Abstract

Background: Coronary heart disease (CHD) is one of the most common causes of morbidity and mortality in the world. Moreover, previous studies have shown a strong association between psychiatric morbidity and coronary heart disease but, so far, no local data for the Chinese population is available. It is therefore interesting to explore the relationship between the two in a population with a different cultural and religious background as compared with the Western world.

Aim: This study is aimed to study the prevalence of psychiatric comorbidity of a local population with CHD. In addition, the risk factors of depression for people with CHD will be explored. Moreover, the psychometric properties of the 12-item General Health Questionnaire (GHQ-12) as a screening tool for the psychiatric disorders will be evaluated.

Method: This study was a cross-sectional study. One hundred patients diagnosed of CHD were recruited by systematic sampling from an outpatient post-catheterization cardiac clinic of a general hospital. Demographic, medical, psychiatric and psychosocial information were gathered from interview and medical record. Moreover, the Chinese version of GHQ-12 was completed by the patients. At the

same visit, the Chinese Bilingual version of Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (axis I) was administered to establish any possible psychiatric diagnosis.

Results: The prevalence of psychiatric comorbidity in the 100 recruited CHD patients was 34%. Eight per cent of the sample met the criteria of Diagnostic and Statistical Manual of Mental Disorders, 4th Edition for a current major depressive episode and five per cent met the criteria for a past major depressive episode. Adjustment disorder with depressed mood was diagnosed in 13% of the patients. Six patients had history of alcohol dependence syndrome. Current generalized anxiety disorder was diagnosed in three patients. Other clinical diagnoses included panic disorder, schizophrenia and adjustment disorder with anxiety symptoms. Factors that were associated with an increased likelihood of depression among CHD patients included female sex and specific adverse socio-economic characteristics, such as current unemployment. Other significant factors included unstable angina, myocardial infarction, longer duration of CHD, more chronic physical illnesses, diabetes and chronic gastrointestinal disease. The GHQ-12 could provide satisfactory psychometric properties at cutoff point of 4/5 in detecting active psychiatric comorbidity, 7/8 in current depressive episode and 5/6 in elevated depressive symptoms.

Conclusion: Major depressive disorder and adjustment disorder with depressed mood were the most prevalent psychiatric comorbidities in the CHD patients. Risk factors for developing depression in patients with CHD were identified. In addition, GHQ-12 could be regarded as an effective screening instrument for active psychiatric comorbidity, especially, depression.