Reply to Demaria et al.

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We are grateful for the letter from Demaria et al. [1]. We are pleased and satisfied that the article ‘Risk factors and anxiety symptoms 8 years after coronary artery bypass grafting’ [2] has met the interest of colleagues and initiated a debate in the European Journal of Cardio-Thoracic Surgery, all the more since our other paper on the same subject has just been published [3].

Demaria et al. rightly point out that our article does not provide an answer to the question: ‘Does the effective treatment of psychiatric symptoms and pathologies really improve the results of coronary surgery or not?’ At this point, one should consider what should be understood as ‘results of coronary surgery’. Should the observation of the haemodynamic state of the patient be the most important issue? If so, should it be analysed immediately after surgery, a year later or perhaps after many years? Maybe simply the length of the patient’s life is the best indicator? However, any clinical indicators of the success of coronary artery bypass graft (CABG) should not be considered without taking into account the patient’s quality of life. In our opinion, both the length and quality of life are the most general indicators of the effectiveness of any treatment.

Indeed, our work did not answer the question of Demaria et al. Patients who died within the 8-year follow-up period reported worse physical and mental outcomes of well-being immediately after CABG were more pessimistic and had higher mean values of depression and anxiety when compared with those who are still alive. As rightly pointed out by Demaria et al., none of the patients we studied was later treated by a psychiatrist. The patients described by us in the article were operated on at the turn of the 20th and 21st centuries. At the time, the healthcare system in Poland did not provide full access to interdisciplinary rehabilitation, and even now, due to financial reasons, it is sometimes limited. The hospital where the patients were treated was a regional reference centre (Lower Silesia, ca. 3 million inhabitants). Most of the patients lived in small towns and villages far from the Wroclaw Medical University. Thus, the postoperative care was provided by the local cardiologists or general practitioners. We fully agree that surgery does not cure depression. On the other hand, we think that the successful outcome of the procedure combined with the improvement of the somatic state is a great opportunity for a patient to start a ‘new life’. The patient’s trust in the surgeon, particularly after a successful operation, may aid the multidisciplinary postoperative rehabilitation.

CONCLUSION

We do think that the mind should be a matter and therefore more careful postoperative care is needed.

REFERENCES