EDITORIAL COMMENT

Just a Spoonful of Sugar*

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Which one of us hasn’t cried to mom or dad, pinched his or her nose, and taken medicine under protest. Although bubble gum and fruit flavorings have made it easier, encouraging adherence to treatment regimens is a challenging task not only for parents but also for physicians. What we need is “just a spoonful of sugar” to help the medicine go down.

Ensuring adherence is particularly important when treating a patient who is depressed. Medical students are taught the mnemonic “SIGECAPS” to remember the cardinal features of major depression (sleep, interest, guilt, energy, concentration, appetite, psychomotor, suicidal). The “I” and the “C” indicate that depressed patients exhibit diminished “interest” and “concentration.” No surprise, then, that patients with depression have difficulty adhering to treatments that might favorably impact their health. DiMatteo et al. (1) suggest that 3 factors make it more difficult for depressed patients to adhere to medical treatment regimens: 1) feelings of hopelessness that make it harder to believe that treatments will help; 2) social isolation that limits interaction with people who might offer support in adhering to medications; and 3) cognitive difficulties that make it hard to remember to take medications.

Beneficial treatments have been defined for both primary and secondary prevention of heart disease, but a substantial gap exists between the favorable results reported in clinical trials and those achieved in clinical practice. Recognizing that part of this gap relates to patients’ failure to adhere to medical therapy, the American Heart Association convened an expert panel on the topic of adherence almost a decade ago (2). And, noting how depression negatively impacts treatment or to a “sugar pill,” may have beneficial health effects. A recent meta-analysis of 21 studies, including 8 studies with placebo arms, confirmed that good adherence—whether to beneficial drug therapy or to placebo—is associated with lower mortality (15). “A spoonful of sugar” may not just help the medicine go down, it may also help mortality go down. In several studies in the cardiovascular

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literature, patients who adhered to placebo had a lower mortality than patients who did not. In the Coronary Drug Project Research Group study (16), BHAT (the Beta-Blocker Heart Attack Trial) (17), CAMIAT (the Canadian Amiodarone Myocardial Infarction Arrhythmia Trial) (18), and CHARM (the Candesartan in Heart failure: Assessment of Reduction in Mortality and morbidity) trial (19), good adherence was associated with almost identically lower mortality in the active treatment and placebo groups. Perhaps the good adherers in the placebo arms of these trials who faithfully took “a spoonful of sugar” when recommended also exhibited other positive health behaviors that improved their outcome. Or, perhaps one’s attitude toward treatment regimens is of critical importance in determining outcome. Regardless of the mechanism, adherence is important, and the findings by Rieckmann et al. (4) provide yet another reason why depression screening should be incorporated into routine ACS care.

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