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**Depression and Heart Disease**

*edited by Alexander Glassman, Mario Maj, and Norman Sartorius. In book series: World Psychiatric Association Series on Depression. Wiley-Blackwell, New York, NY, 2011, 176 pages, \$49.50 (paper).*

When I was in medical school 15 years ago, we were intrigued by the high rate of depression in post-myocardial infarction (MI) patients. Since then, research investigating the association between depression and heart disease has revealed a complicated picture that has deepened the mystery. In this thin volume, the authors succinctly review this literature and explore possible mechanisms of the association.

The major studies of depression and heart disease are reviewed in chapters 1, 5, and 6. The comorbidity of depression and heart disease is established in chapter 1, including any association between both mild and major depression and myocardial infarction, congestive heart failure, coronary artery disease, unstable angina, congestive heart failure, and coronary artery bypass grafting. Chapter 5 discusses the impact of depression on morbidity and mortality in people with heart disease. There is an interesting section on how antidepressants affect cardiovascular morbidity and mortality. The authors also review the safety of selective serotonin reuptake inhibitors in status post-MI. Chapter 6 reviews the efficacy of psychotherapy for depression in people with cardiovascular disease. The authors discuss whether the standard psychotherapies for depression need to be adapted for this special population.

In the other 3 chapters (2–4), mechanisms underlying the association between depression and coronary artery disease are inferred on the basis of relevant research. Chapter 2 focuses on possible biological mechanisms such as inflammation and neuroendocrine

abnormalities. Chapter 3 presents a fascinating summary of twin and genetic studies of depression and cardiovascular disease and where they overlap. Chapter 4 then speculates on behavioral and psychological mechanisms, such as physical activity and adherence to treatment, underlying the association between depression and heart disease.

For the most part, the authors present an honest assessment of the research. The author of chapter 3 explains most clearly the conclusions we can draw about causality in the association between depression and heart disease. On the other hand, chapter 2 contains a couple of unconfirmed statements implying causality while conjecturing about biological mechanisms. Otherwise, the authors are consistent about the limitations of the research and explicit on conclusions that can and cannot be made. Overall, *Depression and Heart Disease* provides a comprehensive review of the research on the subject and fascinating speculations about the underlying mechanisms in a short, easy-to-read volume. Reading this book also leads to a healthy appreciation of the complex interaction of systems in the human body, reminding us that the division of medicine into specialties is artificial. Internists, cardiologists, and psychiatrists would find this book interesting and helpful for clinical practice.

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