Preface

In the early 1980s, as a psychology major in college, I got a part-time job as a medical assistant in a busy cardiology practice, doing electrocardiograms and preparing patients for exercise treadmill stress tests. It seemed apparent, even to a naïve college student, that many patients were deeply affected by the psychological aftermath of a heart attack. A few years later, in applying for graduate school, I stumbled across the newly developing field of health psychology and applied, looking for the academic preparation necessary to better understand the connection between the psyche and the heart.

Nearly a decade later, with doctoral degree in hand, I found few advertised jobs in clinical health psychology. I came to develop a behavioral health program in a heart center by first responding to a request to develop a smoking cessation program and then later, by expanding the clinical service line to address anxiety, depression and adjustment to heart disease across the spectrum of cardiac diagnoses. In the 1990s there were almost no resources available in the field of cardiac psychology. Today, there are a growing number of books that focus exclusively on the psychological aspects of heart disease. There has been advancement of the science of practice, and more training opportunities exist. The community of clinicians and researchers focused on behavioral cardiology across the globe has increased in size as well as sophistication. Given the potential scope of practice, clinicians express again and again, the need for information on topics where the clinical research has not yet caught up with the practice. They ask questions such as:

- With increasing awareness about the psychological sequelae of shock from implantable cardioverter defibrillators, why is there so little information about how to help patients with other types of arrhythmia, such as atrial fibrillation?
- How is clinical practice with heart failure patients so different from treating patients with recent acute events, such as myocardial infarction?
- How should cardiac patients with problems such as sleep disturbance, job stress or lack of motivation to exercise, be assessed and treated?
There are many psychotherapists, nurses and cardiologists across the world, practicing on the front lines and devoted to providing the full spectrum of psychological care for their patients, who hunger for discussion of such issues. I am among those professionals wishing for additional resources and so I enlisted the help of some extraordinary practitioners to create an edited volume of work that provides concrete, immediately applicable, translation of clinical research into practical approaches to address the psychological needs of cardiac patients. After more than 15 years of work in a busy heart center and having already written a book on this topic, I had a pretty good idea about topics upon which little has been written. Addressing some of these areas, I hope, will help to clarify some of the confusion that many practitioners experience as they attempt to both teach themselves about a newly encountered problem and provide psychological help to a distressed patient with heart disease.

Very early on in the process, I envisioned a book that would highlight how practitioners in different countries and settings approach clinical practice issues. Two years have passed since this project was initiated, and I continue to be struck by the level of innovation and depth of knowledge of the chapter authors who contributed to this volume. Our target readership is comprised of psychologists, psychiatrists, cardiologists, nurses and other cardiac professionals from around the world.

I hope this book will extend knowledge about the clinical practice of behavioral cardiology and inspire research into areas that have not yet been well studied. I would be remiss if I did not point out here that there have been remarkably few clinical trials of psychological treatments for cardiac patients, particularly compared to the extraordinary numbers of studies examining the relationship between psychological factors and cardiac outcome. Throughout this book we encourage readers to be aware of results from completed clinical trials and yet not to be discouraged by the lack of consensus or guidelines for practitioners.

Experts well versed in the field may wonder about choice of the topics in Stress Proof the Heart. When the project began, I never intended to exhaustively cover all clinical issues in the field but rather to provide a framework for understanding psychological aspects of cardiac disease across the spectrum in the first section and, in the second section, to include chapters with new insights about familiar topics (e.g. stress management) and to address issues that continue to vex clinicians (i.e. treatment of overcommitment and job stress). Often I included a topic because one of the participants in a continuing education workshop had asked me about it. Of course, a multitude of issues are not covered in this book, and there continues to be great need for more research focused on issues raised in this volume and more resources tailored for clinicians working in the exciting field of behavioral cardiology.

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