

# Psihološki aspekti kardiovaskularnih bolesti

## Psychological aspects of cardiovascular diseases

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Veza između psihičkih stanja te bolesti srca nije slučajna. Postoje snažni epidemiološki dokazi kako su to dvosmjerno povezana stanja, predstavljaju rizik jedna za drugu, ali nerijetko i koegzistiraju. Prevalencija anksioznosti i depresije veća je u kardioloških bolesnika u odnosu na opću populaciju. Istraživanja pokazuju da 20% bolesnika s kongestivnim zatajivanjem srca boluje od depresije, dok 50% bolesnika sa akutnom koronarnom bolešću u jedinicama intenzivne skrbi pokazuje neki od simptoma anksioznog poremećaja.<sup>1,2</sup> Depresivni bolesnici imaju manje motivacije i energije za aktivnosti samozbrinjavanja, slabije sudjeluju u programu liječenja i rehabilitacije što produžuje bolest, pogoršava simptome i povećava mortalitet.

Tipični simptomi kardiovaskularnih bolesti poput umora, malaksalosti i nesanice vrlo su slični simptomima depresije stoga često puta u kliničkoj praksi mogu ostati neprepoznati te posljedično i nedovoljno liječeni. Stoga u svjetlu svih spoznaja iz područja psihokardiologije, rano prepoznavanje i uspješno liječenje psiholoških poremećaja (posebice anksioznosti i depresije) poboljšalo bi klinički ishod, olakšalo skrb za takve bolesnike te im osiguralo bolju kvalitetu života.

The connection between mental states and heart disease is not accidental. There is strong epidemiological evidence that these are bidirectionally related conditions, which pose a risk to each other, but often coexist. The prevalence of anxiety and depression is higher in cardiac patients compared to the general population. Studies show that 20% of patients with congestive heart failure suffer from depression, while 50% of patients with acute coronary heart disease in intensive care units show some of the symptoms of anxiety disorder.<sup>1,2</sup> Depressed patients have less motivation and energy for self-care activities, participate less in the treatment and rehabilitation program, which prolongs the disease, worsens symptoms, and increases mortality.

Typical symptoms of cardiovascular diseases such as fatigue, malaise and insomnia are very similar to the symptoms of depression, so they can often remain unrecognized in clinical practice and consequently insufficiently treated. Therefore, considering all the knowledge in the field of psychocardiology, early detection and successful treatment of psychological disorders (especially anxiety and depression) would improve the clinical outcome, facilitate the care of such patients, and ensure a better quality of life.

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