Use of omega-3 with treatment for depression in heart disease patients may not provide benefit

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Contrary to the findings of some studies, new research indicates that augmenting antidepressant therapy with an omega-3 fatty acid supplement does not result in improvement in levels of depression in patients with coronary heart disease, according to a study in the October 21 issue of *JAMA*.

"Low dietary intake and low serum or red blood cell levels of omega-3 fatty acids are associated with depression in patients with and without coronary heart disease (CHD) and with an increased risk for cardiac mortality," according to background information in the article. "In depressed psychiatric patients who are otherwise medically well, some studies have indicated that augmentation with omega-3 fatty acids dramatically improves the efficacy of antidepressants."

Robert M. Carney, Ph.D., of Washington University School of Medicine, St. Louis, and colleagues conducted a randomized, placebo-controlled trial to examine whether omega-3 improves the efficacy of the antidepression medication sertraline for patients with CHD and major depression. The study included 122 patients, who received 50 mg/day of sertraline and were randomized to receive 2 g/day of omega-3 acid ethyl esters (eicosapentaenoic acid [EPA] and docosahexaenoic acid [DHA]) (n=62) or placebo capsules (n=60) for 10 weeks. Depression was gauged via scores on the Beck Depression Inventory (BDI-II) and the Hamilton Rating Scale for Depression (HAM-D). Adherence to the medication regimen was at least 97 percent in both groups for both medications.

The researchers found that there was no difference in improvement between groups on the BDI-II. In both groups, estimated weekly BDI-II scores showed that depressive symptoms improved over time at comparable rates. The placebo and omega-3 groups did not differ at 10 weeks in regard to measurements of depression or anxiety. There was no significant difference in rates of remission or treatment response between the two groups.

"Whether higher doses of EPA, DHA, or sertraline, a longer duration of treatment, or the use of omega-3 as monotherapy can improve depression in patients with stable heart disease remains to be determined," the authors conclude.

More information: *JAMA*. 2009;302[15]:1651-1657.

Source: JAMA and Archives Journals (news : web)