



Towards Establishment of Psychocardiologic Setting and Guideline in Iran

Farzad Goli¹, Hamidreza Rouhafza²

¹ Professor, Faculty Instructor, Energy Medicine University, California, USA AND Danesh-e Tandorosti Institute, Isfahan, Iran

² Assistant Professor, Psychosomatic Research Center AND Isfahan Cardiovascular Research Center, Isfahan Cardiovascular Research Institute, Isfahan University of Medical Sciences, Isfahan, Iran

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Due to their high rates of mortality and disability, cardiovascular diseases (CVDs) are considered as one of the most prevalent chronic diseases all around the world. Despite advancements in the prevention, diagnosis, treatment, and rehabilitation of cardiac diseases, the rate of mortality due to cardiac diseases is still increasing. The World Health Organization (WHO) reported that annually more than 12 million people all around the world die due to CVDs and cerebrovascular accidents (CVA). Moreover, the WHO predicts a 25% loss in healthy life years due to CVDs by 2020 in developing countries.

Studies conducted in Iran in 2003 indicated that CVDs are the first cause of mortality. It is estimated that CVDs are the cause of loss of 1183188 life years (26% of total lost years). Additionally, the burden caused by such diseases equals 105 million years. In addition to all these effects

(mortality, disability, and burdens), CVDs have many severe effects on the psychological and social life of individuals.

The estimation for disability-adjusted life year (DALY) is predicted to increase to a loss of 150 million in 2020 from the loss of 85 million in 1990; therefore, it remains the first somatic cause of disability and unproductivity. Considering all these, patients disabled due to CVDs need a care approach that covers different aspects of their psychological, physical, and social life. The aim of these approaches has to be planning effective ways and measures to improve these patients' quality of life (QOL). The correlation between psychological problems and CVDs has been indicated in many researches. A 15% rate of major depressive disorder (MDD) was reported among patients after myocardial infarction (MI) or coronary artery bypass grafting (CABG). It is noteworthy that anxiety in patients with unstable angina persisted 1 year after their cardiac event (Linden, Phillips, & Leclerc, 2007). Almost 20% of patients who survive

Corresponding Author:

Hamidreza Rouhafza

Email: hroohafza@gmail.com

acute MI have the diagnostic criteria of major depression; this increases the risk of death due to cardiac problems by 5 times in 6 months (Rees, Bennett, West, Davey, & Ebrahim, 2004). Conversely, anxiety can also be the cause of cardiac diseases. In a meta-analysis that was conducted on 20 studies, it was reported that anxiety increased the risk of heart diseases by 26% (95% CI, 1.15–1.38); this increase was 48% for the risk of cardiac death (95% CI, 1.14–1.92) (van Dixhoorn & White, 2005).

Many meta-analyses have been published on psychological interventions for cardiac patients and more specifically on CAD patients (Linden et al., 2007; Rees et al., 2004; van Dixhoorn & White, 2005; Whalley et al., 2011), which show that psychotherapy improves psychological outcomes, but not cardiovascular outcomes. However, psychotherapeutic interventions reduce the occurrence of anxiety, depression, and other psychological disorders, and thus, improve QOL as well as the rate of morbidity and mortality in patients with ischemic heart disease (IHD). Psychotherapy can improve patients' adherence to evidence-based treatments and prevent sudden psychological effects caused by CVD on patients; thus, it is very helpful (Biondi-Zoccai, Mazza, Roever, van Dixhoorn, Frati, & Abbate, 2016).

The first symposium on psychocardiology

The first symposium on psychocardiology in Iran was held in the presence of psychiatrists, cardiologists, health psychologists, and fellows and specialists in psychosomatic medicine on 20-21 November 2018 in Khorshid Hospital, Isfahan, Iran.

In this symposium, Prof. Dr. Christoph Herrmann-Lingen – Director, Department of Psychosomatic Medicine and Psychotherapy, University of Göttingen Medical Center, Göttingen, Germany, Co-founder of psychocardiology working groups in both, the German College of Psychosomatic Medicine (DKPM) and the German Society for Cardiology (DGK) – and Prof. Dr. Carl Eduard

Scheidt – Professor at the Department of Psychosomatic Medicine and Psychotherapy, University Medical Center, Freiburg – participated as the main lecturers and advisors of research projects.



