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Heart Disease

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Background & Hypothesis

Although depression has shown to be associated with medication non-adherence, limited research has explored the potential psychosocial mechanisms involved. This study investigated: (1) whether depression, emotion regulation ability and spousal support were associated with medication adherence and (2) whether the latter two factors would moderate the negative influence of depression on adherence among patients with coronary heart disease.

Methods

The sample consisted of 224 CHD patients (mean age = 63.21) participating in a cardiac rehabilitation program at the Singapore Heart Foundation. Participants completed measures of depression, spousal support, emotion regulation, and medication adherence. Hierarchical multiple regression was conducted, controlling for gender, BMI, history of angioplasty, CABG, cardiac medication use (ACE inhibitors and angiotensin receptor blockers).

Results

The results revealed that emotion dysregulation ($\beta = .171$, $p = .012$) and depression ($\beta = .153$, $p < .05$) significantly predicted medication non-adherence. There was a marginal mediating effect of emotion regulation ($\beta = .127$, $p = .100$), such that high levels of depressive symptomology predicted lower medication adherence for participants with lower levels of emotion regulation. Finally, spousal support did not predict medication adherence and did not buffer the negative influence of depression on non-adherence (support x depression interaction with $\beta = -.046$, $p = .578$).

Discussion & Conclusion

Depression is strongly associated with higher emotion dysregulation, and both are linked to medication non-adherence and poses severe obstacles in CHD management. Screening, assessment and treatment of both depression and emotional dysregulation, may help identify non-adherent CHD patients for timely intervention to facilitate their illness management.