HEART OF THE MATTER: THE PRACTICE OF CARDIAC PSYCHOLOGY

ALEENA SOHAIL
Allama Iqbal Medical College, Lahore, Pakistan
E-mail: monilia347@ymail.com

The world of cardiology is evolving rapidly with newer and better technology as well as superior drugs available to provide a progressively higher standard of healthcare for patients suffering from cardiac diseases. A multidisciplinary team approach is generally promoted for these patients and it is, therefore, rather surprising that in the day and age of holistic medicine a psychologist tends to be the only specialist rather conspicuously absent from this team. This might, in part, stem from the general mistrust with which the field of psychiatry is viewed by society at large. Added to this are the social stigma attached to psychiatric illnesses, leading to a hesitation to ask for or accept help [1], as well as the primary physician's preoccupation with treating the patients' physical ailments and perhaps this gap in treatment is understandable if not justifiable. Having said that, the psychological distress experienced by the patients of cardiovascular diseases is very real. Thus the principles of a holistic, patient-centered system of healthcare demand that these issues be dealt with and this is where the field of cardiac psychology comes in.

WHAT IS CARDIAC PSYCHOLOGY?

The term "cardiac psychology" was first used by Robert Allan and Stephen Scheidt when they coauthored "Heart and Mind: The Practice of Cardiac Psychology" in 1996. [2] This specialization of psychology focuses on addressing the mental health needs of cardiac patients and assists in coping with life and physical changes associated with heart disease to help them achieve emotional well-being. Cardiac psychologists can help at every step including prevention, pre-surgery, post-surgery, and rehabilitation. In the last 20 years, the field has grown to include social work, and nursing in addition to the disciplines of cardiology and psychiatry.

Psychological distress as a risk factor for cardiovascular events and cardiovascular diseases are the biggest cause of death globally, killing an estimated 17.5 million people in 2012.[3] This includes 34% of all deaths in Pakistan. [4] Apart from the established risk factors such as elevated cholesterol, advanced age, physical inactivity and obesity, psychosocial and behavioral factors, including mood (depression, anxiety, anger, and stress), personality (Type A, Type D, and hostile), and social support, are linked with both the development and progression of cardiovascular disease. "Negative" emotions have been associated with higher rates of cardiovascular death and recurring cardiac events. [5] On investigating the link between stress and myocardial infarction in 25,000 people from 52 countries, the 2004 INTERHEART study found that people with "permanent stress" were twice the risk of developing MI. [6]

PREVALENCE OF PSYCHOLOGICAL DISTRESS IN PATIENTS OF CVD AND PROGNOSIS ASSOCIATED WITH IT

One in two people with heart disease have an episode of major depression in their lifetime. 18% of cardiac disease patients are likely to be depressed at any given time while the prevalence in the general population is 3-5%. [7] There is no shortage of literature connecting psychological distress, particularly depression with poorer prognoses in patients of cardiovascular illnesses. A 2013 literature review on the subject indicated that patients with depression after acute myocardial infarction have a three-fold rise in mortality with the degree of depression being predictive of the 5-year survival rate. [8] The same review also suggested that anxiety is an independent risk factor of mortality in patients of coronary heart disease, especially with co-morbid depression.

MANAGEMENT OF PSYCHOLOGICAL DISTRESS AND ITS POSSIBLE BENEFITS

Some major studies including the notable 2003 ENRICHED trial conducted to elucidate the benefits of treatment of depression with cognitive behavioral therapy (CBT) and antidepressants show no improvement in mortality but a definite benefit in treatment of the depression itself. [9] However, depression has been linked to non-adherance with medication and, furthermore, psychological distress quite understandably lowers patients' quality of life [8] Psychological assessment and intervention, where needed would, therefore, be a vast improvement to the lives of these patients. Cardiac rehabilitation, exercise programmes, CBT and, where necessary, antidepressants, have all been shown to be beneficial. [8] With the mind and body being so interconnected, the objectives of better healthcare cannot be met unless our patients are free from disease both mentally and physically. To heal both is a true assurance of a future population that is healthier and happier.

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