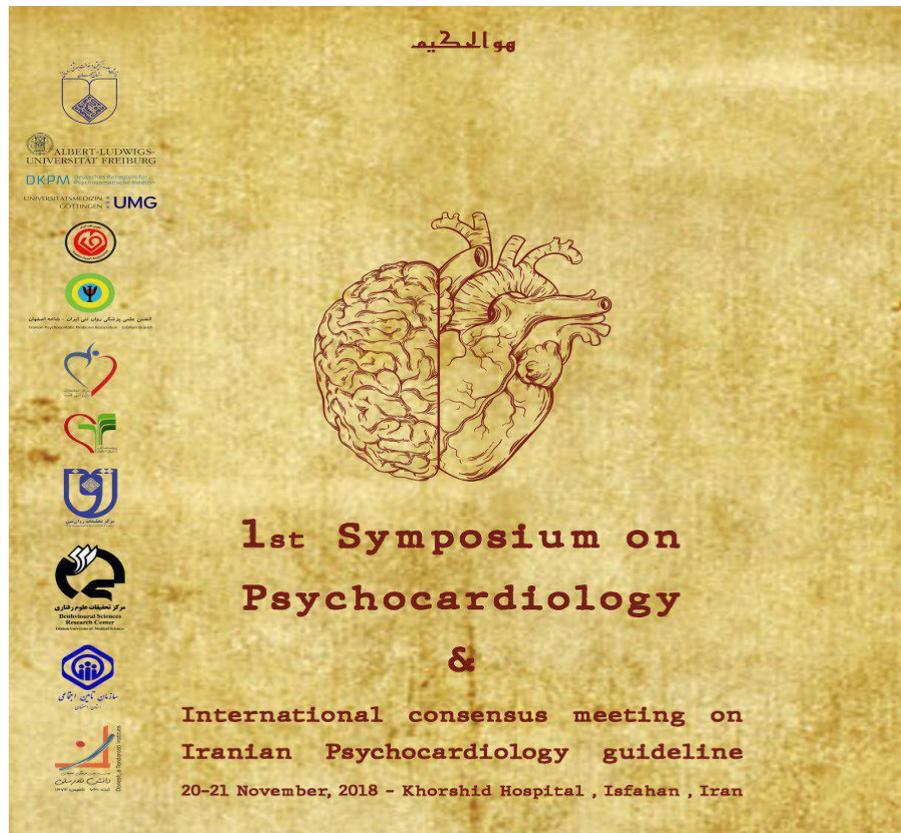
Two one-day workshops were held in this symposium including lectures, team work, clinical case discussions, clinical supervision, and Balint group. University faculty members of psychiatry and community medicine, residents, and post-doctorate candidates of psychosomatic medicine participated in this program.



The first expert panel session was held on the afternoon of the first day for developing a clinical guideline for psychocardiology. This draft was approved in 2016 in office for standards and clinical practice. Since then, it has been worked on cooperatively by Cardiac Rehabilitation Research Center,

Psychosomatic Research Center of Isfahan University of Medical Sciences, Danesh-e Tandorosti Institute, and Social Security Organization under the supervision of Freiburg University and University of Göttingen. In this panel, cardiologists,

internists, psychiatrists, fellows of psychosomatic medicine, psychologists, community physicians, and invited guests – Prof. Dr. Lingen and Prof. Dr. Schiedt – studied and commented on the first draft of the clinical guideline on psychocardiology.



Conflict of Interests

Authors have no conflict of interests.

References

Linden, W., Phillips, M. J., & Leclerc, J. (2007). Psychological treatment of cardiac patients: a meta-analysis. *Eur Heart J*, 28(24), 2972-2984. doi:ehm504 [pii];10.1093/eurheartj/ehm504 [doi]. Retrieved from PM:17984133

Rees, K., Bennett, P., West, R., Davey, S. G., & Ebrahim, S. (2004). Psychological interventions for coronary heart disease. *Cochrane.Database.Syst Rev.*,(2), CD002902. doi:10.1002/14651858.CD002902.pub2 [doi]. Retrieved from PM:15106183

van Dixhoorn J., & White, A. (2005). Relaxation therapy for rehabilitation and prevention in ischaemic heart disease: a systematic review and meta-analysis. *Eur J Cardiovasc.Prev.Rehabil*, 12(3), 193-202. doi:00149831-200506000-00002 [pii]. Retrieved from PM:15942415

Biondi-Zoccai, G., Mazza, M., Roever, L., van Dixhoorn, J., Frati, G., & Abbate, A. (2016). Evidence-Based Psychotherapy in Ischemic Heart Disease: Umbrella Review and Updated Meta-Analysis. In A. Roncella & C. Pristipino (Eds.), *Psychotherapy for Ischemic Heart Disease: An Evidence-based Clinical Approach* (pp. 131-158). Cham, Switzerland: Springer International Publishing.

Biondi-Zoccai, G., Mazza, M., Roever, L., van Dixhoorn, J., Frati, G., & Abbate, A. (2016). Evidence-Based Psychotherapy in Ischemic Heart Disease: Umbrella Review and Updated Meta-Analysis. In A. Roncella & C. Pristipino (Eds.), *Psychotherapy for Ischemic Heart Disease: An Evidence-based Clinical Approach* (pp. 131-158). Cham: Springer International Publishing.

Whalley, B., Rees, K., Davies, P., Bennett, P., Ebrahim, S., Liu, Z. et al. (2011). Psychological interventions for coronary heart disease. *Cochrane.Database.Syst Rev.*,(8), CD002902. doi:10.1002/14651858.CD002902.pub3 [doi]. Retrieved from PM:21833943