

# Cardiovascular Disease

An overview for  
Behavioral Health Consultation

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# Cardiovascular Disease

- Coronary Artery Disease
- Peripheral Artery Disease
- Arrhythmia
- CHF (Congestive Heart Failure)
- Valve Problems

# Risk factors for Heart Disease

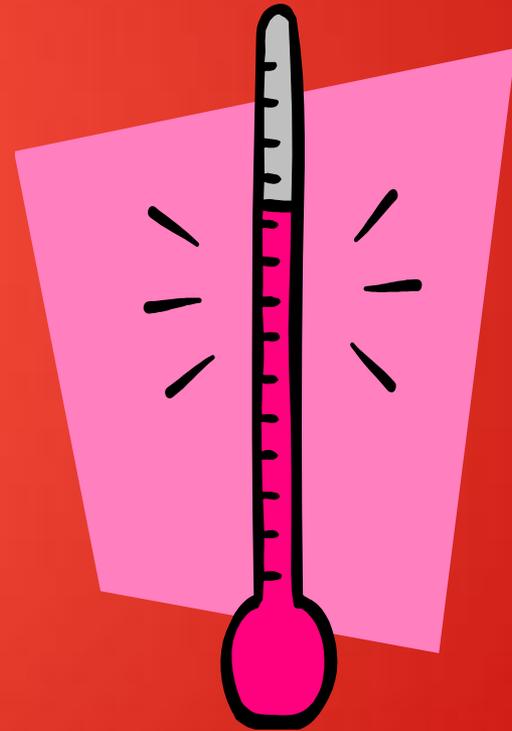
- Hypertension (High Blood Pressure)
- Hyperlipidemia (High Cholesterol)
- Diabetes
- Major Depression
- Obesity
- Smoking
- Sedentary Lifestyle
- Family History
- Socioeconomic Status
- Male gender
- 60 +

# Depression and Heart Disease

- 15% of patients with CVD experience major depression
- Depression increases the risk of a heart attack and heart disease
- Ongoing depression after a heart attack increases mortality to 17% (3% in nondepressed patients)
- CVD patients with depression have worse adherence to treatment goals (medication and exercise)
- Habits associated with depression hinder with treatment

# Stress and Blood Pressure

- Stress Response
- Signs and Symptoms
- Relaxation response



# Hypertension

- High blood pressure
- Symptoms
- Ranges
  - Normal
    - Systolic: less than 120 mmHg/Diastolic: less than 80mmHg
  - At risk (prehypertension)
    - Systolic: 120–139 mmHg/Diastolic: 80–89 mmHg
  - High
    - Systolic: 140 mmHg or higher/Diastolic: 90 mmHg or higher
- Treatment Goal = Blood pressure range in normal limits

# Hyperlipidemia

- High Cholesterol
  - **Triglyceride Level**
    - Normal: Less than 150 mg/dL
    - Borderline High: 150–199 mg/dL
    - High: 200–499 mg/dL
    - Very High: 500 mg/dL and above
  - LDL – under 130
  - HDL – 40 and above for men & 50 and above for women
- Treatment Goal – Cholesterol in normal range

# Treatment goals related to BEHAVIOR

- Smoking Cessation
- Weight Management
- Alcohol Moderation or Sobriety
- Heart Healthy Activity level
- Heart Healthy Diet
- Stress Management
- Medication Adherence
- Monitoring BP

# BHC Interventions

- Potential Interventions Include:
  - Patient Education/Assess understanding
  - Depression screening and intervention
  - Motivational Interviewing for behavior change
  - Help patient establish goals for Dietary Changes
  - Medication Adherence Strategies
  - Help patient establish goals for Starting Exercise Plan
  - Smoking Cessation Counseling
  - Alcohol Moderation/Referral to Substance Abuse Treatment if appropriate
  - Teaching stress management techniques
  - Family Support/Issues

# Case Example/Discussion

- Jim has an appointment with his Primary Care Provider for follow-up after an ER visit due to a hypertensive crisis which caused bleeding eyes. Jim went to the ER because he was concerned about his eyes bleeding. When he found out it was due to him not taking his blood pressure medication, he said he would take his medication and left the hospital against medical advice. Jim smokes 1-2 packs of cigarettes per day, has a BMI of 26 and has a history of alcohol/substance abuse. His Primary Care Provider would like him to meet with the BHC to work on lifestyle changes to improve his blood pressure.

# Resources and References

- American Heart Association [www.Heart.org](http://www.Heart.org)
  - [Mayoclinic.org](http://Mayoclinic.org)
  - National Institutes of Health [www.nih.gov](http://www.nih.gov)
  - [www.guidline.gov](http://www.guidline.gov) (National Guideline Clearinghouse)
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- Frasure-Smith N, et al. Depression following myocardial infarction: Impact on 6-month survival. JAMA, October 20, 1993. 270(15):1819-1825.
  - Nakatani D, et al. Influence of serotonin transporter gene polymorphism on depressive symptoms and new cardiac events after acute myocardial infarction. American Heart Journal, October 2005. 150(4):652-658.
  - Ruo B, et al. Depressive symptoms and health-related quality of life: the Heart and Soul Study. JAMA, July 9, 2003. 290(2):215-221.
  - Litchman JH, et al. Depression and coronary heart disease: Recommendations for screening, referral and treatment. A science advisory from the American Heart Association Prevention Committee of the Council on Cardiovascular Nursing, Council on Clinical Cardiology, Council on Epidemiology and Prevention, and Interdisciplinary Council on Quality of Care and Outcomes Research: endorsed by the American Psychiatric Association. Circulation, Oct 21 2008. 118(17):1768-1775.