



Posttraumatic Stress Disorder and Cardiac Diseases

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INTRODUCTION

Posttraumatic stress disorder (PTSD) and cardiac diseases are two prevalent and debilitating health conditions that often occur together. PTSD is a mental health disorder that can develop after experiencing or even witnessing a traumatic event, while cardiac diseases refer to a group of conditions that affect the heart and blood vessels. The co-occurrence of these two conditions has been extensively studied, and research has shown that individuals with PTSD are at an elevated risk level of developing various cardiac diseases including heart failure, hypertension, myocardial ischemia, and coronary artery syndrome. The mechanisms linking PTSD and cardiac diseases are complex and multifactorial, involving biological, psychological, and behavioral factors. Furthermore, the presence of PTSD may worsen the prognosis and quality of life for patients with cardiac diseases. The early detection and treatment of PTSD may be essential in preventing the development and progression of cardiac diseases, and a multidisciplinary approach may be necessary to optimize the care of patients with comorbid PTSD and cardiac diseases.

POSTTRAUMATIC STRESS DISORDER

Definition

Posttraumatic stress disorder is a mental health disorder which can develop after an individual has experienced and/or witnessed a traumatic event. It also in-

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to adhere to medication courses and arrange lifestyle recommendations, leading to an increased risk of having HF. In addition, PTSD may contribute to social isolation and poor social support, which may further exacerbate the risk of HF. Given the significant burden of PTSD and HF on public health, it is crucial to identify individuals with PTSD who are at increased risk of having HF and implement appropriate preventive and therapeutic strategies (47, 48).

Conclusion:

PTSD and cardiac diseases as comorbidities has been studied in the literature for a long time. Moreover, it is still on focus to have a better understanding of underlying mechanisms of the interaction between these two conditions. Although all the underlying mechanism cannot be known all clearly, there is evidence to suggest that chronic stress and dysregulation of the HPA axis, dysregulation of the immune system, inflammation, psychosocial and behavior factors are all contributing factors.

It is significant for clinicians to be aware of the elevated risk of cardiac disease in patients with PTSD, and to screen for cardiac risk factors in this population. Early diagnosis and management of cardiac disease can help to prevent negative outcomes in patients with PTSD.

In conclusion, the association between PTSD and cardiac disease represents a fundamental public health concern. Further clinical knowledge is necessary to understand widely the underlying mechanisms and to develop effective interventions to reduce the risk of comorbid cardiac events and diseases in this people.

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