

## Treatment of depression in coronary heart disease (CHD) and following stroke

### Coronary heart disease (CHD)

Approximately 20% of patients with CHD suffer from major depression and a further 20% have less severe depression.

**SSRIs** are the drugs of choice in CHD. They are generally well tolerated and safe.

**Sertraline** is safe post MI

**Citalopram** and **escitalopram**, however, are known to prolong the QTc interval and are therefore contraindicated in patients with QT interval prolongation.

**Mirtazapine** is a suitable alternative if SSRIs cannot be used. There is evidence of its safety post MI.

**Tricyclic antidepressants** are contraindicated following MI and **venlafaxine** is contraindicated in patients, who are at high risk of arrhythmias and with uncontrolled hypertension.

### Stroke

Depression occurs in 30 – 40% of patients, who survive stroke.

Antidepressants may be helpful in not only treating the symptoms of depression but also allow faster rehabilitation.

Recommended drugs are:

**Mirtazapine** – may both protect against depressive episodes and treat them.

It does, however, have a small effect on INR.

**SSRIs** – fluoxetine, sertraline and citalopram have been shown to be effective and safe.

**Nortriptyline** has also been shown to be effective and safe.

Further information is available at: [What is the antidepressant of choice in coronary heart disease? - NeLM](#)

For further information: [www.choiceandmedication.org/leedsandyorkpft](http://www.choiceandmedication.org/leedsandyorkpft)

### References

- (1) Maudsley Prescribing Guidelines; 11<sup>th</sup> edition; 2012
- (2) Bazire; Psychotropic Drug Directory 2010

## Provenance

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