

CREDO and 45 and UP

Ian Hickie, Nick Glozier, Sharon
Naismith, Helen Christensen, Bruce
Neal



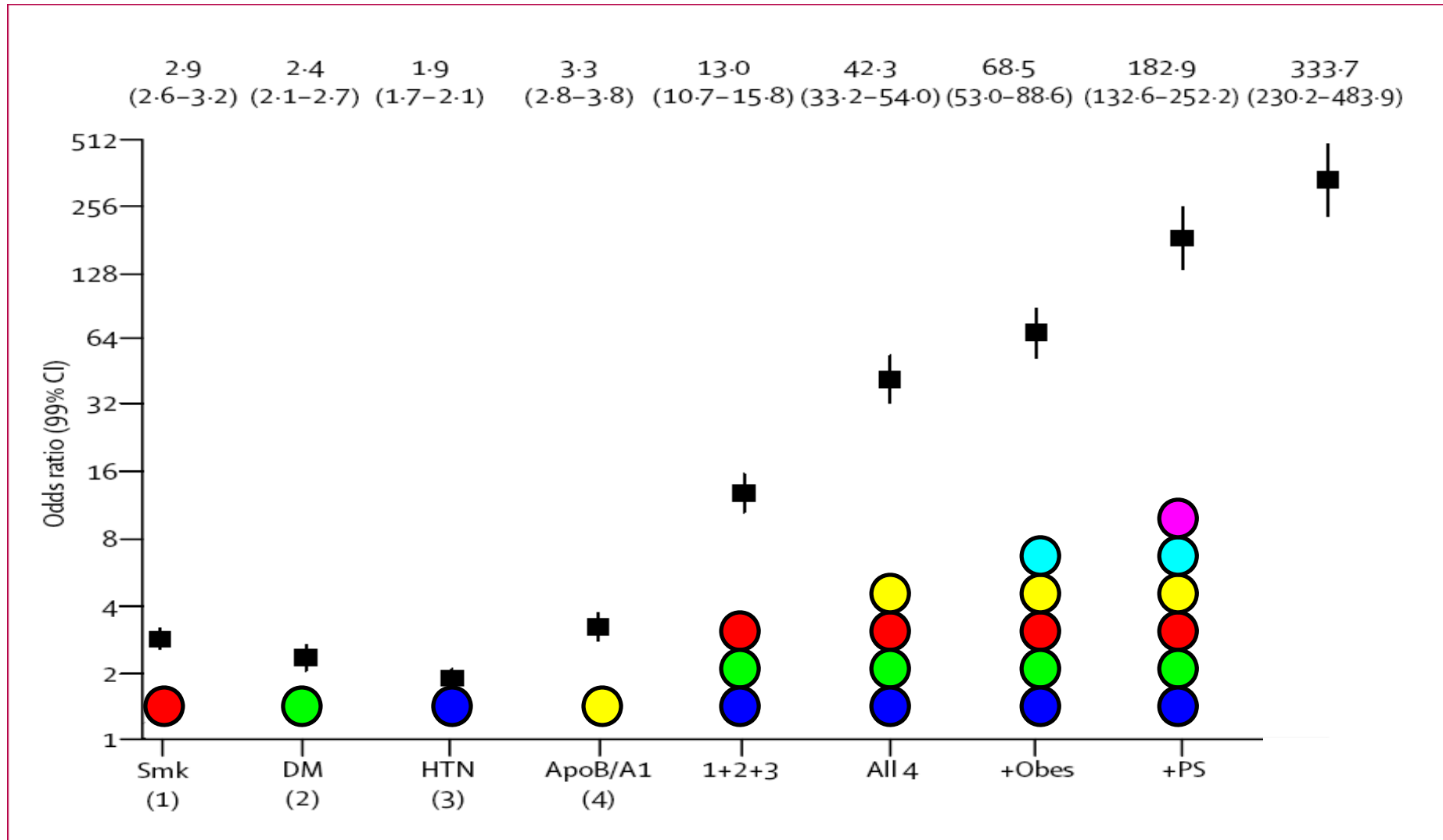
