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Depression: the hidden burden of heart failure

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Heart failure is a complex clinical condition in which the heart is unable to provide adequate blood flow to meet the metabolic demands of the tissues or can do so only at elevated filling pressures. Beyond physical limitations, this chronic condition significantly affects patients' quality of life and psychological well-being. Depression is a common yet frequently underrecognized comorbidity that further complicates disease management and daily functioning.

A systematic review and meta-analysis of 149 studies involving 305,407 patients with heart failure reported a global prevalence of depression of any severity of 41.9%, while the prevalence of moderate to severe depression was 28.1%. Subgroup analysis according to the New York Heart Association (NYHA) functional classification revealed a higher prevalence of depression among patients with greater functional limitations, reaching 54.7% in those classified as NYHA functional class III or IV.[1]

Depression is associated with adverse clinical outcomes in patients with heart failure. A meta-analysis of 26 studies involving 80,627 patients found that those with depression had a 40% higher hazard of mortality during follow-up compared with those without depression. This association remained statistically significant after adjustment for other risk factors.[2] Depressive symptoms may interfere with adherence to treatment recommendations, self-care behaviors, and participation in cardiac rehabilitation, further increasing the burden of living with heart failure. A meta-analysis of 24 randomized controlled trials involving 2,488 patients demonstrated that nurse-led self-care interventions significantly improved patients' ability to manage their health, perform daily self-care activities, and respond appropriately to symptoms of heart failure, while also reducing the severity of depressive symptoms.[3]

The high prevalence of depression, its association with increased mortality, and the effectiveness of nursing interventions highlight the need to integrate psychological assessment into routine patient care to facilitate timely access to psychological support. Nurses play a crucial role in identifying depressive symptoms, assessing psychosocial needs, providing patient education, and promoting self-care. A systematic and individualized approach may contribute to alleviating depressive symptoms, improving treatment adherence, and enhancing the quality of care for patients with heart failure.

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