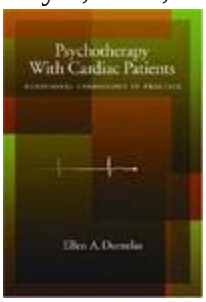
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Getting to the Heart of the Matter

A Review of

Psychotherapy With Cardiac Patients: Behavioral Cardiology in Practice
by Ellen A. Dornelas
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Reviewed by

Robert Allan

Coronary heart disease (CHD) is the single largest cause of death and disability in Western civilization. In the United States alone there are more than 15 million people with CHD (American Heart Association, 2008), primarily atherosclerotic heart disease (“clogged” coronary arteries), which can lead to angina pectoris, myocardial infarction (MI, heart attack), and sudden cardiac death. Common medical treatments include a wide range of medications, percutaneous transluminal coronary angioplasty, coronary artery bypass graft (CABG) surgery, and, for those with potentially lethal arrhythmias, placement of an implantable cardioverter defibrillator.

The emerging field alternatively known as behavioral cardiology, cardiac psychology, or psychocardiology is, without doubt, the largest, most well-researched subspecialty in behavioral medicine. In a recent review, Dimsdale (2008) reported finding more than 40,000 citations in a PubMed search on *stress and cardiovascular disease*. (Cardiovascular disease is a comprehensive diagnosis that includes CHD as well as stroke, peripheral vascular disease, and hypertension, among others, all of which may have some relationship with psychosocial risk factors.) Spanning more than a half century, and particularly in recent decades, compelling data have linked depression, social isolation, stress, anger, and a number of other psychosocial factors with both the onset and outcome from CHD.

Moreover, numerous studies have included thousands of subjects and have been published in medical rather than psychological journals, attesting to the emergence of behavioral cardiology into mainstream medicine. In *Psychotherapy With Cardiac Patients: Behavioral Cardiology in Practice*, psychologist Ellen A. Dornelas has done an excellent job of distilling what is now a rather enormous database, presenting a highly readable and accurate view of a complex field.

In stark contrast to the robust database linking psychosocial risk factors with CHD, there is an

astonishing lack of information about how to conduct psychotherapy with cardiac patients. Indeed, there have been few clinical trials, and remarkably little has been written about the treatments they provided. Although improvement in the negative effects of psychosocial risk factors has been a goal in all trials, the “holy grail” of behavioral cardiology has been the reduction of cardiac recurrence rates and cardiac mortality with psychosocial intervention. In 1986, the Recurrent Coronary Prevention Project, a prospective randomized clinical trail providing group psychotherapy for modification of Type A behavior, reported a 44 percent reduction in recurrent MI (Friedman et al., 1986) as well as reductions in sudden cardiac death for treatment versus control patients (Brackett & Powell, 1988).

However, more recent large and carefully designed studies have not only failed to reduce recurrent cardiac events, they have not shown long-term improvement in psychosocial factors, either (Lesperance et al., 2007; Writing Committee for the ENRICHD Investigators, 2003). Indeed, two studies reported a trend for increased death in some women (Frasure-Smith et al., 1997; Writing Committee for the ENRICHD investigators, 2003). It is into this morass that Dornelas courageously travels, sharing the clinical wisdom she has learned as one of only a few actively practicing cardiac psychologists.

The book begins with an excellent brief introduction to cardiology, providing essential information about the anatomy and physiology of the heart, a number of cardiac diseases, and their respective medical treatments—essential information for anyone considering working in behavioral cardiology. Dornelas then goes on to provide excellent, up-to-date summaries of the databases supporting each of the psychosocial risk factors. She shares her clinical expertise by enumerating the various psychotherapies that might be applied for amelioration of each of these risk factors.

For instance, Dornelas describes possible psychological strategies for treating depression (the risk factor with the most compelling database), including cognitive-behavioral, interpersonal, marital, and psychodynamic psychotherapies. She then presents anecdotes from her practice. These tend to be rather brief and perhaps a bit simple but nonetheless worthwhile. In my experience as a cardiac psychologist for more than 25 years, I have seen that most cases have been challenging, even messy affairs, with patients typically making progress and then regressing in their efforts to maintain psychological and heart-healthy behavior changes—my own experiences have not been nearly as neat as the examples provided.

