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**Heart disease and mental health**

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A recent survey by the British Heart Foundation suggests that 51% of people with heart disease suffer from depression, and 77% from anxiety (British Heart Foundation, 2017). There are many factors that account for this finding. Heart disease restricts normal activities, and reduces quality of life. Individuals report a feeling of physical failure, and may be anxious about future health or premature death. These fears may be compounded by loss of role or social status, and reduced income. Addressing these issues is an important way of improving the lives of people with heart disease.

Another good reason for improving mental health is the link between psychological distress and cardiovascular disease. Mental health problems can provoke or worsen arrhythmias, coronary heart disease, and heart failure. Studies have shown that depression accelerates atherosclerosis, and the American Heart Association considers it a risk factor for coronary heart disease in the same way as hypertension or smoking (Lichtman et al, 2014). Depression and anxiety increase circulating levels of stress hormones including cortisol and adrenaline. These substances raise blood glucose, lipids and blood pressure. In addition, individuals who are depressed or anxious tend to be more neglectful of their own health – they smoke and drink more, exercise less, and are less likely to take their medications.

In this issue of the *British Journal of Cardiac Nursing*, we present two articles discussing Implantable Cardioverter Defibrillators (ICD), one of which deals with the emotional issues that arise when a device is implanted. This is an important topic. ICD implantation creates additional psychological problems, partly because of the reasons for implantation, but also because of the unpleasant nature of the therapy delivered. I remember a patient telling me how he received his first ICD shock while crossing a golf course. Feeling a heavy blow to his chest, he thought he'd been hit by a golf ball. It was a profoundly unpleasant experience, and one that he was eager not to repeat.

So, what can we do about mental health? This issue is often overlooked in patients presenting with heart disease, but this doesn't have to be the case. A few carefully chosen questions can establish whether a person is feeling anxious or depressed, and simply talking about these problems can make a difference. Other simple treatments include meditation, yoga, breathing exercises, and increased physical activity. A greater awareness of mental health issues is also something that we should consider in our own lives. Nurses are notorious for putting the needs of patients before their own, and neglecting their health in the process. While this selflessness may be laudable, it's not sustainable, and increasing numbers are leaving the profession due to stress and burnout. Tuesday 10<sup>th</sup> October is World Mental Health day. The theme this year is workplace wellbeing. This seems like a good opportunity to evaluate how we address our patients' mental health needs, as well as our own.

British Heart Foundation. Heart disease and mental health [internet]; London; BHF; 2017  
Available from <http://tinyurl.com/kvx6w5g>

Lichtman JH, Froelicher ES, Blumenthal JA et al (2014) Depression as a Risk Factor for Poor Prognosis Among Patients with Acute Coronary Syndrome: Systematic Review and Recommendations. A Scientific Statement from the American Heart Association, *Circulation*, 129 (12); 1350-1369.