

## Antidepressant prescription in acute myocardial infarction is associated with increased mortality 1 year after discharge

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### AIMS

To assess the impact of antidepressant (AD) prescription at discharge on 1-year outcome of patients presenting with acute myocardial infarction (AMI) in Switzerland.

### METHODS

We used data from the AMIS Plus registry including patients admitted between March 2005 and August 2016 with AMI to a Swiss hospital who were followed up by telephone, 12 months after discharge. We compared patients who received AD medication at discharge with those who did not, with regard to baseline characteristics and outcomes in 1-year follow-ups using logistic regression. Outcome endpoints included mortality, re-hospitalisation, cerebrovascular events, re-infarction, percutaneous coronary intervention (PCI), coronary artery bypass graft as well as pacemaker and/or cardioverter-defibrillator implantations. Additionally, work and daily life conditions were compared between the groups.

### RESULTS

Among 8911 AMI patients, 565 (6.3%) received AD at discharge. These patients were predominantly female, older, experienced more often non-ST-segment elevation myocardial infarction, were in higher Killip classes, and had more frequently hypertension, diabetes, dyslipidaemia, obesity and comorbidities. They underwent less frequently PCI, and stayed in hospital longer. The AD-receiving group had higher crude all-cause mortality at 1-year follow-up than the non-receiving group (7.4% vs 3.4%;  $p < .001$ ) and AD prescription was an independent predictor for mortality (OR 1.67; CI: 1.17 to 2.40).

### CONCLUSION

AD medication at discharge was associated with poorer prognosis in AMI patients at 1-year follow-up. However, this study has limited data on depression diagnosis and drug classes. Further research is needed to pinpoint the causes and underlying pathomechanisms for the higher mortality observed

in this patient group.

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