CORRESPONDENCE

Trends in Cardiovascular Risk Factors Among Patients With Coronary Heart Disease: Results From the EUROASPIRE I, II, and III Surveys in the Münster Region

by Dr. med. Christof Prugger, Dr. med. Jan Heidrich, Dr. rer. nat. Jürgen Wellmann, Dr. med. Ralf Dittrich, Prof. Dr. med. Stefan-Martin Brand, Dr. rer. nat. Ralf Telgmann, Prof. Dr. med. Günter Breithardt, Dr. med. Holger Reinecke, Prof. Dr. med. Hans Scheld, Dr. med. Peter Kleine-Katthöfer, Prof. Dr. med. Peter U. Heuschmann, Prof. Dr. med. Ulrich Keil in volume 17/2012

Psychosomatic Background of Classic Cardiovascular Risk Factors

The data reported in the study by Prugger et al. are undoubtedly of outstanding interest for making the argument in favor of stronger funding for preventive medicine (1).

In common with previous studies (2), the authors emphasize again that restating the classic cardiovascular risk factors did not succeed in modifying patients' behaviors. We think that this lack of translating theory into practice results in a certain inevitability in focusing on the psychosomatic roots of adverse lifestyle habits, so that pointing out the high importance of psychological and psychosomatic roots in such an article would be much welcomed. It seems easier to just focus on epidemiological data, although these provide only the foundation for effective measures. Ladwig et al (3) mentioned the eminent importance of psychocardiology in a position paper as early as 2008. A current prospective study in our own institution (4) shows the high incidence of anxiety and depression in patients with aortocoronary bypass.

The change in lifestyle factors that was mentioned in the article is not possible in a sustained fashion without influencing the psychosomatic roots.

The future for preventive strategies thus seems to lie primarily in the evaluation and intervention of the psychosomatic disorders underlying the classic risk factors.

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Prof. Dr. med. Bernhard Korbmacher

Klinik für Kardiovaskuläre Chirurgie, Universitätsklinikum Düsseldorf
Korbmacher@med.uni-duesseldorf.de

Dr. phil. Ralf Schäfer

Klinisches Institut für Psychosomatische Medizin und Psychotherapie
Universitätsklinikum Düsseldorf

Conflict of interest statement

Professor Korbmacher has been reimbursed for conference delegate fees by Orion. He has received speaker honoraria and honoraria into a third-party account of the Klinik für Kardiovaskuläre Chirurgie (the Department for Cardiovascular Surgery) from MSD. Dr Schäfer has been reimbursed for conference delegate fees and travel expenses by the Institut für Seelische Gesundheit und Prävention e.V. (the institute for mental health and prevention). He has received moneys into a third-party account of Düsseldorf University from PALME Plus.

In Reply:

In their letter to the editor, Korbmacher and Schäfer rightly point out the importance of psychosomatic roots of cardiovascular risk factors in patients with coronary heart disease (CHD). Psychosocial factors such as anxiety and depression, but also a low social status, lacking social support, workplace or family stress, hostility, and a type D personality impair measures to improve lifestyles and compliance with medication therapy; current guidelines for the prevention of cardiovascular disease in clinical practice therefore recommend to collect information on psychosocial risk factors via the medical history or by using standardized questionnaires and to aspire to individually tailored treatment (1). In the context of the EUROASPIRE III survey, the possible factors influencing cardiovascular risk in patients with CHD from 22 European regions including Münster were thoroughly investigated (2, 3). Patients with anxiety or depression disorder at the time of the interview reported to a far lesser degree that they had changed their lifestyle since the coronary event. Depressive symptoms were associated with a higher body mass index and waist circumference, as well as more cases of comorbid diabetes. Women, diabetes patients, and patients after aortocoronary bypass surgery achieved the target values for smoking, blood pressure, and cholesterol to a far lesser extent. A university education, participation in a cardiac rehabilitation program, and specialized cardiology treatment, however, were associated with better control of these risk factors. Future prevention strategies should take these study results into account and aim for improved implementation of the recommendations for cardiovascular prevention in CHD patients in Europe.

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Dr. med. Christof Prugger, MSc

Prof. Dr. med. Ulrich Keil, PhD

Institut für Epidemiologie und Sozialmedizin, Universität Münster
keilu@uni-muenster.de

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The authors declare that no conflict of interest exists