

Female sex and depression increase comorbidities in heartfailure patients

Author(s)

Heiligenberg, M.; Maaskant, J.M.; Latour, C.H.M.

Publication date

2018

[Link to publication](#)

Citation for published version (APA):

Heiligenberg, M., Maaskant, J. M., & Latour, C. H. M. (2018). *Female sex and depression increase comorbidities in heartfailure patients*. Poster session presented at 6th annual scientific conference of the European Association of Psychosomatic Medicine EAPM Innovative and Integrated Approaches to Promote Mental and Physical Health, Verona, Italy.

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please contact the library: <https://www.amsterdamuas.com/library/contact/questions>, or send a letter to: University Library (Library of the University of Amsterdam and Amsterdam University of Applied Sciences), Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

Female sex and depression increase comorbidities in heartfailure patients

M. Heiligenberg, J.M. Maaskant, C.H.M. Latour.
Email: m.heiligenberg@hva.nl.
Conflict of interest: none.

Background

Heartfailure (HF) is the 5th leading cause of death. HF often leads to low quality of life and depression. Depression in HF patients is associated with morbidity and mortality. Women with HF have depression more often. However, knowledge about the differences in comorbidities between men and women with and without depression is limited.

Purpose

The purpose of our study was to establish:

- (1) Differences in prevalence of 15 comorbidities between men and women with HF.
- (2) Differences in comorbidities between depressed and non-depressed men and women with HF.

Methods

The prevalence of 15 comorbidities (and depression) was obtained by studying a database with 38,807 elderly participants from 39 research projects in the Netherlands, executed between 2010-2013.

Only those who reported HF were included in further analyses. Multilevel logistic regression models were used to analyze differences between groups.

Results

7009 participants reported HF. The mean age was 80 (range 52-102 years), and 56.4% was female.

Participants came from various study settings:

- 15% general population,
- 25% hospital population,
- 60% primary care.

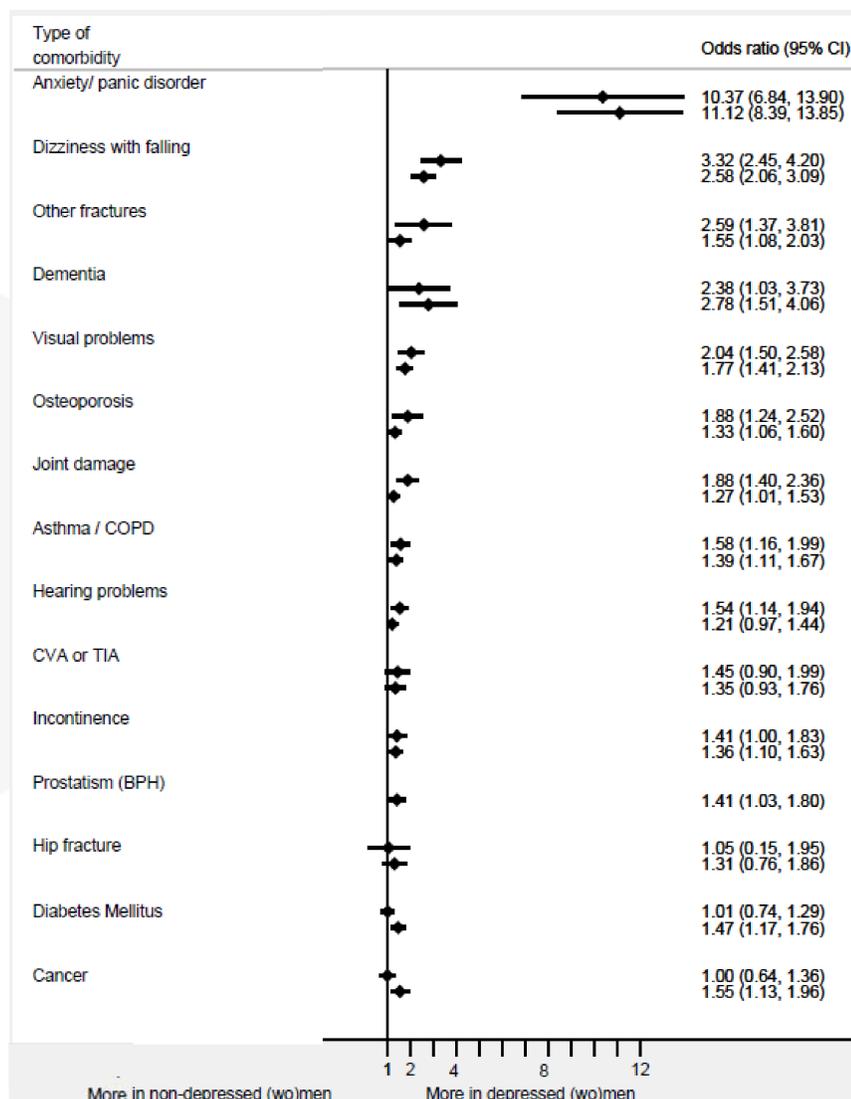
Men vs. women

- Depression was registered more often in women than men: 13.0% vs. 9.5% ($p < 0,001$).
- Of the 15 comorbidities studied, 10 were more common in women.

Depressed vs. non-depressed

Adjusted for age and study setting:

- Prevalence of most comorbidities was higher in depressed men and women (see figure for odds ratios) compared to non-depressed men and women.



Conclusions

In patients with HF, depression was common. We found that:

1. In general, the prevalence of comorbidities was higher in women compared to men
2. The prevalence of comorbidities was higher in depressed men and women compared to non-depressed men and women.

To improve HF management strategies for both men and women, it is important to study the complex relationship between gender and depression and other comorbidities.

Figure. Comparison of prevalence of comorbidities between 7009 depressed and non-depressed men and women with HF in the Netherlands, adjusted for age and study setting.

Upper line represents women with HF.
Lower line represents men with HF.