

Publication

Prospective association between depressive symptoms and blood-pressure related outcomes in Kosovo

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Kosovo has the lowest life expectancy in the Western Balkans, where cardiovascular disease (CVD) accounts for over half of all deaths. Depression also contributes to disability in the country, with a prevalence of moderate to severe symptoms reported as high as 42% in the general population. Although the mechanisms are not yet well understood, evidence suggests that depression is an independent risk factor for CVD. Our study assessed the prospective association between depressive symptoms and blood pressure (BP)-related outcomes among primary healthcare users in Kosovo to understand the role of BP in the relationship between depression and CVD. We included 648 primary healthcare users from the KOSCO study. The presence of depressive symptoms was defined as moderate to very severe depressive symptoms (DASS-21 depressive symptoms score ≥ 14). Multivariable censored regression models assessed prospective associations between baseline depressive symptoms and changes in systolic and diastolic BP while taking hypertension treatment into consideration. Multivariable logistic regression models assessed prospective associations between baseline depressive symptoms and hypertension diagnosis among normotensive patients ($n = 226$) as well as uncontrolled hypertension in hypertensive patients ($n = 422$) at follow-up. Depressive symptoms were associated with attenuated diastolic BP (beta = -2.84, 95%-CI -4.64 to -1.05, $p = 0.002$) over a year of follow-up in our fully adjusted model, although the association with systolic BP (beta = -1.98, 95%-CI -5.48 to 1.28, $p = 0.23$) did not meet statistical significance. We found no statistically significant association of depressive symptoms with hypertension diagnosis among initially normotensive people (OR = 1.68, 95%-CI 0.41 to 6.98, $p = 0.48$), nor with hypertension control among initially hypertensive people (OR = 0.69, 95%-CI 0.34 to 1.41, $p = 0.31$). Our findings are not consistent with increased BP as an underlying mechanism between depression and elevated CVD risk and contribute valuable evidence to cardiovascular epidemiology, where the mechanisms between depression, hypertension and CVD are yet to be elucidated.

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