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IMPACT OF PREGNANCY COMPLICATIONS, DEPRESSION ON CARDIAC HEALTH

Pregnancy Complications Linked to Cardiac Episodes, While Depression Has No Lasting Effect on Mortality

ATLANTA, GA (March 14, 2006) — Researchers explored how body systems are interconnected, linking pregnancy complications and depression to impacting cardiac health today at the American College of Cardiology Annual Scientific Session. ACC.06 is the premier cardiovascular medical meeting, bringing together more than 30,000 cardiologists to further breakthroughs in cardiovascular medicine.

[Pregnancy Complications as Risk Factors for Coronary Artery Disease \(Abstract 1029-214\)](#)
[Pregnancy Complications as Risk Factors for Cardiac and All Cause Mortality \(Abstract 968-153\)](#)

An increased occurrence of cardiovascular dysfunction in women with pregnancy complications has been well documented and two new studies released from Duke University Medical Center and the Durham Veterans Administration Medical Center in North Carolina. Researchers found a correlation between pregnancy complications and coronary artery disease (CAD), a condition that reduces the blood flow through the coronary arteries to the heart muscle, and a strong relationship between pregnancy complications and a significantly increased risk of cardiac episodes and mortality.

The first study found that women with pregnancy complications are 1.6 times more likely to develop CAD compared to those without pregnancy complications. Researchers looked at 404

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patients who had given birth at Duke University and experienced cardiac episodes later in life.

Research found that the average age of heart attack for women who had experienced pregnancy complications (214 women) was approximately the same, regardless of how old they were when the pregnancy complication occurred. The data showed that women who had pregnancy complications were also more likely to have diabetes, hypertension, CAD by catheterization, and to have smoked during pregnancy, placing them further at risk.

In the second study, researchers found that patients who experienced pregnancy complications were 2.3 times more likely to suffer from cardiac mortality. Having gestational diabetes or preterm birth also increased the risk of all-cause mortality as compared to the normal pregnancy population. Other related factors included congestive heart failure and smoking during pregnancy, both of which were strongly associated with mortality.

"More cross-disciplinary collaboration is needed to preventively treat women long after the pregnancy complications have been solved," said Mimi S. Biswas, M.D., Duke University Medical Center and lead author of the study. "Recognizing the impact of these factors on future cardiovascular health and developing early preventive interventions could significantly increase these patients' chance of survival."

Depression is Not Associated With Long-Term Mortality in a Representative Patient Population with Myocardial Infarction (Abstract 974-244)

Depression is considered relatively common after myocardial infarction, and many studies have shown that early post-MI mortality can be predicted based on a patient's level of depression. However, researchers from the Johns Hopkins Bayview Medical Center in Maryland examined the long-term association between depression and mortality in post-MI patients and found that depression is not necessarily associated with an increased risk of mortality.

Using the Beck Depression Inventory (BDI), a standardized psychiatric questionnaire that is used in the diagnosis of depression, 280 patients were assessed for level of depression. Of the patients evaluated, there were 68 deaths after three years, an additional 30 deaths after five years, and another 38 deaths after eight years. Of the 280 patients, there were 56 who had a BDI score that indicates at least mild to moderate depression, previously shown to predict early post-MI

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mortality. The depressed patients did not experience an increased risk of mortality at three, five or eight years after MI comparison to non-depressed patients. Compared to previous studies on depression and long term mortality after MI, the patients in this study were generally older, more often women, and had more co-morbidities such as hypertension.

"While prior research has shown a correlation between depression and mortality early after myocardial infarction, our study shows that depression may not impact long term cardiovascular health as much as previously thought," said Kapil Parakh, MPH., Johns Hopkins Bayview Medical Center and lead author of the study. "While reducing the severity of depression may increase a patient's quality of life and may have an impact on early cardiovascular health, health care providers should focus on emotional health and, of course, on more traditional cardiovascular risk factors to decrease long-term mortality rates."

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The American College of Cardiology (www.acc.org) represents the majority of board certified cardiovascular physicians in the United States. Its mission is to advocate for quality cardiovascular care through education, research, promotion, development and application of standards and guidelines- and to influence health care policy. ACC.06 and the ACC inaugural i2 Summit, the first-ever meeting for interventional cardiologists, will bring together more than 30,000 cardiologists and cardiovascular specialists to share the newest discoveries in the treatment and prevention, while helping the ACC achieve its mission to address and improve issues in cardiovascular medicine.