

Measurement of Changes in the Emotional State of Patients with Cardiac Diseases and Use of Cardiac Devices

Dear Editor,

Dessotte et al.^[1] recently presented, in the Brazilian Journal of Cardiovascular Surgery, an interesting parallel between the emotional changes that take place in patients with coronary conditions who use different cardiac devices for their treatment, and other variables in consideration.


Pérez et al.^[2] refer that the heart is the most affected organ in chronic Chagas disease, and this eventually induces dilated cardiomyopathy with systolic-diastolic dysfunction, arrhythmias, and sudden cardiac death. The diagnosis of this disease was evaluated in the Dessotte's study.

However, neither the context nor the results justify the reason for including this illness. We consider it would have been better to take a general view of cardiac disorders, as evidenced in other similar investigations^[3-5]. In this sense, we suggest that the title should have been "Comparison of anxiety and depression symptoms in individuals with heart disease according to sex and type of cardiac device".

Further on, Dessotte et al. indicate that the Hospital Anxiety and Depression Scale (HADS) is used to evaluate anxiety and stress symptoms, justifying their choice. However, in one of the works cited by the authors to recommend the use of HADS^[6], this tool is not used, but rather two others: the Short Form 36 Health Survey (or SF-36) and the Assessment of QUALity of Life and RELated Events (or AQUAREL). This is obviously a contradiction.

On the other hand, the Methodology does not mention the test used to evaluate the mean implantation time of implantable cardioverter defibrillators and pacemakers, although the results show that these variables were evaluated^[1], which casts doubt on the accuracy of these data. Likewise, providing the information in the form of averages is useful, but it would have been more interesting to know the ranges in which these measurements were taken in order to better understand the results and to allow them to be used as a reference for future studies.

Julio Kevin Matos Flores¹, MD

 <https://orcid.org/0000-0002-5078-1947>

¹Professional School of Human Medicine, Faculty of Human Medicine, San Juan Bautista Private University, campus Chinchá, Peru.
E-mail: julio.matos@upsjb.edu.pe

Lizeth Jackelin Cabrera Ipurre¹, MD

¹Professional School of Human Medicine, Faculty of Human Medicine, San Juan Bautista Private University, campus Chinchá, Peru.

REFERENCES

1. Dessotte CAM, Grotti EMO, Ignacio IB, Fernandes PA, Maier SRO, Rossi LA, et al. Comparison of anxiety and depression symptoms in individuals according to their sex, type of cardiac device, and diagnosis of chagas disease. *Braz J Cardiovasc Surg.* 2022;37(4):423-9. doi:10.21470/1678-9741-2021-0392.
2. Pérez Yanez LM, Gutiérrez López A, Rodríguez Blanco S, Gil Sarduy A. Enfermedad de Chagas. Amenaza en sombras para los corazones de la América Latina. *Rev Cuba Med.* 2017;56(1):50-68.
3. Zhang L, Bao Y, Tao S, Zhao Y, Liu M. The association between cardiovascular drugs and depression/anxiety in patients with cardiovascular disease: a meta-analysis. *Pharmacol Res.* 2022;175:106024. doi:10.1016/j.phrs.2021.106024.
4. Cerezo GH, Vicario A. Prevalencia de ansiedad y depresión en pacientes con enfermedad cardiovascular durante la pandemia COVID-19. *Vertex.* 2021;XXXII(153):5-12. doi:10.53680/vertex.v32i153.99.
5. Abu S, Qasheesh M, Beg RA, Chahal A. Anxiety, fear and depression: a patient's perception in cardiac care unit. *J Pak Med Assoc.* 2020;70(10):1826-9. doi:10.5455/JPMA.22873.
6. Gonçalves SS, Grotti EM, Furuya RK, Spadoti DR, Rossi LA, Dessotte C. Health-related quality of life of patients with permanent cardiac pacing. *Texto Contexto - Enferm.* 2020;29(1):290-301. doi:10.1590/1980-265X-TCE-2018-0486.



This is an open-access article distributed under the terms of the Creative Commons Attribution License.