HEART

Editorial

Hearts and minds

Editorials in *Heart* reflect the range of original papers we receive, covering diagnosis, management, epidemiology, and pathology of cardiovascular disease. Little has been published on the clinically well recognised interaction between the heart, psychology, and behaviour. There are two contributory factors: cardiologists tend to be suspicious about the reliability and validity of psychological and social measures, and about the relevance of such findings to busy routine cardiac care. These views are partly a residue from the older psychosomatic literature on alleged psychological causes of heart disease. On the other hand, psychiatrists and psychologists often have little understanding of the clinical practice of cardiology and have preferred to publish in their own journals. This estrangement has hindered understanding and clinical progress.

Heart felt that, with the help of Professor Richard Mayou, a psychiatrist and former editor of *Journal of Psychosomatic Research*, it should commission a series of editorials to provide current "mainstream" views of some key areas in which psychology and psychiatry interact with cardiology. We have chosen a number of topical areas and asked authors with well established academic reputations to provide brief reviews that emphasise the quality of the psychological evidence and the relevance of the conclusions to everyday clinical practice.

It may well be difficult for cardiologists who are already hard pressed in providing cardiac assessments and investigations to consider spending more time on the issues covered in these editorials. This series succinctly provides the case for seeing patient care as a whole, whether it is provided in hospital, in the community, by doctors, nurses or psychologists. The benefits lie in prevention of heart disease, routine clinical care, and the identification and treatment of disabling complications. The accounts of the psychological issues and of the efficacy of psychological, behavioural, and psychiatric interventions are a challenge for multidisciplinary research that will further develop and evaluate treatments and programmes that can be provided to large numbers of cardiac patients.

The series begins with a paper on psychological factors in the causes of heart disease, published in this issue.¹ Our next issue will include papers on depression in relation to myocardial infarction² and on the neuropsychiatric consequences of coronary artery surgery.³ Thereafter, there will be two papers on the management of cardiac rehabilitation^{4,5} and on angina.⁶ The final paper will consider the management of patients with non-cardiac chest pain.⁷

We hope that this series of editorials by psychologists and psychiatrists will be seen as being relevant to cardiologists and for the wider care of cardiac patients. At the same time, the series should have the important additional benefit of stimulating psychological research on topics that are likely to have clinical applications. The best possible outcome would be an increasing number of original papers in *Heart* dealing with multidisciplinary reports using quantitative methods for both physical and behavioural assessment.

PETER MILLS

*The London Chest Hospital,
Bonner Road, London E2 9JX, UK*

RICHARD MAYOU

*Oxford University Department of Psychiatry,
Warneford Hospital, Oxford OX3 7JX, UK
email: richard.mayou@psych.ox.ac.uk*

- 1 Steptoe A. Psychosocial factors in the aetiology of coronary heart disease. *Heart* 1999;82:258-9.
- 2 Creed F. The importance of depression following myocardial infarction. *Heart*. [In press.]
- 3 Newman S, Stygall J. Changes in cognition following cardiac surgery. *Heart*. [In press.]
- 4 Thompson DR, De Bono DP. How valuable is cardiac rehabilitation and who should get it? *Heart*. [In press.]
- 5 Johnston DW. Lifestyle change after a myocardial infarction. *Heart*. [In press.]
- 6 Lewin B. Improving the quality of life in patients with angina: rehabilitative approaches. *Heart*. [In press.]
- 7 Chambers J, Bass C, Mayou R. Non-cardiac chest pain: assessment and management. *Heart*. [In press.]