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Psychological conditions, examination and evaluation of suitability for heart transplantation: Literature and methodological review

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There is increasing number of patients needing medical care for medication resistant, chronic cardiac failure. Heart transplantation is a multidisciplinary area, where cooperation of well-organized professional team is required in every stage of the procedure. Patient suitability is a crucial point in transplantation; adequate patient selection is therefore a key stage regarding long-term success. Evaluation of suitability for heart transplantation must be carried out in the following domains: 1) Severity of heart disease and prognosis for conservative treatment; 2) Overall health of other organs and organ systems. Is general condition of the patient sufficient enough to tolerate surgical stress and the side effects of prolonged immunosuppressive treatment? Is there any co-morbidity influencing chance of survival or endangering the new heart? and 3) Psychosocial suitability. The aim of this presentation is to summarize the most important psychological and psychiatric diagnostic aspects of patient evaluation. Certain diseases of the central nervous system, mental disorders, psychiatric conditions, substance abuse and noncompliance are all to be considered in the screening process. Complex psycho-diagnostics provides a tool for clinicians to identify potential risk factors so that adequate therapy can be started or optimized accordingly. Absolute contra-indications include acute psychosis where - regardless of treatment - sufficient compliance cannot be achieved. Suicidal ideation, urges, motivation, or attempted suicide in patients history - which implies insufficient coping and acute bereavement, severe depression with or without psychotic symptoms and untreated recurrent depression. Acute bereavement and depression are important risk factors of morbidity and mortality, hostility and PTSD symptoms in the postoperative period, serving as a predictor of poor compliance. Mental and behavioral disorders caused by psychoactive substance abuse, such as nicotine, alcohol or drugs. Relative contraindications that may lead to insufficient compliance include dissocial and unstable affective personality disorders, organic and symptomatic mental disorders (mental retardation and dementia), schizophrenia, schizotypal and paranoid disorders and bipolar affective disorders. Some other conditions must be considered as risk factors that can contribute to developing postoperative complications and prolonged hospitalization. These include adjustment disorders triggered by severe stress, neurotic, stress related and somatoform disorders, mild- and moderate levels of depression and dysthymia. Scientific background and clinical practice of risk assessment guided by national guidelines will be reviewed in the presentation.

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Stress at work and 16-th years risk of hypertension and stroke in female population 25-64 years in Russia: MONICA-psychosocial epidemiological study

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Objective: To explore the job stress effect on risk of stroke and arterial hypertension (AH) in female population of 25-64y in Russia over 16 years of follow-up. **Methods:** Under the third screening of the WHO "MONICA-psychosocial" program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. Levels of job stress were estimated by questionnaire based on Karasek's job demands-control model. From 1995 to 2010 women were followed for the incidence of AH, stroke. Cox regression model was used for risk assessment (HR). **Results:** The prevalence of high job stress level in women aged 25-64 years was 31.6%. HR of stroke over 16 years of follow-up was 1.96-fold higher (95.0%CI:1.01-3.79, p<0.05) in women with job stress, HR of AH was 1.39-fold higher (95.0%CI:1.08-1.78, p=0.01) compared to those without stress. There were tendencies of increasing stroke and AH rates in married women experienced stress at work. Stroke developed in women with lower educational level and AH significantly higher developed in women with higher educational level (p for all <0.05) having job stress. AH and stroke rates was found higher for physical workers with job stress ($\chi^2=5.47$ df=1 p<0.05) and AH rates were tend to be higher in managers experienced stress at work. **Conclusions:** There is high prevalence of stress at work in female population aged 25-64y in Russia. Women with job stress have significantly higher risk of stroke and AH over 16-th years of follow-up, especially in married ones and in physical workers with job stress.

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