Commentary on Generalised anxiety disorder doubles risk of cardiovascular events in people with stable coronary heart disease, Martens EJ, de Jonge P, Na B, Cohen BE, Lett H, Whooley MA. Evidence Based Mental Health, 14, 10. doi:10.1136/ebmh1119 http://dx.doi.org/10.1136/ebmh1119

A. Please describe in around 350 words (including references*):

1. The context of the problem addressed by the paper (epidemiology, history)
2. The clinical implications for practice – will this study make you rethink your practice – why/why not?

* Note: please try and avoid too many references if possible – 0 up to 3 references are ideal. We only have limited room on the page and more references means less room for your commentary and opinion.

The critical question surrounding studies of the relationship between psychological factors, such as anxiety, and the occurrence of cardiovascular events, particularly in the context of existing cardiovascular disease, is whether such a relationship is explained by differences in disease severity. In other words, in which direction is causality: are subsequent cardiovascular events a consequence of anxiety itself, or of more severe disease, which also has the consequence of increased patient anxiety? The article by Martens et al., raises and addresses this issue, and should be commended for the use of multiple indices of disease severity (1), as well its novelty in examining the potential pathways by which anxiety alone might contribute to increased cardiovascular event occurrence, such as changes in health behaviours, biological mediators, or effects via other psychiatric disorders. Further, the authors raise the concern that much of the literature in this area has concentrated on depression, with little research on anxiety, particularly diagnosed Generalized Anxiety Disorder (GAD). However, it has recently been suggested that GAD, particularly when co-morbid with major depressive disorder (MDD) may in fact have stronger health effects than depression alone (2), emphasizing the importance of this disorder. Martens et al., examined the GAD and cardiovascular event incidence relationship in a substantial cohort of patients with coronary heart disease. Importantly, they extend previous findings and clarify the conflicting picture which has emerged from previous similar studies by measuring GAD as opposed to anxiety symptoms, and measuring and stringently controlling for a range of potential confounders and mediators. Although analyses excluding individuals with MDD attenuated the impact of GAD on subsequent events, through finding that a range of factors related to both coronary artery disease and anxiety (including major depressive disorder, coronary artery disease severity, changes in health behaviours, key biological factors), were not mediators of the GAD – MI association, the authors have underlined the need to conduct further research to understand how anxiety might contribute to the occurrence of future MIs. More importantly, they have brought to attention the importance of diagnosing and treating anxiety in patients with existing coronary artery disease, as a priority for improving cardiovascular outcomes as well as to improve patients’ quality of life. Recognising GAD early on in such patients may be even more important for prognosis than diagnosing clinical depression.

B. Your details for publication:
Full name and honorifics: (e.g. John D Smith MD) Anna C. Phillips PhD
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C. Literature cited in your commentary
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I do.