Coronary heart disease, anxiety and depression

Anxiety, depression and coronary heart disease (CHD) are common conditions and often occur together.1 However, until recently, little was known about the relationship between them. Now there is evidence to show that depression can be as big a risk factor for CHD as smoking, high cholesterol levels and high blood pressure. Depression can also affect the recovery of people with coronary heart disease and increase their risk of further heart problems.

Fortunately, once diagnosed, anxiety and depression in people with CHD can be treated safely and effectively. With careful management, the symptoms of anxiety and depression can be treated along with those of CHD so they do not interfere with life. This fact sheet looks at the relationship between CHD, anxiety and depression and gives advice on how to manage these conditions.

What is coronary heart disease?

There are several different forms of cardiovascular (heart and blood vessel) disease. This fact sheet focuses on CHD, because it is the heart condition most closely linked with depression.

CHD is a long-term condition that affects around 685,000 Australians2 and is a common cause of death and disability. For a person with CHD, the blood vessels that carry oxygen and nutrients to the heart muscle are clogged and narrowed. If these vessels (the coronary arteries) become too clogged, the blood supply to the heart muscle is reduced, which can lead to symptoms such as angina (chest pain). If a blood clot forms in the narrowed artery and completely blocks the blood supply to part of the heart, it can cause a life-threatening heart attack.

Common treatments for CHD include procedures such as angioplasty and stent insertion (which open blocked or narrowed coronary arteries), and bypass surgery, as well as medications and lifestyle changes to reduce risk factors.

What is anxiety?

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually pass once the stressful situation has passed, or the ‘stressor’ is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily. Anxiety can be a serious condition that makes it hard for a person to cope with daily life. There are many types of anxiety and many people with anxiety experience symptoms of more than one type.

Living with CHD is one of many things that may trigger anxiety. Anxiety is common and the sooner a person gets help, the sooner they can recover.

Signs of anxiety

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxious feelings, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person’s life. There are many types of anxiety, and there are a range of symptoms for each.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- shortness of breath or difficulty breathing
- obsessive thinking and compulsive behaviour.

There are effective treatments available for anxiety. For more
information on anxiety and treatments see the beyondblue Understanding anxiety fact sheet or visit www.beyondblue.org.au/anxiety

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time [weeks, months or even years] and sometimes without any apparent reason. Depression is more than just a low mood – it’s a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is, just like a physical condition, depression is treatable and effective treatments are available.

Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time for more than two weeks and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the list below.

It’s important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends
- being unable to concentrate and not getting things done at work or school
- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain
- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, “I’m a failure”, “Life’s not worth living”, “People would be better off without me”.

As with anxiety, there are effective treatments available for depression. For more information on depression and treatments see beyondblue’s Anxiety and depression: An information booklet or visit www.beyondblue.org.au/depression

“You can be in a room full of people and still feel very alone and isolated. To me that’s the only way I can sort of explain it – you might be in a room with a crowd but you feel like a little island. The heart attacks reactivated my depression. I really struggled after the heart attacks. I kept going to my doctor saying, ’I’m sick of bursting into tears every five seconds, I’m sick of feeling this way’.”

– Kathleen, 52

What are the links between anxiety, depression and heart disease?

Research indicates there is a link between anxiety, depression and heart disease. Around 3 million Australians are living with depression or anxiety. One in five women and one in eight men will experience depression at some time in their life. On average, one in four people will experience anxiety.

A review of evidence by the Heart Foundation shows that:

- depression is a significant independent risk factor for heart disease
- depression is also linked with conventional risk factors for heart disease – for example, people with depression are more likely to smoke and develop diabetes and obesity
- depression is common among people with heart disease
- depression affects recovery and increases the risk of further heart-related incidents, such as another heart attack and slower recovery from heart surgery
- depression is associated with an unhealthy lifestyle
- people with depression are generally poorer at taking their prescribed medication.
While less is known about the links between anxiety and heart disease, a recent review suggests that anxiety is also a risk factor for heart attacks and other heart-related events. Many people with anxiety also have depression. For more information on anxiety, see the Beyond Blue Understanding anxiety fact sheet or visit www.beyondblue.org.au/anxiety

People who do not have good social support networks (e.g. someone to confide in, opportunities to participate in social activities) are also at greater risk of developing heart disease.

There is evidence that life events (such as bereavement and other situations of extreme emotional stress) are linked to increased risk to cardiovascular health. While some aspects of work stress have been linked to the development of heart disease, this effect is considered far weaker than for standard cardiovascular risk factors such as smoking, hypertension, abnormal lipids and depression.

“Unless you’ve had a heart attack and survived you really honestly don’t know how painful the experience is. And I don’t mean just the physical pain – it’s the emotional pain. I was a mess because everyone was saying, ‘Oh at 45 you’re very young to have a heart attack, let alone two’. So I got to the stage where for a long time I didn’t even get out of bed. I never went outside my front door because I was frightened – what if I have another heart attack?”

– Kathleen, 52

What are the treatments for anxiety and depression?

There is no one proven way that people recover from anxiety or depression and it’s different for everybody. However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety, depression and heart disease can do to help themselves to recover and stay well. The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety or depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety and depression, through to psychological and medical treatment for more severe episodes. The treatment for anxiety and depression in someone with heart disease involves a coordinated approach that monitors and treats the symptoms of anxiety, depression and heart disease. For people with mild depression and heart disease, cardiac rehabilitation programs and regular light to moderate physical activity have been shown to be effective – but many people may also benefit from psychological therapies and, if necessary, medication.

Psychological treatments

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

• Cognitive behaviour therapy (CBT) is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their thought patterns and the way they react to certain situations.

• Interpersonal therapy (IPT) is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Medication

Antidepressant medication, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions.

