

The Spiritual Heart: A Holistic Approach to Cardiovascular Health and Medicine

René Hefti MD, MAS SC

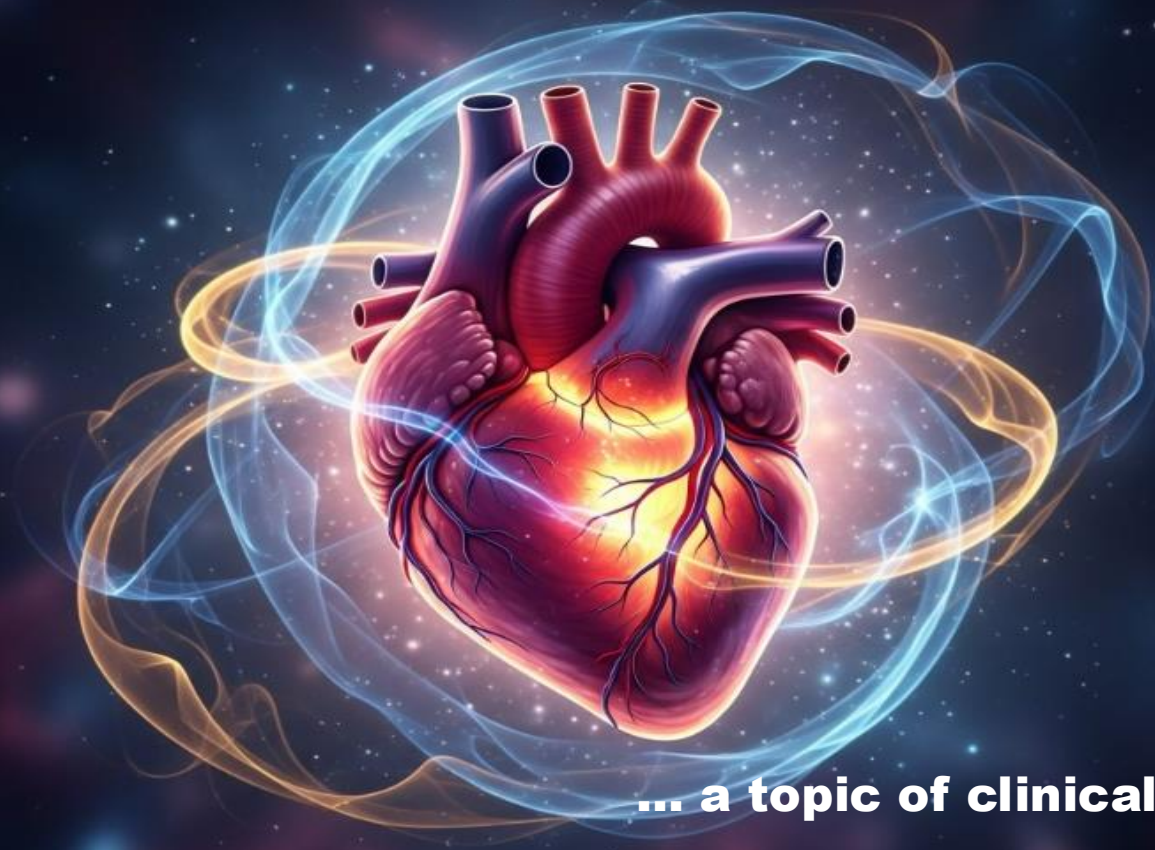
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The Spiritual Heart

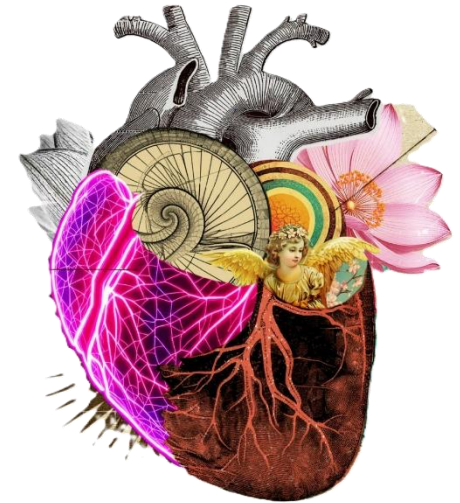


... a topic of clinical cardiology ?

