

WELLNESSMONTHLY

Heart and Mental Health Intertwined | February 2021



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Heart and Mental Health Intertwined

The poet E.E. Cummings wrote: “i carry your heart with me.” February is American Heart Month, a good time to acknowledge that mental health and heart health are intertwined, and that you carry them with you.

Research shows mental health is associated with risk factors for heart disease – and vice versa.

Over time, people who experience prolonged periods of depression, anxiety, manic episodes or stress may develop an accelerated heart rate or blood-pressure fluctuations. Physiologic effects triggered by mental

health disorders can lead to calcium buildup in the arteries, metabolic disease and heart disease.

Mental health disorders may also increase the likelihood of behaviors that increase heart disease risk. For example, experts say people who lack coping strategies to manage stressful situations are more prone to making unhealthy choices such as smoking, sedentary lifestyle, poor nutrition, using illicit substances or failing to take prescribed medications as directed.

Conversely, mental health disorders can develop after cardiac events in response to pain, fear of death or disability, or financial worries due to illness and work absence. Mental health effects can also arise from reduced blood flow to the heart and increased production of cortisol, which triggers the fight-or-flight response.

In addition, medications used to treat mental health disorders may increase cardiometabolic disease risk. In studies, the use of some antipsychotic medications has been associated with obesity, insulin resistance, diabetes, heart attacks, atrial fibrillation, stroke and death.

What Can You Do?

Early recognition and access to appropriate interventions can help reduce risk for heart disease or a sudden cardiac event. Here are some suggestions:

1. Recognize populations with higher than average mental health risks for heart disease:
 - Combat veterans with post-traumatic stress disorder (PTSD)
 - Women with untreated depression and PTSD
 - Couples in relationships in which one or both partners have PTSD
 - Racial and ethnic minorities experiencing discrimination

2. Identify physical risk factors for heart disease, including age, family history, race/ethnicity, weight, diet, smoking, excessive alcohol use and chronic medical conditions.
3. Learn about signs and symptoms of mental health disorders and heart disease, and how they intersect.
4. Get regular check-ups; monitor your blood pressure and LDL (“bad”) cholesterol levels.
5. Identify genetic and behavioral factors that may make you more prone to developing heart disease.
6. Maintain a healthy lifestyle, including exercise, diet, sleep quality and not smoking.
7. If you have a mental health disorder or a heart condition, enlist the support of medical and behavioral health professionals, family members and friends to support you over the long-term, especially if you feel angry, detached, anxious or depressed.

Romance and Your Health

Valentine’s Day may get you thinking about romantic love. Throughout life, it’s common to experience a roller-coaster of love-related physical and mental health effects, which may be even more pronounced while coping with the COVID-19 pandemic.

A couple starting a love relationship might say they feel high, are constantly thinking about the other person and have a strong sexual attraction. These feelings are triggered by neuro chemicals, such as dopamine and oxytocin, which are associated with reward and pleasure, and adrenalin and norepinephrine, which cause racing heart, sweaty palms, blushing and tingling. Meanwhile, an initial drop in serotonin can cause obsessive thoughts, anxiety and a fluttering stomach.

The expressions “falling in love” and “love is blind” aptly describe these chemical responses and help explain why a person’s beloved may not be held in such high esteem by outside observers.

The intensity of emotion associated with falling in love fades when the body develops a tolerance to pleasure stimulants. However, scientists say endorphins and hormones help create an overall sense of well-being and security that is conducive to a lasting relationship. Intimacy has been shown to lower blood pressure, reduce stress and prolong life expectancy.

The flip side of the coin is heartache or heartbreak. Grieving the loss of a relationship may cause symptoms such as uncontrollable crying, loss of appetite, depression, trouble sleeping and lethargy. Other physical symptoms may include chest and muscle tightness, increased heart rate, stomach upset and shortness of breath. Studies show emotional pain involves the same brain regions as physical pain.

When people fall out of love, they are experiencing a gradual process, not something that suddenly just happens. As they go through stages of loss and recovery, production of pleasure-producing chemicals decreases. A person who has decided to end a relationship may feel sad but also relieved. Characteristics they once considered endearing may become irritants, making it easier to move forward. However, in some cases, people remain stuck. The intensity of unrequited love can result in damaging behaviors such as stalking, physical abuse or suicidal thoughts.

After a break-up, experts say it’s best to avoid visualizing the possibility of reconciliation – or even spending too much time ruminating about the relationship and trying to figure out what went wrong. It’s advisable to allow time for feelings of pain, anger and sadness to subside rather than jump into a new relationship to fill the void.

Nursing a broken heart presents an opportunity to rediscover things that bring personal fulfillment and enjoyment, and re-evaluate essential aspects of a future love partner.