New Orleans — Underrecognition and undertreatment of clinically significant depression among patients with acute coronary syndrome is common — and strikingly more so among black patients, Dr. Alpesh A. Amin, reported at the annual scientific sessions of the American Heart Association.

Among 1,181 patients who were hospitalized with acute coronary syndrome (ACS) at two major Kansas City–area medical centers, the prevalence of moderate to severe depressive symptoms as assessed by trained evaluators using the Primary Care Evaluation of Mental Disorders Brief Patient Health Questionnaire was 14.9% among the 80.3% of ACS patients who were white — and fully twice as great in the 16.4% of patients who were black.

Yet these significant depressive symptoms were three times as likely to go unrecognized by clinicians in black than in white patients, said Dr. Amin, a research fellow at the Saint Luke's Hospital Center for Innovation and Research and the University of Missouri, Kansas City.

Moreover, the racial disparity in treatment of depression was even more pronounced than the disparity in recognition. Only 3.6% of black patients with moderate to severe depressive symptoms were discharged on antidepressant medication, compared with 28.5% of depressed white patients.

Depressive symptoms were recognized by clinicians in just 10.3% of black patients with moderate to severe depressive symptom scores, compared with 31.2% of affected white patients.

Recognizing depression should be an important goal for any physician who provides care for patients with ACS, Dr. Amin stressed. Depressed ACS patients have been shown to have a greater risk of future cardiac events and death than nondepressed ones. Plus, the psychologic, social, and functional impairment inflicted by depression make depressive symptoms in patients with ACS worthy of treatment, regardless of whether antidepressant therapy improves cardiovascular outcomes, an issue currently under study.

Depression Tied To Non-GI Ills in Abdominal Pain

Paris — Depressed children with persistent abdominal pain were significantly more likely than their nondepressed peers to report additional problems such as dizziness, weakness, and heart palpitations, Cheryl Little, M.D., said in a poster presentation at the Second World Congress of Pediatric Gastroenterology, Hepatology, and Nutrition.

In a study of 243 consecutive cases of children aged 8-15 years who were referred to gastroenterologists for persistent abdominal pain, 52 met the criteria for depression based on the Children's Depression Inventory. The presence of nebulous GI symptoms, such as an upset stomach, along with persistent abdominal pain should be a flag to primary care providers to screen for depression, Dr. Little noted.

Depressed children were significantly more likely than nondepressed children to report nonspecific nongastrointestinal symptoms including dizziness (57% vs. 28%, respectively), chest pain (43% vs. 22%), weakness (73% vs. 37%), back pain (47% vs. 26%), fatigue (75% vs. 53%), and heart palpitations (42% vs. 19%), said Dr. Little of Vanderbilt University in Nashville, Tenn.

In addition, the depressed children were significantly more likely than nondepressed children to report GI symptoms, including stomach upset (92% vs. 72%, respectively) and an urge to vomit (82% vs. 58%).

Headaches were common among both depressed (63%) and nondepressed (52%) children in addition to persistent abdominal pain, regardless of their other accompanying symptoms. No gender differences relating to specific symptoms appeared in this study.

—Heidi Splete

NIRAVAM: (abacavir orally disintegrating tablets)

0.25 mg 0.5 mg 1.0 mg 2.0 mg

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NIRAVAM, an oral disintegrating tablet, is intended for use in patients with moderate to severe depression. NIRAVAM is contraindicated in patients with moderate to severe hepatic impairment, aplastic anemia or severe renal impairment. The recommended initial dose is 0.25 mg (6 tablets) three times a day, in patients with moderate to severe hepatic impairment, aplastic anemia or severe renal impairment. The recommended initial dose is 0.5 mg (3 tablets) three times a day in patients with moderate to severe hepatic impairment, aplastic anemia or severe renal impairment.

NIRAVAM is a controlled substance (Schedule IV).

NIRAVAM is especially effective in alleviating moderate to severe depression in patients who have failed prior treatment with standard antidepressants.

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