

## PW01-71 - A COMMON COMORBIDITY: HOW TO DEAL WITH DEPRESSION IN CHRONIC HEART FAILURE?

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**Objectives:** Depressive syndromes in chronic heart failure (CHF) are highly prevalent with 20-40% and are associated with various aspects of increased cardiac mortality and impact on health system. Likewise, CHF may increase the risk of developing depression or vice-versa via bidirectional interactions of possible shared pathophysiology.

**Methods:** While at current only a minority of comorbid patients with CHF receives adequate diagnosis and treatment, identification, treatment, and prevention by optimizing cardiological and psychiatric strategies appears essential. - An introductory overview on the occurrence, atypical presentation of symptoms, and risk factors of depression and CHF will be given (Norra et al. 2008) with main regard on the recent work.

**Results:** Concerning depression profiles, conventional cut-off-scores of rating instruments were analysed and have to be newly discussed in cardiologic patients (Forkmann et al. 2009). Further, depressed inpatients versus cardiologic inpatients with depression (Norra et al. in prep) showed differences on the cognitive-emotional aspects of depression (e.g. self-accusation, crying, social withdrawal) as opposed to great similarities (e.g. anergy, sleep disturbances). Here, sleep-related breathing disorders may also contribute to the depressive phenotype in CHF (Skobel, Norra et al. 2005). Interestingly, poor subjective sleep quality significantly predicts increased depressive symptoms in cardiac disease (Norra et al. in prep).

**Conclusions:** Only early screening, diagnosis and treatment of subclinical/modified depression in CHF may prevent further deteriorating effects of this comorbid disease on the heart and brain. A multicenter trial 'MyHeart' (EU 6th framework, IST 507816) is ongoing with a special focus on potential cardiac markers and depressive symptoms.