


**When tachycardia does not mean that your patient is in love –
 Psychosomatic aspects of cardiac health problems**


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**bio-psycho-social problems and challenges
 of different cardiovascular diseases**

- coronary heart disease CHD and myocardial infarction MI
- cardiovascular rhythm disorders
- implanted cardioverter-defibrillator ICD
- autonomously induced heart events (panic attacks and somatoform disorders)

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coronary heart disease CHD and MI

- is a leading cause of death in western developed countries
- risk factors, which are determined by personal choices or lifestyle are subject to modification
- behaviour problems and personality traits have great impact on treatment and risk reduction

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**behavioural problems
 and personality traits of CHD – patients**

- depression (↑ cardiac events and mortality risk; ↓ bad compliance, nonmodifiable lifestyle changes, e.g. smoking, activity, eating)
- anxiety (↑ high utilizer behaviour, 15-20% develop PTSD or a phobic coping style)
- personality traits (↑ type A behaviour, hostility, high level of anger, type D behaviour: negative affectivity and social inhibition)
- social isolation (↑ high risk factor for female mortality, ↓ good social support and communion reduces the risk of reinfarction)
- chronic disstress (↑ high risk factor for cardiac events and MI)

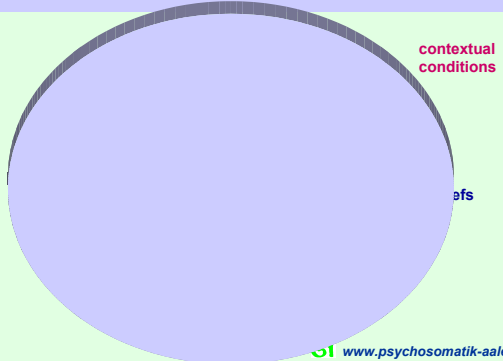
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**conspicuous behaviour and coping-style
 problems of patients with arrhythmic disorders
 or after ICD-implantation**

- depression (↑ 50% suffer from major depression after malignant arrhythmic events, 5-10% from phobia or PTSD after shock treatment)
- anxiety (↑ high utilizer behaviour, high trait and state anxiety, high psychological stress)
- social behaviour (tendency of social retreat and isolation, reduced physical activity)

