

Depression and suicidal ideation in metabolic syndrome: Data from the 2008-2010 KNHANES

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Aim: Suicide and depression are one of the highest public health problems worldwide. Suicidal ideation represents an important phase in the suicidal process and often precedes suicidal attempts or completed suicide. Patients with chronic medical disease are more likely to report suicidal thoughts and depression. However the studies on relationship between these conditions and metabolic syndrome are rare. We aimed at investigating the prevalence of depression and suicidal ideation among adults with metabolic syndrome in Korea. **Methods:** We analyzed data for 17924 persons (Men; 7516 persons & Women; 10408 persons) from 2008-2010 KNHANES who did not have cancer or hepatitis or liver cirrhosis. Each individual was assessed for the presence of metabolic syndrome according to the NECP-ATP III criteria except for waist circumference, for which new criteria recently suggested by Korean Society for Study of the Obesity was used. The presence of depression or suicidal ideation and were defined by a self-reported questionnaire asking if the participants had ever been diagnosed with depression by medical doctor or had any suicidal thoughts. **Results:** The prevalence of depression (17% vs. 14%, $p < 0.001$) and suicidal ideation (20% vs. 17%, $p < 0.001$) was significantly higher in participants with metabolic syndrome. Mean scores for the EQ-5D decreased significantly with participants with depression (0.80 ± 0.22 vs. 0.91 ± 0.13 , $p < 0.001$) and suicidal ideation (0.79 ± 0.22 vs. 0.92 ± 0.13 , $p < 0.001$) in the group with metabolic syndrome. **Conclusions:** This study shows that metabolic syndrome is associated with depression and suicidal ideation and this relationship was negatively associated with health related quality of life.

급성 허혈성 뇌졸중과 급성 심근경색증의 임상적인 차이

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목표: 급성 허혈성 뇌졸중(acute ischemic stroke, AIS)이 발생한 환자군과 급성 심근경색증(acute myocardial infarction, AMI)이 발생한 환자군에서 그 임상적인 차이를 확인해 보고자 하였다. **방법:** 2015년 1월 1일부터 2015년 12월 31일까지 성가롤로병원에서 AIS 혹은 AMI를 진단받은 환자를 대상으로 나이, 성비, 고혈압과 당뇨병 유병기간, 흡연력, 전체 콜레스테롤, 고밀도 지단백 콜레스테롤(HDL), 저밀도 지단백 콜레스테롤(LDL), 중성지방(TG), 당화혈색소, 혈당, ESR (Erythrocyte sedimentation rate), CRP (C-reactive protein)를 측정하여 그 차이의 통계적 유의성을 분석하였다. **결과:** 전체 524명이 등록되었으며, AIS 환자 군은 304명, AMI 환자 군은 220명을 차지하였다. 전체 평균 나이는 68.8 ± 12.6 세였으며, AIS와 AMI는 각각 69.8 ± 11.6 세와 67.5 ± 13.9 세로 통계적으로 유의한 차이를 보였다($p = 0.039$). 성비는 전체 60.3%가 남성으로 여성에 비해 1.5배 높게 나왔으며, AIS와 AMI 각각 남성이 56.9%와 65%로 나왔으나 두 군 사이에 통계적 유의성은 없었다($p = 0.062$). AIS와 AMI 환자군의 당화혈색소는 각각 $6.9 \pm 1.9\%$ 와 $6.2 \pm 1.3\%$ ($p = 0.000$), CRP는 각각 0.95 ± 2.7 , 2.8 ± 5.4 ($p = 0.000$), 전체 콜레스테롤은 각각 166.5 ± 45.4 mg/dl와 166.4 ± 47.7 mg/dl ($p = 0.977$), LDL 콜레스테롤은 각각 105.1 ± 35.9 mg/dl와 98.7 ± 35.2 mg/dl ($p = 0.059$), HDL 콜레스테롤은 각각 46.0 ± 13.6 mg/dl와 49.9 ± 13.9 mg/dl ($p = 0.003$), TG는 각각 166.3 ± 124.1 mg/dl와 135.2 ± 126.2 mg/dl ($p = 0.006$)로 나왔다. **결론:** AIS와 AMI는 남성에서 더 많이 발생하였음을 확인하였다. 또한 AIS와 AMI에서 나이, 당화혈색소, HDL 콜레스테롤, TG, CRP 등에서 서로 임상적인 차이가 있다는 것을 확인하였다.