

PW01-75 - PREDICTORS FOR COGNITIVE DECLINE IN MAJOR DEPRESSION ASSOCIATED WITH CARDIOVASCULAR DISEASES

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Background: Major depression is often associated with cardiovascular diseases, due to the common etiopathogenic mechanism: increased sympathetic activity. Mild cognitive impairment is associated with major depression and cardiovascular diseases are a predisposing factor leading to cognitive decline.

The objective of this study is to determine the association of biological markers of sympathetic hyperactivity with cognitive decline in the context of a major depression associated with cardiovascular diseases.

Material and methods: 60 patients with major depression and cardiovascular pathology were included (16 over 65 years and 44 under 65). The intensity of depression was evaluated with MADRS and the intensity of cognitive decline was evaluated with MMSE. Paraclinical tests (cortisolemia, fibrinogen, CRP) were also performed.

Results and discussions: Increased systolic blood pressure is significantly associated with high MADRS scores and low MMSE scores in the elderly ($p=0.004$, $p=0.035$, $CI=95\%$) and in adults ($p<0.05$, $p=0.034$, $CI=95\%$). Increased diastolic blood pressure is significantly associated only with MADRS scores in adults ($p=0.019$, $CI=95\%$) and it is not correlated with MMSE, neither in adults nor in the elderly.

Increased cortisolemia is significantly associated with the intensity of cognitive decline ($p=0.027$, $CI=95\%$) and with the intensity of depression ($p<0.05$, $CI=95\%$) in adults but the correlation in the elderly is not significant ($p>0.05$, $CI=95\%$, in both cases). Fibrinogen is not correlated with cognitive decline and with depression but CRP is associated more strongly with the adults ($p=0.003$, $CI=95\%$) than with the elderly ($p=0.041$, $CI=95\%$).

Conclusions: Increased systolic blood pressure and CRP are associated with cognitive decline in adults and in the elderly. Hypercortisolemia is significantly associated with mild cognitive impairment only in adults.