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Pharmacology for Common Medical Conditions: Cardiovascular Disease

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Cardiovascular disease management for the BHC

- Persistent arrhythmias
- Chronic angina
- Cardiovascular compromise resulting from myocardial infarction
- Congestive heart failure

Arrhythmias and MI – Psychological Concerns

Atrial fibrillation

- Potential links to psychological distress
- May occasionally be confused for Panic Attack/Disorder or generalized anxiety disorder

Myocardial infarction

- Links with substance abuse, psychological stress, depression, lifestyle (including homelessness)
- Long term recovery from MI negatively affected by psych factors

Do psychological interventions help in CVD?

- Recent Cochrane meta analysis:
 - Psychotherapy, exercise, or behavioral programs for increasing adherence
 - No effect on morbidity or mortality
 - Some effect on improving quality of life
 - Depressed patients may differentially benefit
 - Some improvement in coping and adaptive skills
- Important not to oversell benefits of psychological intervention

Drugs for Angina Pectoris (classic angina)

- Psychological or physical stress can exacerbate angina
- Drugs include
 - Nitrates (nitroglycerin)
 - Vasodilation
 - Beta blockers
 - Reduction of cardiac output
 - No vasodilation
 - Calcium channel blockers
 - Vasodilation, reduction of cardiac output

Heart failure

- 10% of deaths in US have HF as contributor
- Progressive; 50% mortality when diagnosed
- Important to treat predisposing causes
- Congestive heart failure
 - Inability to pump blood through lungs leads to pulmonary edema
 - Peripheral swelling, often legs, ankles, feet

Cardiac arrhythmias

- Supraventricular and ventricular
- Acute and Chronic
- Psychotropic drugs may be arrhythmogenic
- Sodium channel blockers
- Beta blockers
- Calcium channel blockers
- Potassium channel blockers



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