FIRST EVER STUDY ON DEPRESSION AFTER CARDIAC BYPASS SURGERY PASSES FIRST YEAR AT THE UNIVERSITY OF PITTSBURGH

PITTSBURGH, Feb. 17, 2005 – A first-of-its-kind study of the effects of post-operative depression, and treatments for depression, in cardiac bypass patients has passed the one year milestone at the University of Pittsburgh. Researchers are still recruiting patients for the study, called “Bypassing the Blues,” which will continue through 2008.

The study is funded by a $5.4 million grant from the National Heart, Lung and Blood Institute (NHLBI), which is part of the National Institutes of Health.

Bruce Rollman, M.D., M.P.H., associate professor of medicine and psychiatry at the University of Pittsburgh School of Medicine, said his team is recruiting 300 patients who have recently undergone cardiac bypass surgery at UPMC Presbyterian, UPMC Shadyside, Mercy Hospital, West Penn and the Pittsburgh VA Medical Center, with anticipated expansion to Westmoreland Regional, Jefferson and UPMC Passavant hospitals later this year.

“There are nearly 600,000 cardiac bypass surgeries annually in the United States and an article in the newest Circulation reports that 20 to 25 percent of bypass patients experience some sort of depression lasting anywhere from a few days to several months and in some cases even years,” Dr. Rollman said. “It is our aim to determine what factors and treatments can mitigate those depressive episodes and their effect on quality of life, cardiovascular morbidity and health care costs.”
Half of the patients will receive intervention, which will include follow-up contact from nurse care managers to see if the patients have seen any improvement in post-operative depression. If not, they will be directed to treatment options. To date, the study team has found that more than 40 percent of post-cardiac bypass patients screen positive with depressive symptoms in the hospital prior to discharge. Of these, approximately one third have remained depressed when study nurses recontacted them two weeks after discharge. Still, it is too early to report the impact of the depression intervention on cardiovascular outcomes.

The other half of the 150 patients, who are non-depressed, will serve as a control group and receive the usual post-operative care.

Dr. Rollman said that the health care community is focused on treating the physical aftermath of bypass surgery, including physical rehabilitation, but little has been done to consider mental well-being, and whether intervention might even improve physical recovery.

Co-principal investigator is Charles F. Reynolds III, M.D., professor of psychiatry and neuroscience at the University of Pittsburgh School of Medicine and Western Psychiatric Institute and Clinic.

Co-investigators are Peter Counihan, M.D., associate professor of medicine at the University of Pittsburgh School of Medicine and director of cardiac catheterization research at UPMC Presbyterian; Wishwa N. Kapoor, M.D., M.P.H., professor of medicine at the University of Pittsburgh and chief of the division of internal medicine; Steven E. Reis, M.D., associate professor of medicine at the University of Pittsburgh School of Medicine, director of the UPMC’s Women's Heart Center; Mark S. Roberts, M.D., M.P.P., associate professor of medicine and health policy and management, University of Pittsburgh School of Medicine; Herbert C. Schulberg, Ph.D., professor of psychology and psychiatry, Weill Medical College, Cornell University; Stephen B. Thomas, Ph.D., Philip Hallen Professor of community health and social justice and director of the Center for Minority Health at the University of Pittsburgh at the Graduate School of Public Health and Mark Wilson, M.D., Ph.D. professor of surgery.

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