



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA



CARDIAC REHABILITATION

DEPRESSION AND ANXIETY

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DEPRESSION AND ANXIETY

Depression and other factors such as social isolation, hostility and anger, and life stress are known risk factors for coronary heart disease. On the positive side, they are what we call “modifiable” or changeable as well as medically treatable risk factors (Allan 2012). In the following sections you will read more about the nature of depression, depressive symptoms, and anxiety so that you can better understand these conditions and seek help if you are struggling.

Often we avoid addressing feelings of anxiety and depression or even ongoing stressors such as conflicts in relationships or work stress. We may hope they will resolve on their own, or we may worry about being stigmatized. However, it is important for you to know that untreated depression or anxiety may increase vulnerability to future cardiac events. In addition, most patients find that once they learn to cope with their emotional struggles, they are better able to make other lifestyle changes that are being suggested to them by their physicians and loved ones (e.g. dietary changes, exercise, and smoking cessation). Addressing your symptoms of anxiety and depression can also help you feel happier in your relationships and at work.



Part 1 – Depression and depressive symptoms (Kop & Plumhoff, 2012)

In our culture today, we often use the word “depressed” to indicate to others when we are feeling down, sad, out of sorts, or maybe even “stressed out”. However, these experiences in and of themselves does not mean that one is suffering from a depressive disorder or “clinical depression” as it is sometimes referred to. It is common for individuals to experience certain depressive symptoms that does not go on to a full-blown depressive disorder. For example, when one experiences a difficult transition (i.e., transition from previously healthy to managing a chronic illness like heart disease) or a loss (i.e., a break-up of a a significant relationship, a job loss, etc.), one may experience some symptoms of depression like feelings of sadness, irritability, and anger, disturbed sleep, and short-term loss of interest in certain activities. However, these symptoms may be relatively short-lived, may not occur at the same time, and may improve as the individual adjusts to the change they have experienced and reaches out to family/friends for support. After we experience a death of a significant person in our lives, it may be common to feel quite sad and experience disturbed sleep and/or diminished appetite for a lengthy time however, this can be part of the normal and healthy grieving process. These symptoms are also our body’s way of prompting us to reach out for support and comfort.

Sometimes symptoms of depression are longer-lasting and more severe. Major Depressive Disorder (MDD) is significantly more common among patients with coronary heart disease (CHD) compared to the general population. Depression can be both an increased risk factor for cardiovascular events as well as an outcome of cardiovascular events. It occurs on a continuum from mild to severe and may require different levels of intervention depending on severity. Like in the general population, depression is more common in women than in men with CHD. MDD is diagnosed when an individual has been experiencing depressed/irritable mood and/or markedly diminished interest or pleasure in activities for at least 2 weeks consistently in addition to 4 or more of the following symptoms:

- Significant increase/decrease in weight or appetite
- Insomnia or excessive sleeping
- Physical slowing down of the body or agitation/restlessness
- Fatigue or loss of energy
- Feelings of worthlessness and/or excessive/inappropriate guilt
- Diminished ability to think or concentrate or indecisiveness
- Recurrent thoughts of death/recurrent suicidal ideation/suicide attempts

When suffering from a major depression, individuals with the above symptoms struggle to function as they used to in areas of work/school, family life, and social life. If you think you may have several of the above symptoms, consult with your family physician or seek consultation with a mental health professional in your community. Even if you are not experiencing all of the above symptoms, you may still require help with your mood because untreated depression adversely affects quality of life. As part of the cardiac rehabilitation program, you may also speak to your mentor about being referred to Social Work or Psychology here at the Heart Institute, if you feel you may be struggling with the above symptoms.



Part 2 – Anxiety and Anxiety Disorders (Kolzet & Inra, 2012)

As is the case with feelings of depression, feelings of anxiety are part of life and do not always indicate the presence of an anxiety disorder or problem. Periods of anxiety can be short lived and a normal part of certain experiences. For example, most, if not all people would experience a certain amount of anxiety after being rushed to the hospital following a cardiac event. This does not mean that all of these individuals would qualify for an anxiety disorder. Rather, just like feelings of sadness, feelings of anxiety are a normal part of what it means to be human. However, sometimes anxiety becomes more severe and people struggle to cope with everyday life. They may be constantly plagued by worries that interfere with proper sleep and/or concentration. Sometimes individuals may even experience episodes of panic where they feel shortness of breath, pounding heart, lightheadedness or dizziness, intense fear or dread, trembling or shaking and other such symptoms. The most commonly seen disorders in the cardiac population are the following: Generalized Anxiety Disorder, Panic Disorder, and Posttraumatic Stress Disorder (PTSD). Symptoms of anxiety can include:

- Constant and excessive, daily worrying
- Difficulty controlling the worrying
- Problems falling or staying asleep because you are unable to “turn off your mind”
- Feelings of restlessness or being on edge
- Muscle tension
- Problems with concentration or your mind going blank
- Irritability
- Easily feeling fatigued

Part 3 – Tips to alleviate the negative effects of depression and anxiety (Adapted from Sotile, 2012)

1. Remind yourself that it is normal to feel unprepared to cope with the changes that come following hospitalization and diagnosis of heart disease. It may help to pace yourself and not return to all your activities at once. These challenges will become less as you give yourself time to return to your daily routines.
2. It is common for patients to experience some of the following changes: Difficulties with attention, memory, and reasoning. These may be related to anxiety, depression, or certain medication side effects. They can also be a function of the direct effects of heart disease. Most patients gradually experience less and less of these concerns as they go through the first year of healing (Waldstein & Elias, 2001). If these continue to be a concern, please speak to your physician.
3. Many patients say that they do not want to burden their spouses and family members by discussing their feelings or things that make them feel “stressed”. Patients may already feel guilty about being a burden or placing stress on their families, and therefore choose to keep their struggles private. This is the opposite of what is helpful for your health and well-being. One of the best things you can do to help yourself with healing is to seek out social support and positive family relationships, which includes leaning on your loved ones for emotional support.
4. Although your heart disease is a lifelong chronic illness, there can be many successful ways of managing your illness. It can be helpful to try to adopt the mindset that heart disease is one of the many things that you are feeling/living with rather than telling yourself that you were “perfectly healthy” beforehand, and now are “permanently disabled”. In most cases, things are not that “black and white”. Remember, it is possible to learn to adopt a more hopeful attitude.
5. Stress in and of itself is not dangerous. Rather, your health is affected negatively when the effects of stress are never fully addressed or resolved. Techniques such as breathing, relaxation exercises, and sharing your emotions with trusted others can help reduce stress substantially. Regular aerobic exercise can also be an effective way to decrease feelings of depression and anxiety. Remember, your goal is not to live a stress-free life; it is to address stressors as they arise.
6. Anxiety can be lowered by lowering your base line stress levels; this includes limiting use of stimulants, such as caffeine, slowing your everyday pace when performing activities; and reducing multitasking.

RESOURCES TO ACCESS

If you are feeling like you may need more emotional support at this time, you are encouraged to explore resources. Please ask for a copy of the Mental Health Resource Guide. You may also speak to your mentor about how to get help.