transplantation. Eur Psychiatry, 2001;16(3):180-5.
- [3] Stehlik J, Edwards LB, Kucheryavaya AY, Benden C, Christie JD, Dobbels F, et al. The Registry of the International Society for Heart and Lung Transplantation: Twenty-eighth Adult Heart Transplant Report-2011. J Heart Lung Transplant, 2011;30(10):1078-94.



DISCLOSURE:
No potential conflict of interest

Centre Dr. Emili Mira
Parc de Salut MAR
Barcelona