There are many different types of antidepressant medication. Medications such as SSRIs (selective serotonin reuptake inhibitors) have been shown to be safe and effective for people with heart disease. Some complementary medicine such as fish oil, St John’s Wort and SAMe have demonstrated potential benefits but have not been formally tested in patients with CHD.

Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. Your doctor should discuss differences in effects and possible side-effects of medications. Your doctor may need to find the medication and dose which is most effective for you. Keep in mind antidepressants take time before they start to help (at least
two weeks. Stopping medication should only be done gradually, with a doctor’s recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Among people with heart disease, medication needs to be taken regularly as prescribed to be effective, and usually needs to be taken long term. It may be necessary to take more than one type of medication.

Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

Who can assist?

A General Practitioner (GP) is a good first step to discuss your concerns. A good GP can:

- make a diagnosis
- check for any physical health problems or medication that may be contributing to the condition, such as heart disease
- discuss available treatments
- if appropriate, work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

Make sure that the doctor managing your heart condition knows if you have anxiety or depression. It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT).

Psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person’s treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person’s mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

Social workers in mental health are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

Occupational therapists in mental health help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.

Aboriginal and Torres Strait Islander mental health workers understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counseling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. See beyondblue’s Getting help – How much does it cost? fact sheet at www.beyondblue.org.au/resources
To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the beyondblue Support Service on 1300 22 4636.

“With the depression, if I feel myself slipping on that slide, I get on my bike and go for a ride. I do aqua aerobics three days a week. Or I’ll get in the car and I’ll go and talk to a friend. Even if it’s just a cup of coffee or five minutes out of the house, I come back and I feel a little better. And instead of feeling sorry all the time asking ‘why me?’ if I get out of the house and go and help somebody, like go to a home and read to somebody, I find that helps.”

– Kathleen, 52

“I’ve developed my own coping mechanisms. I’ve been taking photos all my life so I did a photojournalism course and started to tell stories with the photography. That actually got me back into a socialising scene and that was a godsend.”

Helpful strategies and tips

- If you have been diagnosed with heart disease recently, be kind to yourself. Think about how you have faced previous stressful situations in your life and what helped you cope (and what didn’t). Get support from friends and family and learn as much about heart disease and its management as you can.

For heart health information, call 1300 362 787 or visit www.heartfoundation.org.au

- Feelings of sadness and loss are common in people who have had a heart attack or undergone heart surgery. If you are having trouble adjusting, you may find it helpful to talk to other people with heart disease so you can learn from them and share your experiences.

- Learn about anxiety and depression and how these conditions interact with heart disease.

- Ask about joining a cardiac rehabilitation program, where you can learn more about your heart, risk factors, medications and lifestyle changes – such as exercising safely and eating healthily.

- Remember, like heart disease, anxiety and depression can be treated. Following your doctor’s advice about medications and lifestyle will help you to manage both conditions. It’s important to seek help early – the sooner the better. Develop a mental health plan with your doctor. Visit your doctor regularly to review your heart disease and mental health management.

- Take your heart disease medicine as prescribed. Talk to your doctor about possible barriers to taking medicine, such as cost, organisation or planning, as well as what to do if your heart disease symptoms worsen.

- Get help, support and encouragement from family and friends and have them help you to follow your heart disease and mental health plans.

- Learn relaxation techniques.

- Get involved in social activities.

- Limit your substance use (including alcohol, tobacco and caffeine).

“If you’re able to, try and get into a heart program of some kind because it gives you a good understanding of dietary needs, the exercise that you need to do, and the importance of maintaining your health. And if you’re on antidepressants or whatever medication you’re taking, question your doctor and fully understand the side-effects of it.”

– Richard, 64

“I’ve had to give up lots of things. You’ve got to retrain the brain into thinking it’s OK that I can’t do this anymore, but I didn’t know I could ride a bike’. So you’ve got to focus not on what you can’t do but what you can do.”

– Kathleen, 52

How family and friends can help

- When a person has heart disease and anxiety or depression, it can affect family and friends. It’s important for family and friends to look after their own health as well as supporting the person who has heart disease.

- Learn about heart disease, anxiety and depression and their symptoms to help you recognise warning signs and understand what the person is experiencing. There are many organisations and support groups that can provide more information.

- Support the person by helping them to follow their heart disease and mental health plans. Gently remind the person to take their heart disease, anxiety and depression medication regularly and to attend all their medical appointments.

- Encourage the person to follow recommended lifestyle changes. Try making the changes together – everyone can benefit from eating healthily.
healthily, exercising and learning to relax.

- Be supportive – people with anxiety or depression can feel alone and isolated, and consistent support and understanding is important to their recovery.
- Encourage the person to go to the doctor if their heart disease, anxiety or depression gets worse. Make sure you seek help if you think you need it, too.
- Encourage the person to do things that they would normally enjoy.
- Look after your own health by eating well, exercising regularly, getting enough sleep and doing things that you enjoy, too.

“Family support is extremely important. I used to get ripped by my family for not losing weight, or putting weight on and they didn’t understand it was not just a willpower thing. I think people need to understand it can be extremely difficult in certain circumstances and I think to understand there’s no ‘quick fix’ either.”

~ Richard, 64

References

Where to find more information

beyondblue
www.beyondblue.org.au
Learn more about anxiety and depression, or talk it through with our support service.

1300 22 4636
Email or chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect
www.mindhealthconnect.org.au
Access to trusted, relevant mental health care services, online programs and resources.

National Heart Foundation of Australia
www.heartfoundation.org.au
1300 36 27 87
Information about heart health for people with cardiovascular disease, those with identified risk factors and those who simply want to develop healthier lifestyles. Information topics include nutrition and healthy eating, warning signs of a heart attack, high blood pressure and cholesterol, smoking cessation, physical activity and heart surgery.

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