ANU

THE AUSTRALIAN NATIONAL UNIVERSITY

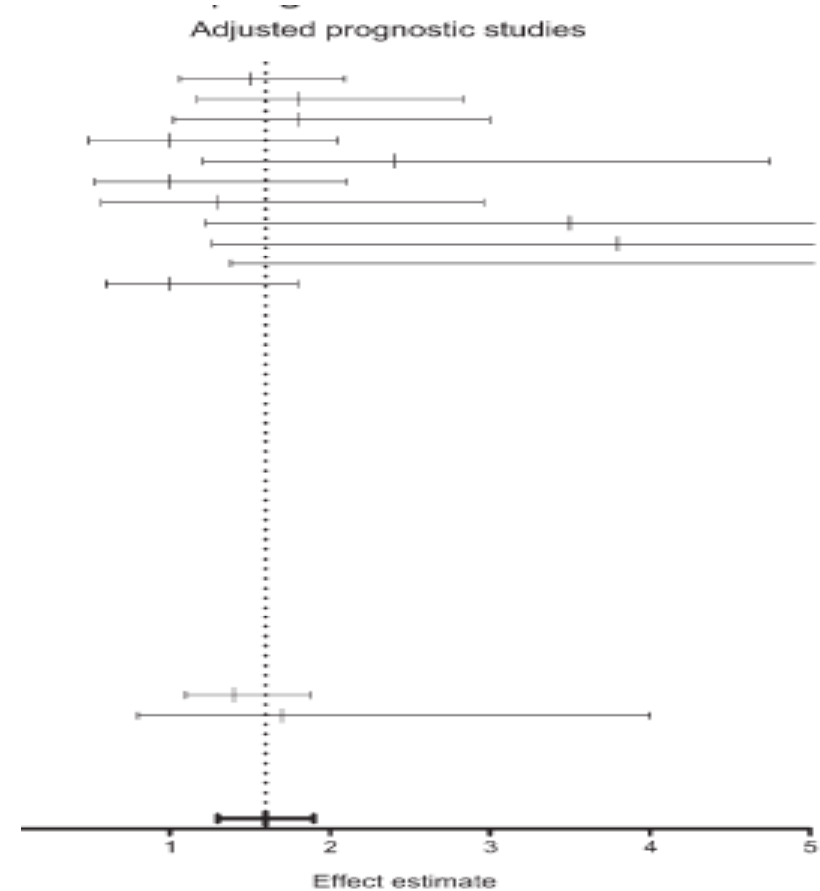
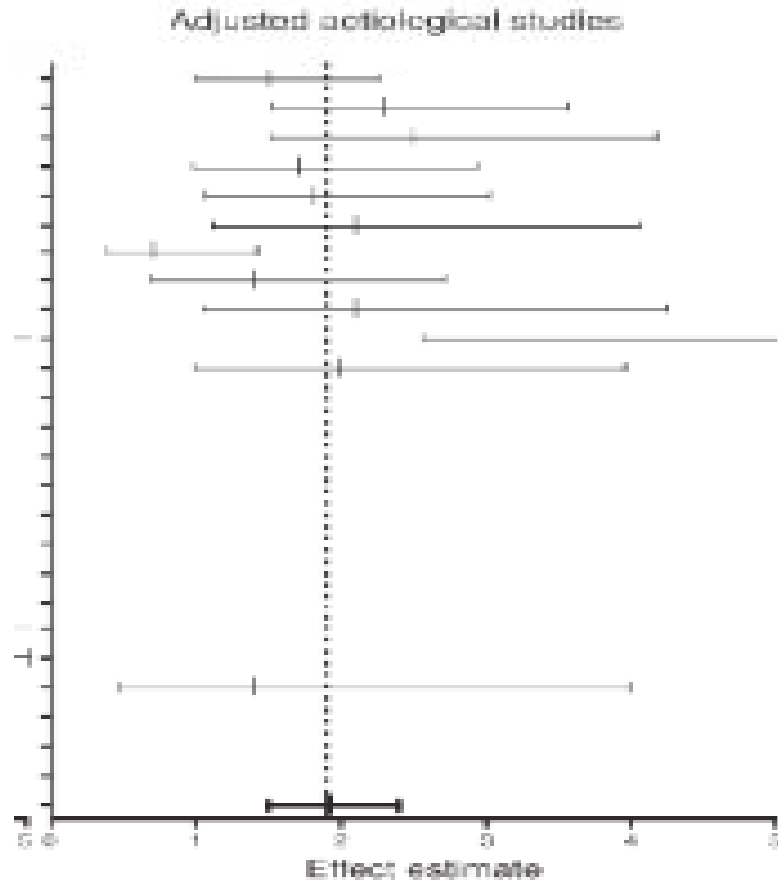


