Depression months after mi, (huffman et al., 2006).

Depression is one of the mostcommon, curable mental disorders in the world. Health care providers fromvarious areas see to this illness, including mental health specialists, primarycare clinicians, medical/surgical professionals (Kroenke, 2001). developing depression after Myocardial Infarction (MI) is a frequent andserious disease condition, which usually affects 15-30% of post MI patients for18 months after their cardiac event, (Huffman et al., 2006). A study shows that post MI depression is related to cardiacmortality in the space of 6 to 18 months after MI, (Huffman et al., 2006). Moreover, post MI depression is also related to recurrent cardiac events, reduced qualityof life and social interests. Cardiovascular disease (CVD) and depression remain the two most commoncauses of disability in the developed countries, and expected to becomeglobally by 2030, WHO, (2013).

Additionally, both of them have a drastic impact on the overall qualityof life. During a consultation with apost MI patient, it is important to recognize the signs and symptoms ofdepression. Some of the them include: low mood and a general uninterest insocialising ever since the MI. It is important to learn to recognise thosesigns and symptoms of depression to allow the individual to get the help theyneed as soon as possible.

When a patient arrives in theclinic, the health professional’s responsibility is to undertake a focusedassessment of their condition. During the assessment, the patient needs to beinformed why the questions are being asked, and their queries are then answeredin plain language. During the length of the consultation, it is important thatthe Doctor obtains all of the necessary information for a better patient’soutcome. Health professionals can also

assess the patient by: observing thepatient, using verbal and non- verbal communication and open and closedquestions. One of the assessment toolsthat the Doctor can use to identify the severity of depression is the BeckDepression Inventory II (BDI-II). BDI is a self-rating scale which was createdin 1961 by the American psychiatrist, Aaron Beck, (Bienenfed, 2016). It is themost frequently used scale worldwide, it was developed based upon symptoms Beckobserved through his career that affected depressed patients. The BDI consistsof 21 items of sensitive, behavioural, and somatic symptoms that take 5-10minutes to do it.

The Italian Institute of Health guidelines on the assessment ofdepression in cardiac patients says that the Cognitive Behavioural AssessmentHospital Form (CBA-H), is the most frequently used to assess depression whichis very similar to the Hospital Anxiety and Depression Scale (HADS) and theBeck Depression Inventory (BDI) should be more considered. Beck Depression Inventory it is designed to measure the severity of thedepression, (Thombs et al 2010). Four new items have been added to the BDIsince was first developed hence be more related to the manual depressioncriteria and others, Ceccarini, (2014).

Moreover, Beck Depression Inventory-Iform items such as weight loss, change in the body image, work difficulty, andsomatic preoccupation were removed because they were found not to be related tothe overall severity of depression. The Beck Depression Inventory has been widely studied and consistently hada positive result. BDI has a very positive impact on the clinical diagnosis forthose suffering from depression. Limitationsof BDI may include the fact that it is a self-reported evaluation, meaning thatnot all

answers could be entirely true and others hyperbolic, especially inheart disease patients who are generally more despairing than they wouldnormally be. As well as this, BDI-II can only measure the severity ofdepression in a patient, and cannot be used as a diagnostic tool. On the other hand, BDI-II can be useful particularly when used withother assessments of a similar nature, which will provide a more accurateevaluation of the severity of a patient’s depression.

BDI-II can also idsuitable tool to detect depressive disorder in other illness. A few researches show the BDI-II was more psychometrically excellent measure of depression. Someof the psychometric measurements are the patient satisfaction, quality of lifeand utility. According to Heron J (2001)within the therapists role the professional must rely mostly on thefacilitative interventions, this being so that the service user can determine theirown conclusion without being obligated by the therapist in a prescriptive wayto their preferred outcome, and if the service user comes to their own outcomeby way of their own thoughts and journey then they are more likely to stick togoals and planned interventions, as it is their own personal goals and not thepreferred goals of the therapist. To conclude, as evidence showsthat post myocardial infarction patients develop depression hence BDI-II is areliable tool to assess the severity of their depression.

BDI-II is commonlyused and well supported by past and present literature and is the gold-standardtool in the hospitalised setting.