

Unraveling the Complex Connection: Cardiovascular Disease and Psychiatric Disorders in a Multifaceted Relationship

Nazanin Soleimani¹, Masoumeh Sadeghi¹, Hamidreza Roohafza²

1 Cardiac Rehabilitation Research Center, Cardiovascular Research Institute, Isfahan University of Medical Sciences, Isfahan, Iran

2 Isfahan Cardiovascular Research Center, Cardiovascular Research Institute, Isfahan University of Medical Sciences, Isfahan, Iran

Corresponding Author: Hamidreza Roohafza; *Isfahan Cardiovascular Research Center, Cardiovascular Research Institute, Isfahan University of Medical Sciences, Isfahan, Iran*

Email: roohafza@crc.mui.ac.ir

Editorial

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The intricate connection between the mind and body is a subject that warrants significant attention in both physical and psychological spheres. Psychosomatic disorders, where psychological factors manifest physically, exemplify this profound relationship. Among the myriad of conditions influenced by this interplay, cardiovascular disease (CVD) stands out as a prime example. The relationship between CVD and psychological conditions is undeniably a two-way street, with each influencing the other in a complex interplay. Mental health conditions such as depression, anxiety, and alcohol use disorders have emerged as significant contributors to the onset of CVD. At the same time, individuals with CVD diagnoses frequently contend with debilitating psychiatric symptoms (Scott, et al, 2013; Roohafza, Askari, Nouri, Talaei, Sarrafzadegan, & Sadeghi, 2022).

Despite extensive research highlighting the intricate relationship between mental health and CVD, psychological distress is often overlooked in patients with CVD. Comprehensive evaluations that address the psychosocial aspects of CVDs are rare, leaving patients without the necessary support to cope with their conditions effectively.

In addition to addressing the psychological implications of CVD, it is imperative to recognize another overlooked concern in this realm: psychosomatic symptoms. Symptoms such as chest pain and palpitations, while frequently prompting cardiac evaluation, often lack an underlying cardiac etiology. The prevalence of non-cardiac chest pain underscores the importance of considering psychopathological disorders as critical differential diagnoses in these cases (Mayou, Bryant, Forfar, & Clark, 1994; Bringager, Friis, Arnesen, & Dammen, 2008; Potts & Bass, 1995). Unfortunately, this

diagnosis is often overlooked, exacerbating the burden on health services due to unnecessary diagnostic tests administered to investigate chest pains. There is a critical need for systematic screening of patients presenting with chest pain and palpitations to identify underlying psychiatric disorders (Roohafza, et al, 2021). Effective treatment options exist, yet patients frequently endure unnecessary suffering due to delayed or missed diagnoses. Incorporating routine screening for psychiatric disorders into cardiac evaluations can significantly improve patient outcomes and reduce the burden on healthcare systems.

While challenges persist in accurately diagnosing psychiatric disorders in patients with psychosomatic symptoms, promising research suggests the use of various screening tools to facilitate early detection. Standardized screening protocols are essential to ensure timely intervention and prevent the development of chronic conditions (White, 2008).

In conclusion, the interplay between CVD and psychiatric disorders is multifaceted. Psychiatric disorders can lead to CVD, and conversely, CVD can contribute to the development or exacerbation of psychiatric disorders. Additionally, this relationship can manifest in psychosomatic symptoms, where psychological factors contribute to physical manifestations of illness. Psychiatric disorders, notably depression and anxiety, frequently emerge as differential diagnoses in cases of non-cardiac chest pain, highlighting the necessity for thorough evaluation. Recognizing and addressing these intertwined connections is paramount for comprehensive patient care, necessitating the integration of psychiatric evaluations into routine cardiac assessments. Embracing this holistic perspective holds the promise of improving patient outcomes and elevating the overall quality of care in managing both CVD and psychiatric disorders.

Conflict of Interests

Authors have no conflict of interests.

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