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*INDIVIDUAL & FAMILY PSYCHOPHARMACOLOGIC TREATMENT OF:*

- MOOD AND ANXIETY DISORDERS • OBSESSIVE-COMPULSIVE DISORDER
- PERVASIVE DEVELOPMENTAL DISORDERS/AUTISM • MENTAL RETARDATION
- ATTENTION DEFICIT DISORDER • TOURETTE'S DISORDER • TRAUMATIC PSYCHIATRY
- TRAUMATIC BRAIN INJURY • POST-TRAUMATIC STRESS DISORDER
- CHRONIC PAIN MANAGEMENT • WORKERS' COMPENSATION

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**ASSOCIATION BETWEEN DEPRESSION AND  
INCREASED RISK OF CARDIOVASCULAR DISEASE,  
PREMATURE DEATH, AND SUICIDE**

Depression has been associated with an increased risk of ischemic heart disease, and has been shown to be a risk factor for increased mortality following myocardial infarction.<sup>1</sup>

**DEPRESSION**

Depression is noted to be a significant risk factor for coronary heart disease in men.<sup>2</sup> Depressed men are twice as likely as non-depressed men to develop coronary artery disease, suffer a myocardial infarction, or sudden cardiac death. An increased risk prevailed for up to ten years after the onset of clinical depression. Therefore, depression must be aggressively treated.

*A SIGNIFICANT FINDING IS THAT THERE IS INCREASED PLATELET ACTIVATION AND AGGREGATION IN DEPRESSION. WHEN PLATELETS AGGREGATE, THIS INCREASES RISK OF BLOCKAGE OF CORONARY ARTERIES, WHICH RESULTS IN MYOCARDIAL INFARCTION.* This is an important depressive-induced mechanism which increases the risk of ischemic heart and cerebral vascular disease.<sup>3</sup> Therefore, patients who become depressed from work-related problems such as overwork and harassment, due to this platelet aggregation, are at significantly increased risk for myocardial infarction.

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<sup>1</sup> "Depression as a Risk Factor of Ischemic Heart Disease in Men: Population-based controlled studies." British Journal of Medicine, June 6, 1998:316:1714-9.

<sup>2</sup> Ford, D.E., et al. "Depression as a Risk Factor for Coronary Heart Disease in Men" The Precursor Study Archives of Internal Medicine, July 13, 1998:158:1422-6.

<sup>3</sup> Emerging Data and Clinical Perspectives, Industry-Supported Symposium 2: Depression as a Risk Factor for Cardiovascular and Cerebrovascular Disease (SmithKline Beecham Pharmaceuticals) at the American Psychiatric Association Annual Meeting, May 30, 1998, Toronto, Canada: "Are Platelets the Link Between Depression and Ischemic Heart Disease?" by Charles B. Nemeroff, M.D., Department of Psychiatry, Emory University.

In patients who develop a myocardial infarction, there is a FIVE-FOLD MORTALITY RISK. In depressed patients who develop a cerebral vascular accident (stroke), there is a five-fold mortality risk.<sup>4</sup> In women, depression has been associated with increased risk of osteoporosis which increases the risk of hip fractures. Hip fractures may result in premature death.

In patients with both depressive and anxiety disorders, there is heart rate variability through the mechanism of dysregulation of the parasympathetic innervation to the heart.<sup>5</sup> Unbalanced stimulatory effects of sympathetic nerves results in fatal cardiac arrhythmia. In male patients with phobic anxiety, which overlaps with panic disorder, it is found they have high rates of sudden cardiac death and cardiac coronary artery disease. In reduction in autonomic (parasympathetic) nervous system control to the heart, there may be a link between psychopathology and heart disease. One study showed that treatment with antidepressants (e.g., Selective Serotonin Reuptake Inhibitors (SSRI's) such as Paxil) normalized heart period variability. Therefore, psychiatric treatment positively affects the development of heart disease.

Even without any medical disease, there is a 10% lifetime risk of suicide. Also, many medical conditions including chronic pain, are associated with depression. Furthermore, Stephen Hyman, M.D. (former Professor of Psychiatry & Neuroscience at Harvard Medical School and now Psychiatric Director of the National Institute of Mental Health) states that once a person has become depressed, there are changes in their brain cells which predispose them to further depressive episodes. Therefore, patients need to be on long-term depressive treatment prophylaxis, especially those with cardiovascular and other neurologic conditions. (*Summary: "Chronic Pain and Depression."*)

Since there continues to be new findings regarding the dangers of depression, it is medically probable there are associations between depression and other illnesses which have yet to be discovered.

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<sup>4</sup> Emerging Data and Clinical Perspectives, Industry-Supported Symposium 2: Depression as a Risk Factor for Cardiovascular and Cerebrovascular Disease (SmithKline Beecham Pharmaceuticals) at the American Psychiatric Association Annual Meeting, May 30, 1998, Toronto, Canada: "*Depression as a Contributing Factor in Cerebrovascular Disease*" by K. Ranga Rama Krishnan, M.D., Department of Psychiatry, Duke University.

<sup>5</sup> Emerging Data and Clinical Perspectives, Industry-Supported Symposium 2: Depression as a Risk Factor for Cardiovascular and Cerebrovascular Disease (SmithKline Beecham Pharmaceuticals) at the American Psychiatric Association Annual Meeting, May 30, 1998, Toronto, Canada: "*Heart Rate Variability in Depressive and Anxiety Disorders*" by Jack M. Gorman, M.D., Department of Psychiatry, Columbia University.