

PSYCHOSOCIAL SITUATIONS IN CARDIOVASCULAR DISEASES

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Summary

Cardiovascular diseases (CVD) are a major cause of mortality and morbidity worldwide. Psychosocial factors are important in the development and prognosis of CVD. Psychosocial risk factors such as lack of social support, work and family life stress, depression, anxiety, personality type have been shown to worsen both coronary heart disease development risk and clinical process and prognosis in many studies conducted for many years. In addition, some psychobiological and behavioral mechanisms have been defined. In clinical practice, psychosocial risk factors should be identified and medical outcomes discussed with the patient. Risky patients with clinical symptoms of anxiety and depression should be guided for professional mental health assistance. In cardiac rehabilitation, psychosocial interventions, including cognitive therapy, problem-solving therapy, and stress management programs, can be performed alone or in combination with other interventions.

Keywords: Cardiovascular diseases; psychosocial risk factors; depression and anxiety.

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Introduction:

Cardiovascular diseases are the cause of about one-third of all deaths in the world [1]. It is stated that the world has the biggest burden of morbidity and mortality in both developed and developing countries [1,2]. The psychosocial consequences of such a frequently encountered and socially large group of patients are important. Cardiac metaphors are full in our spoken language we use every day. For example, when we are excited, our hearts are fast-paced or broken when we are sad. Emotional and stressful experiences affect the heart by directly stimulating the autonomic nervous system. Its indirect effect is by stimulating the neuroendocrine pathways. In this article, psychosocial events will explain the effect of the development of heart disease, and the effect of cardiovascular diseases on mental status.

Discussion and Conclusion:

Psychological conditions and mental constraints may facilitate the development of heart diseases and may adversely affect prognosis. After cardiovascular diseases, anxiety disorder, panic, depression, some personality changes and implicit psychological conflicts can be seen. As a result, both psychosocial factors affect the cardiovascular system and cardiovascular changes affect the mood [3]. There is evidence that psychosocial risk factors contribute to the development of coronary heart disease (CHD) and to undesirable outcomes [4,5]. The mechanism of action of these factors is explained in two ways as pathophysiological and behavioral. The first is related to the physiological mechanisms of psychosocial risk factors such as heart rate and blood pressure elevation, activation of

inflammation and coagulation process. The other is related to health behaviors that increase the risk of CVD in patients with psychosocial risk factors. Such as; smoking, unhealthy food choice, reduced physical activity, medical treatment dissonance [4,6,7]. The most commonly reported psychosocial risk factors for the development of heart diseases include [3,4,7]. Depression, hopelessness, acute stress (anger burst, acute anxiety), chronic stress, family conflicts, work stress (excess effort / low response, high demand / low control), A-type, D-type personality patterns, anger, hostility, inadequate social support, social isolation (lack of shared feelings, family, inadequate support for friends, living alone). These risk factors are not independent of each other in most cases. Epidemiological studies indicate an important relationship between the incidence of cardiac events and major depression [5,7]. Studies have shown that even in the absence of major depression diagnostic criteria, cardiac risk increases in the presence of depressive symptoms [8,9]. The effect of depression on cardiac diseases is explained by bio-behavioral mechanisms including psychophysiological and risky health behaviors. These mechanisms are; platelet activation, imbalance in hypothalamus-pituitary-adrenal axis function, abnormal autonomic nervous system function, increased inflammation and immunological functions [5,7]. D-type personality is personality that lives depressive, anxious, angry and negative feelings more often. This type of personality has been shown to have poor prognosis in patients with CHD [4]. Stress is the most common psychosocial factor contributing to impaired cardiovascular health. In a study conducted, it was shown that the occurrence of acute coronary syndromes is a triggering effect of acute stress, and it is moderately related to chronic stress [10]. Type-A behavior is known to increase the risk of coronary disease in men. Showed a significant reduction in myocardial infarction (MI) repetition in counseling areas to reduce A-type behaviors [3]. Social support refers to the emotional, informational, instrumental help provided by individuals who are trusted in the social environment of a person, such as spouse, family, friends, neighbors. [4,7,11]. Studies have shown positive physical outcomes in cardiovascular patients receiving social support [11,12]. The occurrence of heart disease reveals various psychological reactions. Due to increased death after a cardiac event, some patients may be engaged with small physical symptoms and activities can be avoided. This situation increases the number of emergency service applications [3]. Sometimes cardiac and psychiatric manifestations are together, and it may be difficult to distinguish whether the table is associated with cardiological or mental states. Depression is three times more in patients with coronary disease, acute MI, and unstable angina pectoris than the general population [3,5,8,13]. Depressive disorder after MI was found to be more associated with mortality, independent of other risk factors [6,14].

As a result; the treatment of psychiatric disorders in cardiovascular patients is necessary for both holistic care and quality of life. Methods that can be applied to reduce cardiovascular risks; counseling, peer support, stress reduction methods, cognitive behavioral therapy and psychodynamic therapy. These practices have a positive impact on mental health and lifestyle, but there is insufficient evidence for their efficacy in reducing cardiac risk [4,15].

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