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Title: Patients with depressive symptoms presenting to the emergency department for asthma have worse clinical status

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Body: Background: Depressive symptoms are associated with worse long-term asthma but less is known about their effects on acute exacerbations. Methods: This analysis compared clinical characteristics according to depressive symptoms among 296 patients presenting for asthma to emergency departments (EDs) in New York City. At presentation patients completed valid surveys measuring asthma variables and depressive symptoms. Patients received follow-ups for 16 weeks. Results: Mean age was 44 years, 72% were women, and 23% had a positive screen for depression. Compared to those with a negative screen, those with a positive screen were more likely not to know what triggered the exacerbation (11% vs 22%, $p=.01$), and to report worse asthma-related quality of life ($p<.0001$), worse asthma control ($p=.0002$), and worse asthma self-efficacy ($p<.0001$). These relationships persisted in multivariate analysis when controlled age, sex, and long-term asthma severity ($p\leq.02$). There were no differences in hospitalization rates for the current exacerbation based on depressive symptoms, but among those admitted ($n=184$), more patients with a positive screen had a length of stay that exceeded the median of 3 days (45% vs 71%, $p=.004$). At 4 weeks ($n=269$) and 16 weeks ($n=281$) patients with a positive screen were more likely to have taken rescue beta agonists (67% vs 84%, $p=.01$) and to have had a repeat ED visit for asthma (17% vs 27%, $p=.09$), respectively. Conclusions: Asthma ED patients with a positive screen for depression had worse self-report clinical status and more short-term resource utilization. Depressive symptoms may be modifiable and should be addressed in relation to acute exacerbations.