Given the fact that a large percentage of people with psychiatric conditions have heart disease (complicated by arrhythmias and heart failure) and are often the recipients of cardiac devices (eg, implantable cardiac defibrillators), it seems wise to devote an entire issue of *Psychiatric Annals* to the interface of cardiology and psychiatry. Therefore, we have gathered seasoned clinicians, researchers, and teachers to review the state-of-the-art knowledge and practice on topics relevant to this connection.

The issue begins with an informed discussion with an article entitled “Evidence-Based Treatment of Emotional Distress in Patients with Ischemic Coronary Heart Disease” by Drs. Mark W. Ketterer and Gregory Mahr. The authors provide evidence that cognitive-behavioral therapy (targeting aggravation, irritation, anger, and impatience) reduces the number of “hard events” (eg, myocardial infarction, death) and diminishes the costs of caring for people with ischemic heart disease. Their review sets the stage for the articles that follow it.

Next, Drs. Chee Yuan Ng and Theofanie Mela offer an article entitled “A Primer on Cardiac Devices: Psychological and Pharmacological Considerations.” They describe a variety of cardiac implantable electronic devices, such as implantable cardiac defibrillators, as well as cardiac resynchronization therapy devices that have led to an increase in survival for patients with cardiac arrhythmias. However, they also report on the distress and the reduction in quality of life experienced by many people with these devices. Their article emphasizes the benefits of collaborative care among cardiologists, internists, and psychiatrists.

Then, Dr. Christopher M. Celano and colleagues present an article entitled “Heart Failure: Psychological and Pharmacological Considerations.” In the article, they note that depression and anxiety disorders are prevalent in those with heart failure and that poor function, frequent hospitalizations, and higher mortality rates accompany heart failure. Strategies for the screening and diagnosis of these psychiatric conditions are discussed in addition to the challenges faced when attempting to make these diagnoses in the face of heart failure. The authors make a strong plea for timely diagnosis and treatment, being evermindful of the drug-drug interactions commonly encountered when treating these conditions.

Finally, Drs. Ana Ivkovic and Judith Puckett distill the data in their article entitled “The Psychological and Pharmacological Correlations of Atrial Fibrillation.” Because atrial fibrillation occurs in 1% to 2% of the worldwide population, undoubtedly patients with psychiatric conditions will develop this arrhythmia. Moreover, people who are afflicted with the condition may develop a range of psychological reactions and are at risk for a host of drug-drug interactions, as well as complications (eg, stroke). These
reactions and downstream sequelae can be both distressing and disabling; therefore, psychiatrists need to be aware of the drug-drug interactions among cardiac medications and psychotropics.

It is our sincere hope that the presentation of these topics, conditions, and problems is comprehensible, informative, and helpful to you and to your patients.

REFERENCES

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