The Spiritual Heart

- Looking into religious and spiritual traditions, the heart was always seen as **the “master organ”, the sacred place**, the center of physical, emotional and spiritual life, regulating health and disease.
- Also in Christianity, as Prof. Niels Hvidt nicely pointed out in his keynote lecture, the **heart is the central organ**, *representing personhood* and integrating all dimensions of human existence.
- In modern medicine and science this is certainly not the case anymore. **The brain became the “master organ”**. Neuroscience gets much more attention than heart science. *There is a clear shift from the heart to the brain*, also related to studies on “spirituality”!
- I really belief that there is a need for **rebalancing this relationship**. That’s why we put the heart first in our main topic of the conference and I hope I can *add some evidence to the centrality of the heart*.

A Brief Onsite Survey



A Brief Onsite Survey

Scannen Sie 
den QR
oder
verwenden
Sie den
Link, um
teilzunehmen



[https://forms.
cloud.microso
ft/e/XGRT2W
BCAf](https://forms.cloud.microsoft/ft/e/XGRT2WBCAf)

 Link kopieren

0 Antwort übermittelt

What terms do you associate with the heart



Warten auf Antwort...

<https://forms.cloud.microsoft/Pages/DesignPageV2.aspx?prevorigin=shell&origin=NeoPortalPage&subpage=design&id=w4QzZmLge0an3T9aQRL1dQKH2gJGkWNCji-4dwQ-9w9UNUQxVFYxN0JNVFND51Q1QkxLRUZLVFI0Sy4u&analysis=false&topview=Presentation>

THE CONCEPT OF THE SPIRITUAL HEART

Cardiovascular Reactivity Heart - Brain Interaction



Recent Literature

The Spiritual Heart

Micheline R. Anderson

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Abstract: The heart has been a symbol within ancient philosophy and spiritual practice for personal consciousness, wisdom, intuition and love. In recent decades, scientists with growing interest in spirituality have built a strong case for the beneficial relationship between religiosity/spirituality and physical health. Explanations for this connection have included associated health behaviors that negatively impact cardiovascular health but have failed to adequately explain away this consistent association. Here, we suggest a central and bidirectional relationship between the heart, the “Master Organ,” and the phenomenology of spiritual experience. Further, we provide existing evidence for a synergistic, salutogenic relationship between robust cardiac function and spiritual wellbeing that may offer a roadmap to spiritual, psychological and physical recovery and health at the individual, interpersonal and global level.

⇒ *Bidirectional relationship between the heart and spiritual experiences*



religions

M. Anderson PhD
Brown University



The Concept of the Spiritual Heart



The Concept of the Spiritual Heart



spiritual heart

*strengthened by spirituality and
religious/spiritual practices like
prayer and meditation,
the “transcendent”*

The Concept of the Spiritual Heart



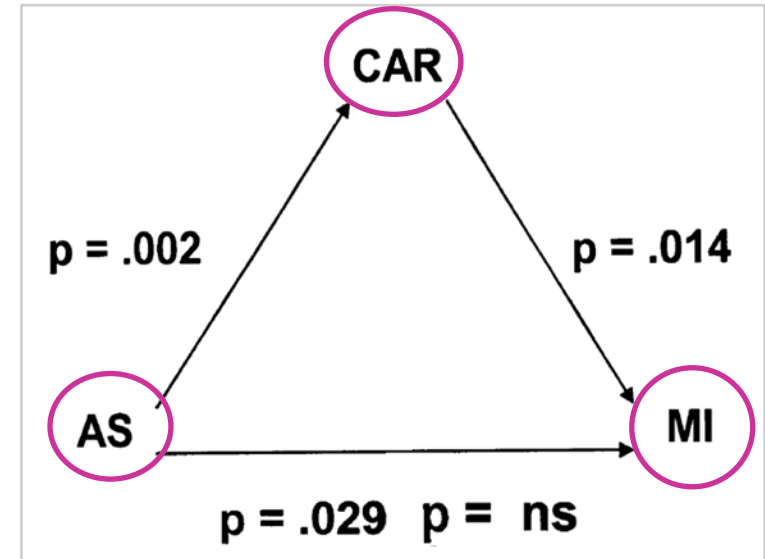
Is there scientific evidence for this concept ?

