

Posttraumatic Stress Disorder after Acute Coronary Syndrome - It is Time for Active Action

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The somatic, well-known consequences of acute coronary syndrome (ACS) include angina pectoris, exercise intolerance, heart failure, arrhythmias, etc. Nowadays, more attention is given to psychosomatic and mental disorder which can develop as a reaction to ACS. Furthermore, these disorders, if not treated properly, can be a secondary risk factor for adverse cardiovascular events, and increase mortality in this specific group of patients.

There is a known relationship between ACS and chronic stress, anxiety, and depression. ACS can also be a stressor in the development of posttraumatic stress disorder (PTSD) with a wide prevalence of 4 to 25%. Different studies report a wide range of PTSD prevalence after ACS, which can be attributed to various possible methods of diagnosing PTSD but can also be a regional specificity of the respondents included in the study. PTSD is a mental disorder that is triggered by an extremely threatening or terrifying event or a series of events, and is characterized by re-experiencing (e.g. flashbacks, nightmares), avoidance and hyperarousal symptoms. They may experience feelings of isolation, irritability, and guilt, have problems sleeping, and find difficult concentrating. The symptoms persist for at least several weeks and cause significant functional impairment.

Studies showed that patients with PTSD symptoms associated with previous ACS, as well as patients with diagnosed PTSD after ACS (only a few studies were performed with small number of subjects), have higher risk of myocardial reinfarction, rehospitalization and increased mortality.

Most of the patients gradually adjust to life after ACS, but in others due to their personality, and the way they cope with stressful situations, ACS can be a stressor in development of PTSD. This group of patients is often not cooperative in treatment, less motivated to take medication regularly or go to cardiological controls and has a lower quality of life.

In conclusion, the aim of this Editorial is to emphasize the PTSD after ACS as an important secondary risk factor for adverse cardiovascular events and to point out the higher mortality rate in this group of patients. Further research on this topic is needed because of described wide prevalence of PTSD after ACS (only small number of studies included a psychiatrist, relatively small number of subjects included in studies) and the importance of identifying and treating this group of patients. Last, but not least, cardiac rehabilitation can play a key role in identifying such patients and provide them with adequate treatment in order to avoid unwanted consequences. A team consisting of cardiologist, psychologist and psychiatrist should be an integral part in rehabilitation process. Such a comprehensive approach would enable the treatment of physical as well as psychological consequences of ACS and result in better cooperation, improve the quality of life and reduce mortality in these group of patients [1].

Bibliography

1. Lakusic N., *et al.* "Posttraumatic Stress Disorder after Acute Coronary Syndrome or Cardiac Surgery; Underestimated Reality". *Cardiologia Croatica* 15.1-2 (2020): 3-8.

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