NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS
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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