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News

STS Press Release

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Embargoed for Wednesday, May 1, 2013, at 12:01 a.m. CT

Antidepressant Therapy Prior to Bypass Surgery May Aid Recovery

Treatment appears to speed mental health recovery and reduce postoperative pain in some patients

Chicago —Antidepressant therapy that begins 2 to 3 weeks before coronary artery bypass grafting (CABG) surgery and continues until 6 months post-surgery may help some patients recover their mental health more quickly and reduce postoperative pain, according to a study published in the May 2013 issue of *The Annals of Thoracic Surgery*.

Previous research has shown that depression among patients requiring or having undergone CABG surgery is higher than expected and can significantly impact postoperative recovery.

In this new study, researchers from University Hospital Jean Minjot in Besançon, France, and the University of Paris in Villetaneuse, led by Sidney Chocron, MD, PhD, conducted a randomized, double-blind phase 4 trial between January 2006 and February 2012. They compared outcomes for postoperative mortality, morbidity, and quality of life in 182 patients treated with a selective serotonin reuptake inhibitor (SSRI) with outcomes in 179 patients treated with placebo.

“Our results show that antidepressant therapy enables patients who were at least slightly depressed before surgery for coronary artery disease to feel better more quickly after surgery, without influencing the complication rate,” said Dr. Chocron. “Even slight depression before coronary surgery can delay a patient’s mental recovery and increase the feeling of pain after surgery.”

Patients began taking one tablet per day (either 10 mg of the SSRI or placebo) 14 days to 21 days prior to surgery and continued treatment through 6 months post-surgery.

Key Points

- The rate of depression among patients requiring or having undergone CABG surgery can delay postoperative recovery.
- CABG patients receiving antidepressant therapy recover more quickly after surgery than patients not taking antidepressants.
- Antidepressant therapy does not appear to increase the complication rate following CABG surgery.

Over the 6-month postoperative period, scores on two self-assessment questionnaires used to determine the presence of depression and overall quality of life were better in SSRI patients overall and among those in the SSRI group reporting depression than were scores from placebo group patients.

The authors also observed higher improvements in patients treated with SSRI therapy by postoperative month 1, suggesting that depressive symptoms and mental health improved more quickly in the SSRI group than in the placebo group.

Antidepressant therapy showed no effect on morbidity or mortality events up to 1 year following CABG surgery.

“Apart from mortality and complications, a patient’s feelings of pain and general well-being are a major concern for cardiac surgeons, as they form an integral part of patient care,” said Dr. Chocron. “Our study shows that feelings of pain can be reduced and general well-being improved in patients suffering from at least slight depression before surgery. Putting in place an antidepressant therapy helps those patients get on with their lives more quickly after such a serious surgical procedure.”

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For a copy of the study contact Cassie Brasseur at 312-202-5865 or cbrasseur@sts.org.

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 6,600 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society’s mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research and advocacy.

The Annals of Thoracic Surgery is the official journal of STS and the Southern Thoracic Surgical Association.