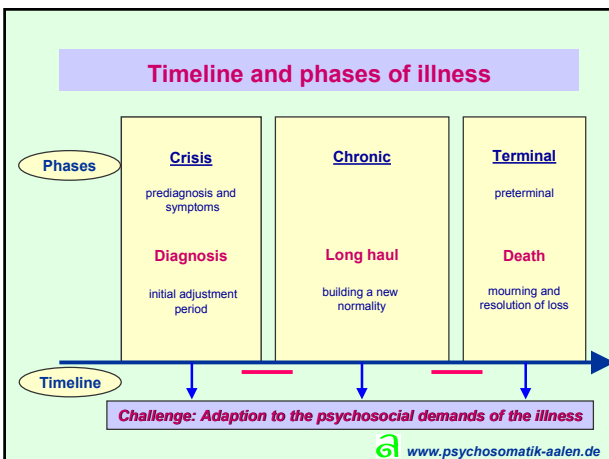
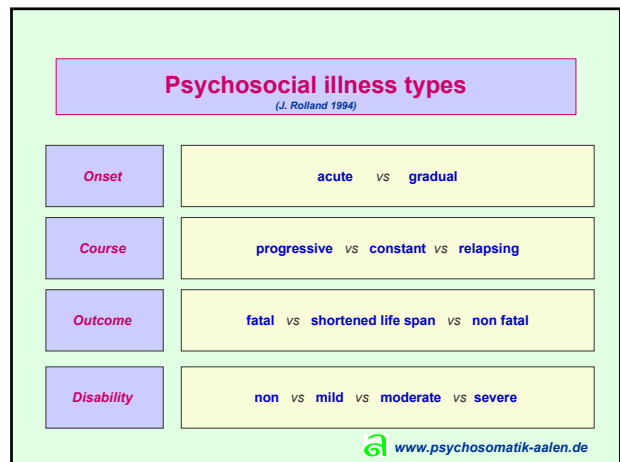
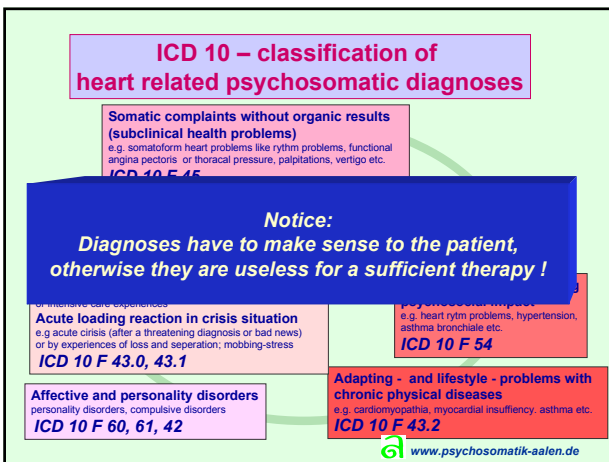
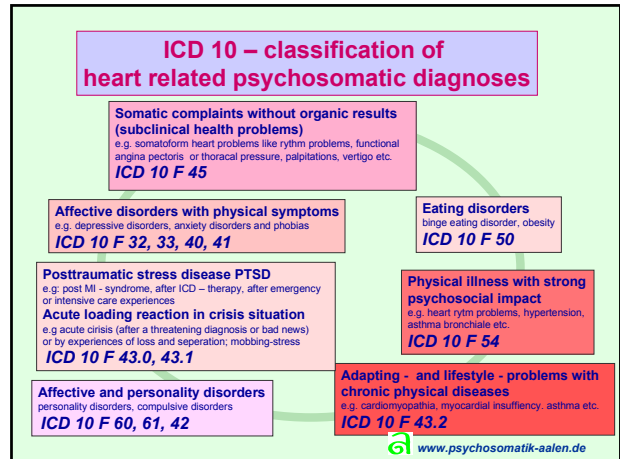
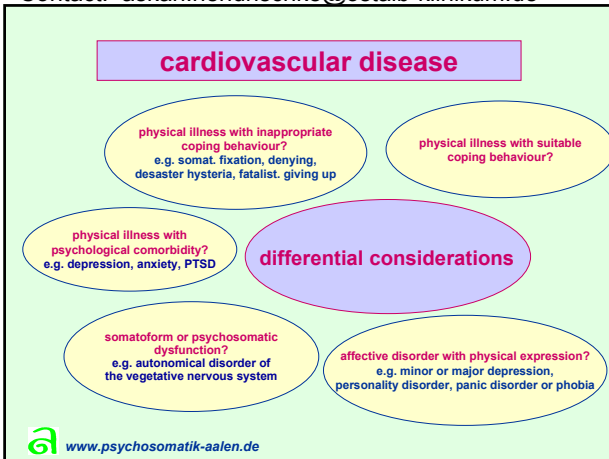
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**Multileveled aspects of conditional clauses and
 circumstances of cardiac health problems**



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**but:
no heart beats alone**

**siblings, parents, family members, partners and friends
construct the primary psychosocial network,
in which we experience and cope with illness**

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**Predictable and unpredictable meanings of illness
and disability that may affect the patient**


- ↳ Loss of physical health and body-integrity
- ↳ Change of body-awareness
- ↳ Loss of autonomy
- ↳ Loss of personality items (patterns)
- ↳ Loss of intimacy
- ↳ Loss of the professional environment
- ↳ Loss of social contact and communion
- ↳ Loss of financial security
- ↳ Loss of control, flexibility, free decisions and quality of life

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**Predictable and unpredictable meanings of illness
and disability that may affect the partner**

- ↳ Loss of close communication
- ↳ Loss of emotional and physical contact
- ↳ Loss of shared sexuality
- ↳ Loss of common interests
- ↳ Loss of the standard of living
- ↳ Loss of time for recreation and enjoyment


*Partners often suffer even more from the practical
or affective issues of the illness than the patient himself*

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**Predictable and unpredictable meanings of illness
and disability that may affect the partner or the whole family**

- ↳ Illness may become the organizing principle for the every day living among the family-members or with the partner
- ↳ Illness may force the partner or the family to avoid or to give up future plans or developmental steps of the family life-circle
- ↳ Family-members or partners may suffer from a loss of flexibility, activity and potential of change


*Necessarily, the illness demands a permanent
contact with the structures of the health care system*

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Promoting patient's agency to deal with illness


- ↳ Support active involvement in and commitment to his own care
- ↳ Promote his ability to make own decisions, help him to feel less conflicted about handling or accepting a medical problem, that can not be cured
- ↳ Encourage the patient of making lifestyle changes, if necessary

but
ask him, to allow a maximum of autonomy and keep habits and rituals alive
(principle of *balanced coping*)

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Promoting patient's agency to deal with illness

- ↳ Support him to set limits on the amount of control, the illness or disability has over him or his family
- ↳ Promote his sense of making personal choices in dealing with illness and the health care system, to avoid feelings of passivity or lack of control
- ↳ Improve patient's ability, to accept social support and helpfulness of the family members or other caregivers without losing the own autonomy

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