FC01-04 - **DIFFERENTIAL EFFECTS OF DEPRESSIVE SYMPTOMS ON MORTALITY IN MIDDLE-AGED ADULTS WITH AND WITHOUT CHD**

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Objectives: Depression and mortality have been studied separately in patients with coronary heart disease (CHD) and in populations healthy at study inception. This does not allow comparisons across risk-factor groups based on the cross-classification of depression and CHD status. We prospectively examined the effects of depressive symptoms, assessed in 2002-2004, on all-cause and cardiovascular - mortality in a large sample of 5936 middle-aged participants, with and without established CHD, followed over 5.6 years

Methods-results: We created 4-risk-factor groups based on the cross classification of depressive symptoms and CHD status. The age-and-sex-adjusted hazard ratios for all causes death were 1.67-fold ($p< 0.05$) higher for participants with only CHD, 2.10-fold ($p< 0.001$) higher for those with only depressive symptoms and 4.99-fold ($p< 0.001$) higher for those with both CHD and depressive symptoms when compared to participants without either condition. The two latter risk-factor groups remained at increased risk after adjustments for relevant confounders. Further comparisons indicated that the risks of all-cause death were also higher, but to a lesser extent, for participants with both depressive-symptoms and CHD when compared to those with only one of these conditions. These associations were also observed for cardiovascular mortality

Conclusions: This study provides evidence that depressive symptoms are associated with an increased risk of all-cause and CVD death and that this risk is particularly marked in depressive participants with co-morbid CHD. Several clinical guidelines have recommended screening, referral, and treatment of depression in primary and cardiovascular care units. These findings suggest that these recommendations need further consideration.

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