

IDEATION PHASE

A cross sectional study of 103 patients with coronary artery disease aged between 35 and 87 years, in a public health clinic, all diagnosed with coronary artery disease who were under medical supervision of a cardiologist, was conducted. The criteria for inclusion in this study were: have medical follow-up; have watched the initial interview and have it performed in its entirety; have sufficient cognitive capacity to understand the instructions given; and are 18 or over years old. Patients signed a consent form and were aware of the experimental protocol (approved by the Ethics Committee of the Universidade Federal do Rio de Janeiro) before the start of the participation. Patients were evaluated with Mini International Neuropsychiatric Interview (MINI 5.0) [12]; this is considered to be an instrument that has the default template a short structured interview (approximately 25 minutes) for the assessment of the existence of Axis I psychiatric disorders according to DSM-IV and the 10th revision of International Classification Of Diseases (ICD-10), and in accordance with the criteria of cut-off point of the current risk of suicide, the scores are classified as follows: 1–6 = mild; from 6 to 9 = moderate and ≥ 10 = high.

The Beck Depression Inventory (BDI) is an instrument applied to identify and quantify symptoms of depression. This consists of 21 items that assess cognitive components, affective, somatic and behavioral depression. The BDI is an investigation of sadness, pessimism, sense of failure, lack of satisfaction, a feeling of guilt, feeling of punishment, auto depreciation charges, suicidal ideas, bouts of crying, irritability, social downturn, indecision, distortion of body

image, inhibition for work, sleep disturbance, fatigue, loss of appetite, weight loss, and somatic concern. For samples of patients with affective disorder the recommended cut-off points are as follows: 10, no depression or symptoms of depression minimal; 10–18, mild depression to moderate; 19–29, moderate to severe depression; and 30–63, severe depression . For the evaluation of anxiety and depression, Hospital anxiety and Depression Scale (HADS) was applied. This instrument consists of 14 questions – seven for anxiety and seven for depression – with a response scale ranging from zero to three, and maximum score for both mental symptoms. Scores of cut-off points for both subscales were: HAD-anxiety (HAD it)—without anxiety 0 to 8 and with anxiety, ≥ 9 , and scale HAD-depression (HAD-D)—no depression, 0–8 and depressed ≥ 9 . Other instrument used was Beck Suicidal Ideation Scale (BSI).

The BSI is an instrument for measuring the presence of suicidal ideation, wishes, attitude and suicide plans. This scale was developed based on psychiatric patients, adults admitted and outpatients. The scale consists of 21 items, each with response alternatives 0 to 2 points; it assesses three dimensions of suicidal ideation: active, passive and prior suicide attempt. With a cut-off point of ≥ 8 , suicidal ideation was considered clinically significant. The social and demographic descriptive data, including gender, age, education, occupation, religion, children, psychiatric or psychological treatment past or current and the use of psychotropic substances were also checked by means of a registration form. For statistical analysis descriptive statistics was used for social and demographic data, considering the raw data and percentage or mean values and standard deviation.

The possible relationships between the various variables and the presence of suicidal ideation were evaluated by the chisquare test and coefficient of sperm; with p values ≤ 0.05 considered as statistically significant. Logistic regression was considered for explanation of the role of each of the variables in the variance of suicidal ideation.