



Unbalanced psychological well-being dimensions as potential risk factors for worse cardiac prognosis in depressed patients with acute coronary syndrome

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Abstract

Introduction: Patients with acute coronary syndromes (ACS) represent a vulnerable population who might display very different health pathways after the cardiac event. Even though international guidelines advocate the importance to join secondary prevention (SP) programs after ACS, participation rate is far from optimal. Previous research showed inconclusive findings on psychological factors (i.e., depression and anxiety) that could be involved in patients' decision to join those programs. Moreover, although literature supports the positive effects of psychological well-being (PWB) on health, most studies focused on a unitary construct of PWB, neglecting the different role that distinct PWB dimensions might play on health-related outcomes. The present study aimed to determine whether unbalanced (i.e., low or high) levels of PWB dimensions could differentially affect cardiac course after ACS, in terms of participation to SP, cardiac morbidity and mortality. *Methods:* 136 depressed and/or demoralized patients after a first episode of ACS were referred to join a SP program on lifestyle modification, in addition to routine cardiac visits provided by the hospital. Psychological assessment included validated interviews on depression and demoralization, and self-report measures: Symptom Questionnaire (symptoms of depression, anxiety, somatization, hostility) and Ryff's PWB scales (autonomy, environmental mastery, positive relations, self-acceptance, purpose in life, personal growth). *Results:* 100 patients joined the SP program, 36 did not. Logistic regression revealed that older age ($B=0.051$; $p<0.05$), higher autonomy ($B=0.070$; $p<0.05$) and lower personal growth ($B=-0.073$; $p<0.05$) were associated with refusal of SP. Moreover, only among patients who did not join the program, those presenting with impaired positive relations dimension (i.e., with a score below the 25th percentile) showed a worse cardiac prognosis (LogRank: $\chi^2(1)=4.654$; $p<0.05$), in terms of re-hospitalizations for cardiac complications, new ACS episodes, cardiac surgery and mortality. *Conclusions:* Negative health outcomes in depressed ACS patients, such as non-participation in SP and worse cardiac course, are associated with both high and low levels of specific PWB dimensions. Psychotherapeutic approaches geared to an optimal balance in PWB dimensions could represent promising new additions to SP programs.