Treatment of comorbid depression after acute coronary syndrome: Meta-analysis of randomized controlled trials (pp. 89-109)

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Depression post-acute coronary syndrome (ACS) increases cardiac risk; however, the efficacy of antidepressant therapies for its treatment has not been sufficiently demonstrated. Our aim is to meta-analyze controlled trials with homogeneous samples that allow us to explain the inconsistency of the results obtained so far. After reviewing 1525 articles, two independent reviewers identified 7 studies that met very restrictive criteria to ensure homogeneity of the samples. The results indicated that patients treated with interventions of proven efficacy for the depression, reduce their levels of depressive disorder significantly more than subjects without this treatment and that there are significant differences in the number of patients who reduce depressive symptoms in a clinically relevant way. In addition, fewer adverse cardiovascular events were observed during treatment, although this difference was minimally significant and was not maintained after the follow-up. These results suggest that the inconsistency of the currently available data could be due to methodological difficulties evidencing the need for further research to clarify the effect of depression treatment on post-ACS prognosis.