

Letter by Hoover et al. regarding Article, “Psychological Health, Well-Being, and the Mind-Heart-Body Connection: A Scientific Statement from the American Heart Association”

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We were pleased to see the AHA’s scientific statement¹ on psychological factors and cardiovascular health, with potential mechanisms and effects of behavioral health treatment on medical and psychological outcomes in cardiac patients. We agree that it is critical to incorporate an understanding of psychological and behavioral factors into the comprehensive management of cardiac patients.

We would like to highlight a randomized controlled trial that was not included in the review, but which contributed to the mounting evidence that psychological interventions can improve medical outcomes in cardiac patients. In 2009 Orth-Gomer and colleagues² published a study of 237 consecutive women, age 75 years or younger, who were randomized to a group-based Cognitive Behavioral Therapy intervention or usual care following hospitalization for acute myocardial infarction, coronary artery bypass grafting, or percutaneous coronary intervention. Women in the intervention arm received 20 group sessions in the first year post-event and the mean duration of follow-up was 7.1 years. No participants were lost to follow-up. Results revealed a 3-fold protective effect among women in the intervention arm (OR = 0.33; 95% CI, 0.15 to 0.74; P=0.007), and results remained largely significant after adjusting for potential confounders.

Also, in discussing implications for clinical practice, the AHA scientific statement references making appropriate referrals to mental health treatment, although the authors do not describe the literature on best practices for connecting patients to treatment. Integrating psychological and behavioral health services directly into the medical setting has been shown to improve medical and mental health treatment adherence and depression outcomes, reduce emergency room visits and hospitalizations, improve certain medical outcomes, improve patient satisfaction and reduce costs to patients and payors.^{3,4} Despite documented benefits of integrating behavioral health services, this model is still rare in Cardiology.

In the Division of Cardiovascular Medicine at Stanford University, one such model of integrated behavioral health has been in operation for the past decade. The Cardiac Behavioral Medicine (CBM) service is staffed by 2 clinical psychologists with expertise in cardiac psychology who are embedded in the outpatient cardiology clinic. CBM utilizes a 3-tiered integrated behavioral health model.⁵ First, cardiologists conduct screening, brief intervention, and referrals. Second, psychologists conduct clinical assessments and provide evidence-based group interventions for common concerns (e.g., stress management, lifestyle modification). Third, when needed, psychologists provide brief, evidence-based, individual psychotherapy and/or facilitate referrals to psychiatrists and generalist mental health practitioners. Psychologists also liaise with cardiology teams to address behavioral health issues affecting patient care management. The CBM service is largely fiscally sustained by revenue generated from insurance billing for

traditional psychiatric CPT codes, as well as “health and behavior” CPT codes billed to a cardiac diagnosis, which allow psychologists greater flexibility in responding to the range of referral issues and insurance coverages.

We applaud the AHA for promoting awareness of psychosocial factors within cardiology. We also encourage efforts on local, regional, and national levels to further develop strategies for making integrated services available and sustainable for healthcare systems and patients, as well as greater future representation of cardiac psychologists in these endeavors.

Disclosures: None

References

1. Levine GN, Cohen BE, Commodore-Mensah Y, Fleury J, Huffman JC, Khalid U, Labarthe DR, Lavretsky H, Michos ED, Spatz ES, Kubzansky LD; American Heart Association Council on Clinical Cardiology; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular and Stroke Nursing; and Council on Lifestyle and Cardiometabolic Health. Psychological Health, Well-Being, and the Mind-Heart-Body Connection: A Scientific Statement From the American Heart Association. *Circulation*. 2021 Jan 25;CIR0000000000000947. doi: 10.1161/CIR.0000000000000947. Epub ahead of print. PMID: 33486973.
2. Orth-Gomér K, Schneiderman N, Wang HX, Walldin C, Blom M, Jernberg T. Stress reduction prolongs life in women with coronary disease: the Stockholm Women's Intervention Trial for Coronary Heart Disease (SWITCHD). *Circ Cardiovasc Qual Outcomes*. 2009 Jan;2(1):25-32. doi: 10.1161/CIRCOUTCOMES.108.812859. Epub 2009 Jan 6. PMID: 20031809.
3. Katon W. Collaborative depression care models: from development to dissemination. *Am J Prev Med*. 2012 May;42(5):550-2. doi: 10.1016/j.amepre.2012.01.017. PMID: 22516497.
4. Reiss-Brennan B, Brunisholz KD, Dredge C, Briot P, Grazier K, Wilcox A, Savitz L, James B. Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost. *JAMA*. 2016 Aug 23-30;316(8):826-34. doi: 10.1001/jama.2016.11232. PMID: 27552616.
5. Rozanski, A. Behavioral cardiology: current advances and future directions. *J Am Coll Cardiol* 2014; 64: 100-10. doi: 10.1016/j.jacc.2014.03.047