brain&mind
RESEARCH INSTITUTE

Psychosocial risks for MI



Depression as Risk



Nicholson et al European Heart Journal (2006) 27, 2763–2774

Treatment



- There are few RCTs of patients with clinical depression and CHD, and those that exist have significant methodological limitations.
- There is preliminary evidence that nonpharmacologic treatments are effective for cardiac patients with depression...particularly CBT and IPT.
- Minimal evidence that such treatment can improve CHD risk factors.
- e.g ENRICHD
Lett et al. *Psychosomatic Medicine* 67,
Supplement 1:S58–S62 (2005)



Moving Upstream



- Identify people with CVD risk factors and depression
- Apply known acceptable non-toxic treatment for depression
- Outcomes
 - Mood (PHQ-9)
 - Cognition
 - Physical activity, adherence, anxiety
 - Long term link to CHeRL and potentially PBS/MBS



Screening for risks



Participant in the 45 and up Study

Self reported history of CVD defined as any of the following within the baseline 45 and Up data: this would be ONE of

a: (Q25) – report of treatment in the last month for

heart attack / angina

other heart disease

high blood pressure

high cholesterol

b; (Q23) – report of taking any of the following in the past four weeks

Lipitor, Pravachol, Aspirin for the heart, Avapro/Karvea, Coversyl (+), Cardizem / Vasacorodol, Norvasc, Tritace, atenolol, warfarin, lasix, and micardis

c: (Q24) Previous doctors diagnosis of heart disease or stroke or high blood pressure

d: (Q24) Previous diagnosis of diabetes **AND** at least one prescription of glucose lowering therapy in the last 4 weeks (Diabex - Q23)

