

## Mind/Body Health: Heart Disease

You might think heart disease is linked only with physical activities - a lack of exercise, poor diet, smoking, and excessive drinking. While these habits do heighten the risk of high blood pressure, heart attacks, strokes, and other cardiovascular problems, your thoughts, attitudes, and emotions are just as important. They can not only accelerate the onset of heart disease, but also get in the way of taking positive steps to improve your health or that of a loved one.

### Practicing prevention

A healthy lifestyle can go a long way toward reducing the risk of heart disease or managing a diagnosed condition, even if you face a higher risk due to uncontrollable factors such as age, sex, or family history. But making changes in your daily life is not always easy. You may sense a loss of control over your life in having to give up favorite foods, make time for exercise in a busy schedule, or take regular medication.

It also takes personal discipline to ingrain these new habits into your lifestyle. Deviating from a prescribed diet or sneaking a cigarette when no one is looking may satisfy an immediate craving, but it won't achieve the long-term goal of improved health.

### Coping with life's pressures

Heart disease has many other mind-body connections that you should consider. Prolonged stress due to the pressures at home, on the job, or from other sources can contribute to abnormally high blood pressure and circulation problems. As with many other diseases, the effects vary from person to person. Some people use stress as a motivator while others may “snap” at the slightest issue.

How you handle stress also influences how your cardiovascular system responds. Studies have shown that if stress makes you angry or irritable, you're more likely to have heart disease or a heart attack. In fact, the way you respond to stress may be a greater risk factor for heart problems than smoking, high blood pressure, and high cholesterol.

### A downward spiral

Then there's depression, the persistent feeling of sadness and despair that can isolate you from the rest of the world. In its severest form, clinical depression, this condition can not only increase the risk of heart disease but also worsen an existing condition.

Research shows that while approximately 20 percent of us experience an episode of depression in our lifetimes, the figure climbs to 50 percent among people with heart disease. Long-term studies reveal that men and women diagnosed with clinical depression are more than twice as likely to develop coronary artery

disease or suffer a heart attack. In addition, heart patients are three times as likely to be depressed at any given time than the population as a whole.

And happy people have healthier levels of fibrinogen and cortisol in their blood, making them less vulnerable to cardiovascular disease and other ailments.

Left untreated, depression can put you at substantially greater risk of suffering a heart attack or stroke. In fact, clinically depressed people are twice as more likely to suffer a heart attack as long as 10 years after the initial depressive episode.

### The struggle to rebound

Depression can also complicate the aftermath of a heart attack, stroke, or invasive procedure such as open-heart surgery. The immediate shock of coming so close to death is compounded by the prospect of a long recuperation, as well as the fear that another, potentially more serious event could occur without warning.

The result is often feelings of depression, anxiety, isolation, and diminished self-esteem. According to the National Institutes of Mental Health (NIMH), up to 65 percent of coronary heart disease patients with a history of heart attack experience various forms of depression. Though such emotions are not unusual, they should be addressed as quickly as possible. Major depression can complicate the recovery process and actually worsen your condition. Prolonged depression in patients with cardiovascular disease has been shown to contribute to subsequent heart attacks and strokes.

### What you can do

Although heart disease is a serious condition that requires constant monitoring, there are many things you can do to reduce your risk for cardiovascular problems and live a full, active life, even if you should suffer a heart attack.

- Talk to your doctor. No two people are alike, and some treatment or risk reduction strategies may be inappropriate or even harmful if you attempt to do too much too quickly.
- Avoid trying to fix every problem at once, if possible. Focus instead on changing one existing habit (e.g., eating habits, inactive lifestyle). Set a reasonable initial goal and work toward meeting it.
- Don't ignore the symptoms of depression. Feelings of sadness or emptiness, loss of interest in ordinary or pleasurable activities, reduced energy, and eating and sleep disorders are just a few of depression's many warning signs. If they persist for more than two weeks, discuss these issues with your heart doctor. It may be that a psychologist working in collaboration with your physician would be beneficial.
- Identify the sources of stress in your life and look for ways to reduce and manage them. Seeing a professional like a psychologist to learn to manage stress is helpful not only for preventing heart disease, but also for speeding recovery from heart attacks when used along with structured exercise programs and other intensive lifestyle changes.
- Enlist the support of friends, family, and work associates. Talk with them about your condition and what they can do to help. Social support is particularly critical for overcoming feelings of depression and isolation during recovery from a heart attack.
- If you feel overwhelmed by the challenge of managing the behaviors associated with heart disease, consult

a qualified psychologist. He or she can help develop personal strategies for setting and achieving reasonable health improvement goals, as well as building on these successes to accomplish other more ambitious objectives. A psychologist can also help clarify the diagnosis of depression and work with the physician to devise a suitable treatment program.

The American Psychological Association Practice Directorate gratefully acknowledges the assistance of Sara Weiss, Ph.D., and Nancy Molitor, Ph.D., in developing this fact sheet.

**(c) Copyright 2004 American Psychological Association**

Documents from [apahelpcenter.org](http://apahelpcenter.org) may be reprinted in their entirety with credit given to the American Psychological Association. Any exceptions to this, including requests to excerpt or paraphrase documents from [apahelpcenter.org](http://apahelpcenter.org), must be presented in writing to [helping@apa.org](mailto:helping@apa.org) and will be considered on a case-by-case basis. Permission for exceptions will be given on a one-time-only basis and must be sought for each additional use of the document.