As with the field in general, the strength of this book is its presentation of the behavioral cardiology literature, including a “good enough” discussion of the wisdom and controversies generated by the clinical trials. Most important, this is one of only a few sources for learning about clinical techniques in behavioral cardiology. Although the material is anecdotal, psychotherapy has a longstanding tradition of disseminating clinical wisdom by means of case reports, and it is in this tradition that Dornelas’s clinical examples belong.

The heart of the matter is that we do not yet know just what types of psychotherapy—if any—may be effective for treating cardiac patients. Criteria for success are a major issue and quite different for clinical trials and clinical practice: Because cardiac event rates are very low, it is impossible to assess improvements in recurrence rates or mortality in even the largest practice. Should psychotherapy focus on the amelioration of suffering from such potentially charged events as surviving an acute MI, CABG surgery, or even facing sudden death? Should we target our interventions at reducing “coronary-prone” psychosocial factors such as depression, social isolation, stress, and problems with anger? How should we assess improvement? These all remain unanswered questions, particularly for clinicians.

Are you interested in expanding your practice or seeking a niche in an era of evidence-based medicine? One might not do better than enter the emerging field of behavioral cardiology. This is an area ripe for clinical practice as well as clinical trials, particularly among subgroups of cardiac patients, such as

women, minorities, and individuals of low socioeconomic status. Dornelas has some excellent suggestions for how to develop a practice. She provides a rather comprehensive list of relevant psychological tests and offers the insightful suggestion that testing can be helpful for screening at-risk patients, particularly in cardiac rehabilitation programs. Indeed, my own practice at a cardiac rehabilitation center expanded noticeably after depression screening was inaugurated as a routine procedure for incoming participants.

This is an important, groundbreaking book in an emerging field with the strongest empirical literature in behavioral medicine and, likely, a bright future. Dornelas's *Psychotherapy With Cardiac Patients* may be the only resource needed to begin a career as a cardiac psychologist. This book has my enthusiastic recommendation.

References

- American Heart Association. (2008). *Heart disease and stroke statistics—2008 update (At-a-glance version)*. Retrieved February 5, 2009, from http://www.americanheart.org/downloadable/heart/1200078608862HS_Stats%202008.final.pdf

- Brackett, C. D., & Powell, L. H. (1988). Psychosocial and physiological predictors of sudden cardiac death after healing of acute myocardial infarction. *The American Journal of Cardiology, 61*, 979–983.

- Dimsdale, J. E. (2008). Psychological stress and cardiovascular disease. *Journal of the American College of Cardiology, 51*, 1237–1246.

- Frasure-Smith, N., Lesperance, F., Prince, R., Verrier, P., Garber, R. A., Juneau, M., et al. (1997). Randomized trial of home-based psychosocial nursing intervention for patients recovering from myocardial infarction. *Lancet, 350*, 473–479.

- Friedman, M., Thoresen, C. E., Gill, J. J., Ulmer, D., Powell, L. H., Price, V. A., et al. (1986). Alteration of Type-A behavior and its effect on cardiac recurrences in post myocardial infarction patients: Summary results of the Recurrent Coronary Prevention Project. *American Heart Journal, 112*, 653–665.

- Lesperance, F., Frasure-Smith, N., Koszycki, D., Laliberte, M. A., van Zyl, L. T., Baker, B., et al. (2007). Effects of citalopram and interpersonal psychotherapy on depression in patients with coronary artery disease: The Canadian Cardiac Randomized Evaluation of Antidepressant and Psychotherapy Efficacy (CREATE) trial. *Journal of the American Medical Association, 297*, 367–379.

- Writing Committee for the ENRICHD Investigators. (2003). Effects of treating depression and low perceived social support on clinical events after myocardial infarction: The enhancing recovery in coronary heart disease patients (ENRICHD) randomized trial. *Journal of the American Medical Association, 289*, 3106–3116.