**Short Communication** 

## The Connection between Mental Health and Heart Disease

## Mikael Jong\*

Department of Internal Medicine, University of Texas South Western Medical Centre, Dallas, USA

## DESCRIPTION

The human heart is one of the most important organs in the body because it supplies oxygenated blood to all organ systems in the body. In other words, this muscle pump is responsible for keeping our organs alive. The whole body is affected when this muscle is affected by conditions such as high blood pressure, diabetes, renal failure and other conditions that directly affect the heart, such as ischemic heart disease and cardiomyopathy. Studies have shown that mental disorders such as depression and anxiety can lead to heart disease and the heart is closely associated with the mind as well as the body. Uncontrolled stress can lead to high blood pressure, arterial damage, arrhythmias and weakened immunity. Some studies conclude that people who report high or very high levels of depression or anxiety are more likely to have a heart attack or stroke than those who do not have these symptoms. Major life events such as unemployment, spouse's illness and heart attack can reveal depression and vice versa, a diagnosis of depression or anxiety can cause heart disease or stroke [1-3].

Both heart disease and mental health problems are common. Therefore, it is not surprising that these problems often appear together.

Medical professionals spend a lot of time investigating the relationship between heart disease and mental health. Interestingly, some recent studies have shown that mental health and heart health are "two-way paths." People who suffer from depression are at increased risk of heart complications, and people who deal with heart disease are more likely to experience depression.

Here are just a few of the heart-brain correlations:

Stress caused by depression and anxiety can increase cortisol levels, leading to arrhythmias, high blood pressure and heart damage.

People who abuse tobacco are more likely to suffer from depression than nonsmokers. Smoking has been shown to have a detrimental effect on heart health.

Almost 40% of patients with heart disease show signs of clinical depressive disorder.

Maintaining mental and physical health is important because heart disease is the leading cause of death in both men and women in the United States and COVID-19 has caused a surge in the incidence of depression. If you have symptoms of depression, heart disease or both, it is important to consult the NWPC doctor for a solution. However, we can also use some techniques our self to avoid and mitigate the risks.

People who suffer from depression, anxiety, stress and even PTSD for a long time may experience certain physiological effects on their body, including: Increased responsiveness of the heart (eg, increased cortisol levels. Over time, these physiological effects can lead to calcium accumulation in arteries, metabolic disorders and heart disease [4].

There is evidence that mental disorders such as depression, anxiety and PTSD can develop after heart events such as heart failure, stroke and heart attack.

Mental health is an important part of overall health and refers to a person's emotional, psychological and social well-being. Mental health is about how we think, feel, act and make decisions. Mental health disorders are short-term or long-term and affect a person's mood, behavior, thinking and ability to build relationships with others. Various studies have shown the effects of trauma, depression, anxiety and stress on the body, including stress on the heart.

Some of the most commonly studied mental health disorders associated with heart disease or related risk factors are:

Mood disorders, people living with mood disorders such as major depression and bipolar disorder find that mood affects both psychological and mental well-being almost every day, almost every day [5-7].

Anxiety disorders, people react to a particular object or situation with fear, fear, or fear. Anxiety disorders include generalized anxiety, social anxiety, panic disorder, and phobia.

Correspondence to: Mikael Jong, Department of Internal Medicine, University of Texas South Western Medical Centre, Dallas, USA, E-mail: jongmikeal@uts.edu

Received: 10-Feb-2022, Manuscript No. JTCOA-22-16338; Editor assigned: 14-Feb-2022, PreQC No. JTCOA-22-16338(PQ); Reviewed: 28-Feb-2022, QC No. JTCOA-22-16338; Revised: 07-Mar-2022, Manuscript No. JTCOA-22-16338(R); Published: 14-Mar-2022, DOI: 10.35248/2572-9462, 22.8.183.

Citation: Jong M (2022) The Connection between Mental Health and Heart Disease. J Thrombo Cir. 8:183.

Copyright: © 2022 Jong M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Post-traumatic stress disorders can lead to PTSD after experiencing post-traumatic life such as war, natural disasters, and other serious events.

## REFERENCES

- Bremner JD, Campanella C, Khan Z, Shah M, Hammadah M, Wilmot K, et al. Brain correlates of mental stress-induced myocardial ischemia. Psychosom Med 2018; 80(6):515-525.
- Gaizo AL, Elhai JD, Weaver TL. Posttraumatic stress disorder, poor physical health and substance use behaviors in a national traumaexposed sample. Psychiatry Res 2011; 188(3):390-395.
- Sowden GL, Huffman JC. The impact of mental illness on cardiac outcomes: a review for the cardiologist. Int J Cardiol 2009; 132(1): 30-37.

- Chaddha A, Robinson EA, Rogers E, Souphis T, Rubenfire M. Mental health and cardiovascular disease. Am J Med 2016; 129(11): 1145-1148.
- Jacob L, Haro JM, Koyanagi A. Post-traumatic stress symptoms are associated with physical multimorbidity: findings from the adult psychiatric morbidity survey 2007. J Affect Disord 2018; 232:385-392.
- Jurek B, Neumann ID. The oxytocin receptor: from intracellular signaling to behavior. Physiol Rev 2018; 98(3):1805-1908.
- 7. Edmondson D, Kanel R. Post-traumatic stress disorder and cardiovascular disease. Lan Psychiatry 2017; 4(4):320-329.