

hypertensive patients. The study population comprised: 91 subjects with diagnosed primary hypertension (study group: 46 women and 45 men, mean age 50.6 ± 8.5 ys) and 71 healthy volunteers (control group: 41 women and 30 men, mean age 45.3 ± 7.3 ys). The level of exposure and the resistant to emotional stress in subjects was assessed on the basis of a questionnaire that included items related to emotional stress in all life periods (from childhood throughout adolescence to adulthood, both in the private life and in social situations) as well as the resistance to stress in their own sense as good, moderate or weak. All the participants had also measured blood pressure. Significantly higher percentage of hypertensive subjects declared weak resistance to stress than healthy people. The least percentage of the study group declared low exposure to stress, the greatest percentage of subjects was exposed to frequent and relatively high stress in all periods of life, while an inverse proportion was found in the control group. Analysis of blood pressure did not show significant dependence on the stress level in both studied groups. It is justified to conclude that hypertensive patients were more exposed and less resistant to emotional stress than healthy people.

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The complex therapy of anxiety-depressive disorders at adolescents

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Introduction: It's sometimes difficult to choose whether drug therapy or/and psychotherapy for adolescents with anxiety-depressive disorders. An antidepressant's therapy is sometimes complicated by a defensible position of adolescent, because the prolonged course of antidepressants has negative side effects. An early improvement plays an important role when psychotherapy is used. In most cases it helps to achieve prolonged remission and to avoid relapses.

It's necessary to form a rational approach in therapy of anxiety-depressive disorders by combination of drug therapy and psychotherapy.

Methods: 35 adolescent in the age of 15 – 17 with symptoms of anxiety – depressive disorders were observed. SSRI fluvoxamine maleate and course of cognitive psychotherapy were used. The effectiveness of therapy was valued at once and also in 6 and 12 months after the therapy. The degree of improvement, remission, convalescence and exacerbation were measured by Beck's scale.

Results: Those adolescent who received a complex therapy had an early positive results. Also they had more expressive improvement at once and in 6 and 12 month after course of the therapy and had a lower rate of exacerbation and had prolonged remission.

Conclusions: The complex therapy revealed to be more effective than drug therapy and psychotherapy separately. Combining SSRI antidepressants with cognitive psychotherapy helps clinicians to prolong remissions and to decrease the exacerbation rate at adolescents with anxiety-depressive disorders.

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Increased risk of mortality after an acute coronary syndrome among patients with comorbid anxiety and depression

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Background and aims: Symptoms of at least mild depression (Beck Depression Inventory [BDI] ≥ 10), are associated with mortality in acute coronary syndrome (ACS) patients. The BDI, however, is largely a measure of general distress and does not discriminate well between anxiety and depression. We examined the independent contributions of anxiety and depression, as classified by the self-report version of the PRIME-MD, to mortality 1-year post-ACS.

Methods: Prospective observational study of 765 ACS patients assessed with the PRIME-MD and BDI during hospitalization and followed for 1 year. Logistic regression to predict 1-year mortality based on in-hospital assessments.

Results: Based on the PRIME-MD in-hospital, 99 patients (12.9%) screened positive for panic disorder, 58 (7.6%) for general anxiety disorder, and 174 (22.7%) for depression. Of 266 patients (34.8%) with a BDI ≥ 10 , 100 (37.6%) had no PRIME-MD diagnosis, 70 (26.3%) had only depression, 23 (8.6%) had only an anxiety disorder, and 73 (27.4%) had depression and an anxiety disorder. Controlling for age, gender, Killip class, prior myocardial infarction (MI), and cardiac diagnosis (MI vs. unstable angina) and compared to patients with no PRIME-MD diagnosis, the odds ratio of mortality was 1.75 (95% confidence interval [CI] 0.66 to 4.64, $p = .26$) for patients with depression alone, 2.97 (CI 0.93 to 9.55, $p = .07$) for patients with anxiety alone, and 4.43 (CI 1.72 to 11.40, $p < .01$) for patients with both depression and anxiety.

Conclusions: When assessing the psychosocial status of ACS patients, both depression and anxiety should be considered.

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The effects of therapeutic touch on anxiety and cardiac dysrhythmia in cardiac catheterization clients

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This research is a quasi-experimental study that was performed in a Tehran hospital. The purpose of this study was to determine the effect of therapeutic touch on anxiety, vital signs and cardiac dysrhythmia in cardiac catheterization female clients. The non-random sample consisted of 71 subjects, that case 3 was omitted for some reason. 68 clients were randomly assigned to: experimental (26), placebo (21) and control group (21). Experimental group received therapeutic touch for 10-15 minutes (one hour before catheterization). Placebo group received mimic therapeutic touch (without centering or intent to help) and control group did not receive any therapy.

Basic data collected by Spielberger anxiety test, check list of cardiac dysrhythmia and paper of record vital signs before and during catheterization.

Analysis of data was computerized adopting SPSS package software.

Results: Finding of this study indicated: therapeutic touch caused a reduction in the state of anxiety ($p=000$), no effect on trait anxiety. In addition, therapeutic touch was effective on systolic blood pressure ($p=0.002$), pulse rate ($p=000$) and respiratory rate ($p=0.0014$) during catheterization and effective on cardiac dysrhythmia only on sinus tachycardia ($p=0.005$).

Conclusions: Results suggest this method is effective on anxiety in stressful situations.