e: Two or more of the following risk factors –

regular smoker now (Q11),

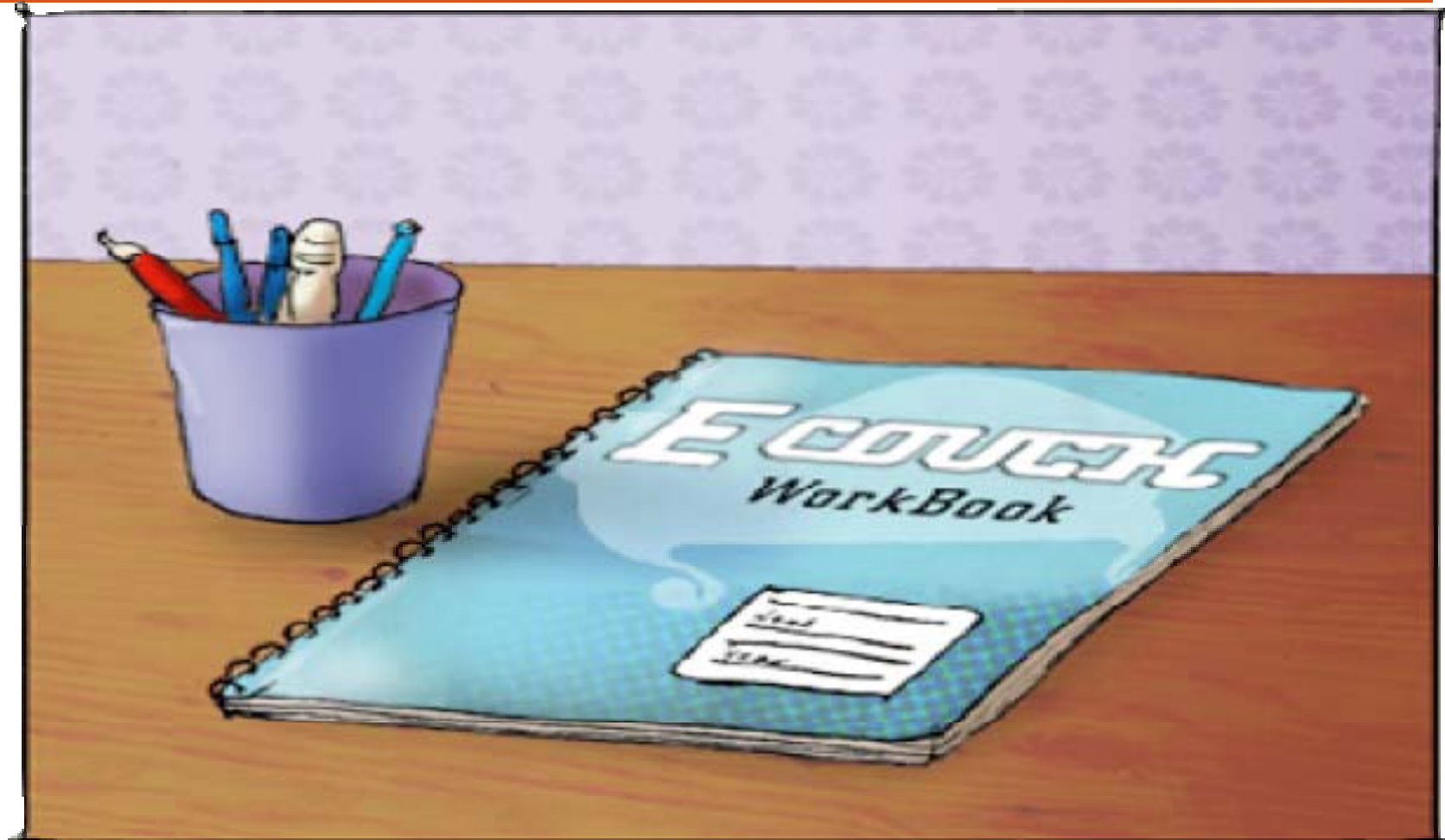
obese (BMI \geq 30 from Q 3 and 4),

over 65 years of age (Qu1),

family history of heart disease or stroke in 2 or more first degree relative (i.e. 2 of father, mother, brother/sister) (Qu18)

Positive screen for depressive symptoms in the 45 and UP study, defined as a Kessler-10 (K-10) score of greater than 16

Intervention – 10 weeks



Mackinnon, A., Griffiths, K.M. & Christensen, H.
(2008). Br J Psychiatry, 192; 130-134



brain&mind
RESEARCH INSTITUTE

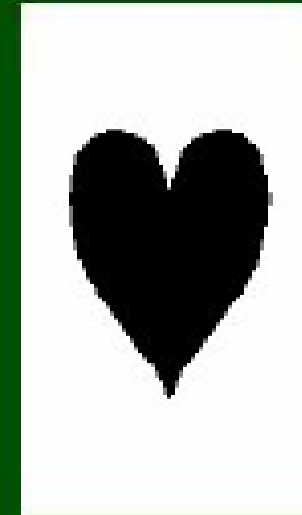
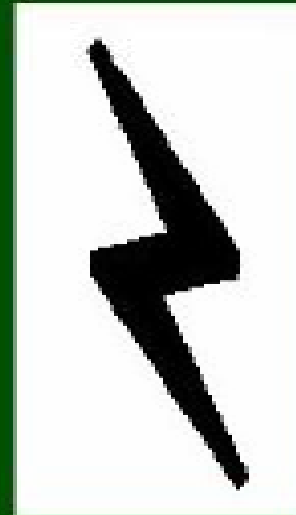
Cognitive function



