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Authors' response

We thank Sioka and colleagues for interest in our study and for highlighting pertinent issues regarding residual psychological problems in patients who undergo cardiac interventions. Sioka *et al*¹ have shown that 25 per cent of patients with ischaemic heart disease continue to exhibit depression, even after undergoing cardiac interventions. In our study², we reported the change in the scores of depression and quality of life (QoL) but did not report the percentage of patients with residual depression and poor QoL at follow up. In response to the comments, we conducted a re-analysis of our data to ascertain this.

The patients were categorized as having clinical depression and having poor QoL based on their scores on the Hamilton Rating Scale for Depression (HDRS) and the World Health Organization-QoL-BREF (WHO-QoL-BREF), respectively. Scores of 17 and 60 were used as cut-offs for HDRS and WHO-QoL-BREF, respectively. Separate as well as combined analyses were conducted for those who underwent coronary artery bypass graft (CABG) and PTCA.

In our sample, it was found that 20 and 45 per cent of patients, respectively, continued to show clinical levels of depression with poor QoL (Table²), even after undergoing cardiac interventions.

Agreeing to the comments made by Sioka and colleagues, we concluded that substantial percentage of patients with ischaemic heart disease showed clinical levels of depression and poor quality of life, despite significant improvements from their baseline levels in the respective domains after undergoing cardiac interventions (CABG and PTCA). This implies that patients with ischaemic heart disease need to be monitored for mental health issues in the long term and that maintenance of psychosocial interventions, and even psychopharmacology if implicated, will be needed.

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