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ANTIDEPRESSANTS IN TREATMENT ELDERLY PATIENTS WITH CHRONIC CARDIAC INSUFFICIENCY

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ABSTRACT: In CHF, depression is observed 2-3 times more often than in other diseases, currently this value ranges from 13% to 77% of the sample of patients with CHF. According to foreign and domestic research, these figures are much higher in the hospital. The average age of patients with CHF is quite old, which naturally aggravates the emotional background and the ability to withstand stress. On the other hand, this is also a general trend associated with an increase in the number of cases of depression worldwide. Among the depressions in cardiac diseases, in particular, in CHF, two leading types can be distinguished: nosogenic depression, associated with the peculiarities of the individual's response to the disease, and somatogenic depression (a disorder caused by the disease itself). The effect of the antidepressant paroxetine was studied in 89 elderly patients with chronic heart failure III FC according to NYHA and signs of anxiety-depressive personality disorder. The results of the study indicate the high clinical efficacy of rexetin: positive changes in the mental status of patients, their somatic state and quality of life have been established

Key words: chronic heart failure, senile age, anxiety and depressive disorders, paroxetine.

INTRODUCTION

Anxiety-depressive personality disorders are detected in a significant number of patients with chronic heart failure (CHF). Their presence changes the clinical picture of a somatic disease, has a negative impact on the course and prognosis, quality of life, contributes to the formation of an inadequate response to the disease, worsens the communicative abilities of patients, reduces the adherence of patients to treatment. Patients with depressive disorders are more likely to go to doctors and be hospitalized. Currently, depression is recognized as one of the the most pressing medical problems in the world. According to the Compass study, the frequency of "severe" depression is 23.8% among patients with a somatic profile. According to the results of other studies, the prevalence of depression in patients with somatic pathology ranges from 18 up to 45%. The results of the Compass program indicate that the prevalence of clinically pronounced depression in patients with CHF is 36.6%. The risk of developing a depressive disorder increases by 20% every 20 years life. We have not found any literature data on the specifics of the use of antidepressants in elderly patients with CHF and anxiety-depressive disorders. National guidelines for the diagnosis and treatment of CHF do not provide for the mandatory prescription of antidepressants to such patients. At the same time, it has been shown that untimely and inadequate therapy of depression leads to an aggravation of the somatic disease (if it is combined with depression) and a chronic depressive state. Due to the emergence of new antidepressants that do not have If there is a pronounced side effect, it becomes possible to treat such patients in an outpatient network. Thus, it seems relevant to study the possibility of using a new generation of antidepressants from the group of selective serotonin reuptake inhibitors in the complex therapy of elderly patients suffering from coronary heart disease, complicated CHF and having anxiety-depressive disorders (SSRIs). In this regard , 2 approaches were taken in this

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study: standard treatment without prescribing antidepressants and early administration of antidepressants in the conditions of the cardiology department of the hospital, followed by follow-up on an outpatient basis. The aim of the work was to evaluate the possibility of using the drug paroxetine for optimizing CHF therapy in senile patients with anxiety and depressive disorders.

MATERIALS AND METHODS OF RESEARCH

The study includes 89 patients (61 women, 28 men) with CHF of functional class III (according to NYHA) with mild and moderate signs of anxiety and depressive disorders, average age 82±3 years. The patients were divided into 2 groups, comparable in clinical and demographic characteristics. The first group included 46 patients who were treated with paroxetine at a dose of 10-20 mg / day once a day for 3 months. The second group consisted of 43 patients receiving standard therapy. The study was conducted upon admission, 2 weeks and 3 months after the start of treatment. All patients received ACE inhibitors and diuretics as somatotropic therapy. The general somatic condition was assessed using the clinical condition assessment scale (SHOKS V.Y.Mareev), 6-minute walking test, echocardiography (EchoCG, Logic 400, USA). The mental status was investigated using a questionnaire SMALL, Hamilton scales, Beck and Spielberger—Khanin questionnaires; quality of life — using the Russian version of SF-36 Health Status Survey and by the Minnesota Commissioner (MLHFQ).

THE RESULTS AND THEIR DISCUSSION

When evaluating the number of points for The initial data were comparable and amounted to 8.7±0.6 in the group of patients receiving rexetine and 8.5±0.9 in the comparison group. Two weeks after the start of therapy, in the group of patients receiving rexetin, there was a significant decrease in the number of points indicating an improvement in the clinical condition by 28.7% (to 6.2±0.9, $p<0.01$); in the comparison group by 15.2% (to 7.2±0.7, $p<0.05$). After 3 months, in the group of patients receiving rexetin, a further decrease in scores continued to 5.6±0.6, which was 35.6% compared to with the initial level ($p<0.01$). In the comparison group, there was no decrease in the number of points, and the indicator was 7.3±0.8 ($p>0.05$). Physical activity tolerance increased in both groups. There was no significant change in myocardial contractility according to EchoCG data. In patients receiving an antidepressant, a decrease in depressive symptoms according to the Beck test was revealed by 33.9% ($p<0.01$), on the Hamilton scale — by 37.7% ($p<0.01$). Reactive anxiety and personal anxiety according to the Spielberger—Hanin scale also significantly decreased. On the scale of personal anxiety, there was a decrease of 24.2%, on the scale of reactive anxiety — by 12.7%. According to the results of the SF-36 questionnaire, a significant improvement was obtained on the scales of physical functioning, role-based physical functioning, role-based emotional functioning and social functioning. The number of points on the Minnesota questionnaire decreased by 14.3%, which also indicates an improvement in the quality of life. There was no positive dynamics in mental status in patients undergoing somatotropic therapy. During treatment, rexetin was well tolerated by patients, and already 2 weeks after the start of taking the drug, its pronounced anxiolytic effect was manifested. The drug did not cause drowsiness during daytime hours, and the quality of night sleep improved significantly due to reduced anxiety. There was no significant change in blood pressure levels while taking rexetin. Two women had dyspeptic

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symptoms during the first week of taking the drug, which completely stopped when taking the drug after eating. Side effects the effects did not require discontinuation of the drug.Thus, the antidepressant rexetin in a daily dose of 10-20 mg demonstrated high clinical efficacy in elderly patients with CHF who had anxiety-depressive personality disorders. The drug has a balanced clinical anti-anxiety and antidepressant effect. When taking it, daytime sleepiness does not occur, and the quality of night sleep, as a rule, is impaired in elderly patients with anxiety-depressive symptomatology, significantly improved. The drug was well tolerated by patients. Side effects occurred only in 4.3% of cases during the first week of therapy, were of a short-term nature and did not require correction or withdrawal of the drug.

CONCLUSIONS

Based on the above, it is possible to recommend the use of paroxetine in the complex treatment of senile patients with CHF, having anxiety and personality disorders.

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