Psychomotor
speed

Paired
associative
learning

Press button whenever cards match



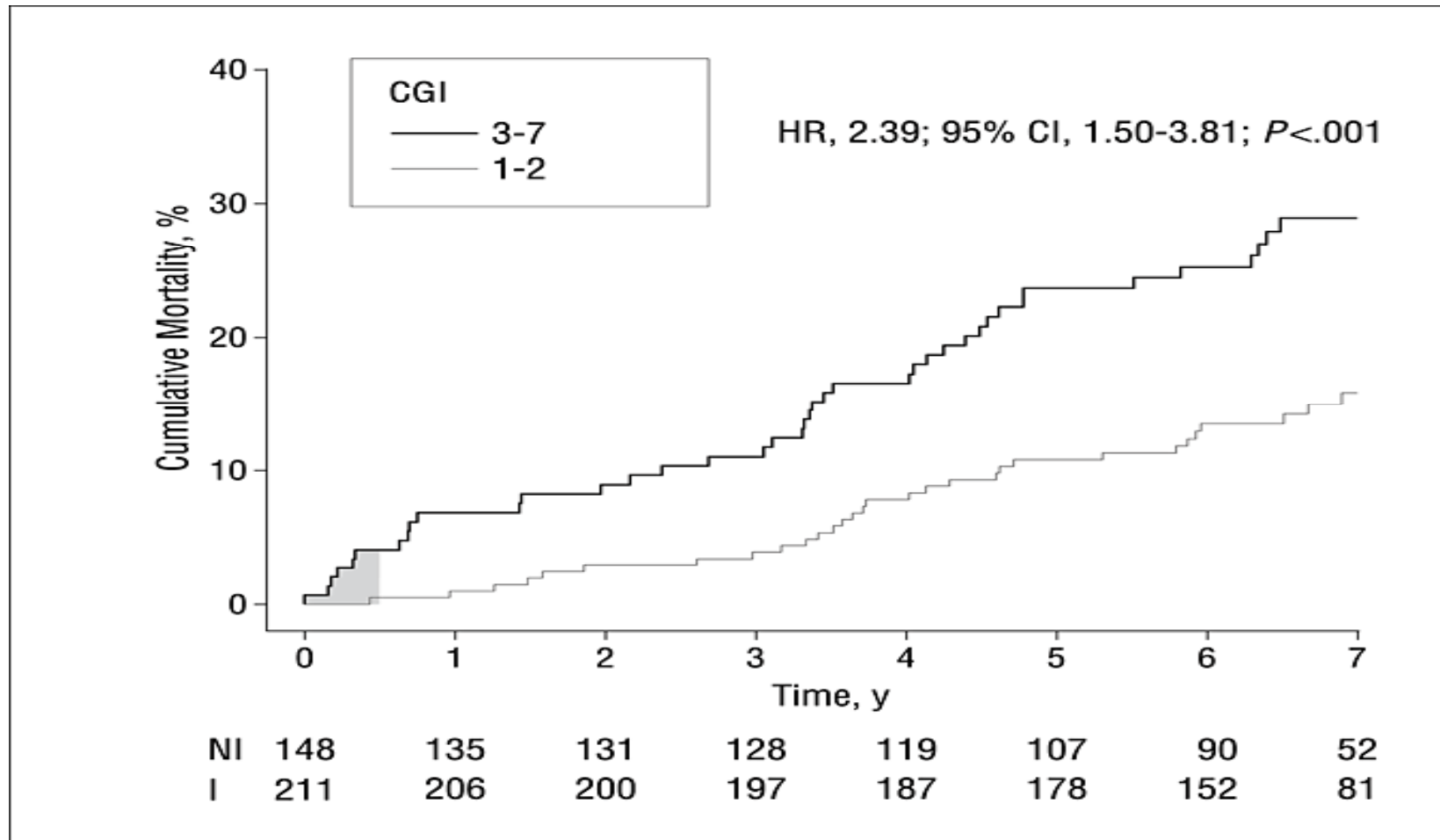
Effective working



- Key person for liaison
- Cant talk too much
- Requirements of all stakeholders
 - Bio specimens
 - Other groups with similar components e.g. Cog function
- 45 and UP strengths of sample, and screen “efficiency” but importantly LT FU



The importance of LT follow up



Glassman, A. H. et al. Arch Gen Psychiatry 2009;66:1022-1029.
361 participants during a median follow-up of 6.7 years



brain&mind
RESEARCH INSTITUTE