Reactive Depression's Relationship to Rehospitalization in Heart Failure Patients
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Rationale
- Diagnosed in over 5.7 million Americans
- Over 668,000 Emergency room visits annually
- Over 6.5 million hospital days annually
- Primary cause of death in 50,000 death and noted as findings in 250,000 additions deaths annually
- Rehospitalization in HF is correlated to increased mortality

Purpose/Aims
- Explore the effect of reactive depression on all-cause rehospitalization and mortality patients during the 12 month following an index hospitalization for HF exacerbation.
- Describe the effect and variance of depression related to all-cause rehospitalization in HF patients.

Methods
- Secondary Data Analysis of data from The Self-Management and Care of Heart Failure (SMAC-HF) Trial*
- Academic Medical Center in the Midwest
- Theoretical Framework: Wagner's Chronic Care Model

Results
- N=198 (Class III, IV patients recently admitted with HF exacerbations)
- Depression as measured by CES-D score greater or equal than 16 has a significant relationship with all-cause rehospitalization p=.09
- For every 1 unit increase in CES-D the odds of all-cause rehospitalization increases by 6.8%
- Depression did not have an interaction effect between preparedness and all-cause rehospitalization and/or mortality.

Clinical Relevance
- A significant relationship was identified between depression and all cause rehospitalization.
- Screening for depression should be part of heart failure management.
- Management of depression may decrease rehospitalization in HF patients.