Spirituality and Autonomic Cardiac Control

Gary G. Berntson, Ph.D. • Greg J. Norman, B.A. •
Louise C. Hawkey, Ph.D. • John T. Cacioppo, Ph.D.

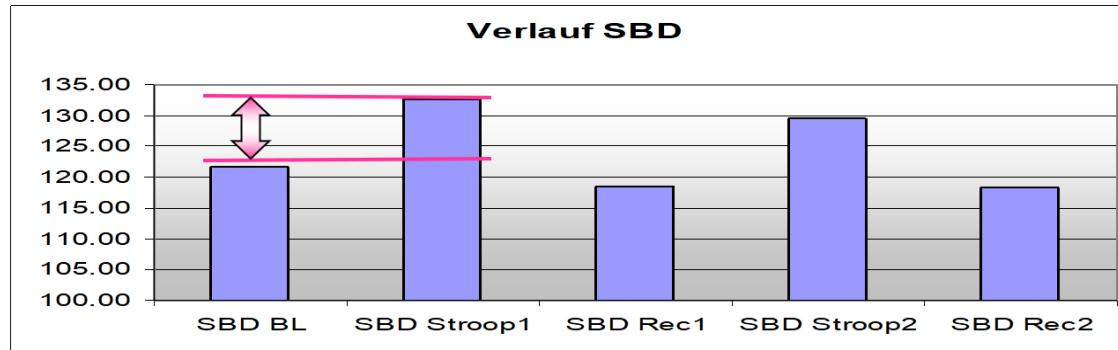
Summary of the study

- 229 middle-aged or older adults
- Assessed patterns of cardiac autonomic function (HRV, PEP) and -control (CAR)
- Assessed Spirituality as closeness to God
- **Spirituality was associated with enhanced parasympathetic and sympathetic cardiac control resulting in a higher CAR**



Cardiovascular Reactivity (CVR)

- **Cardiovascular response** to mental, social or physical stress/challenges
- Typical parameters:
 - *Heart Rate (HR) and Heart Rate Variability (HRV)*
 - *Blood Pressure (BP), Blood Pressure Variability (BPV)*

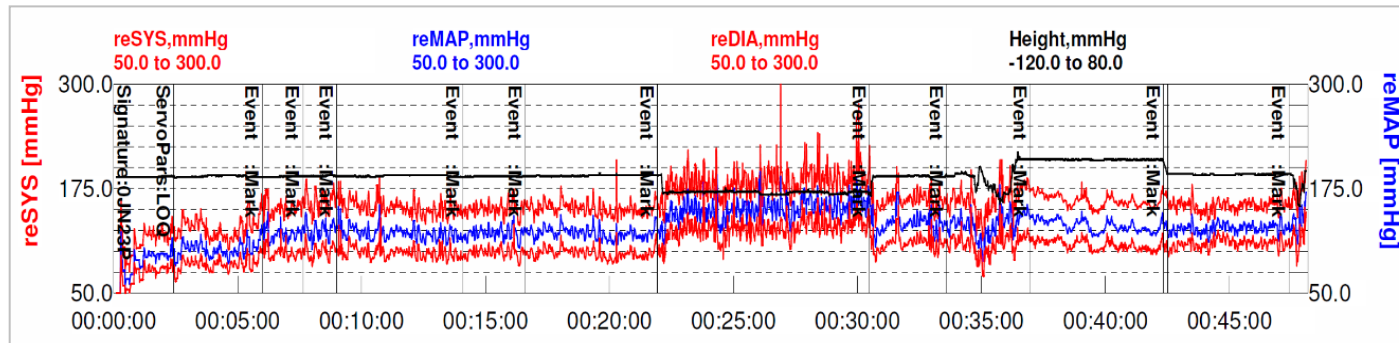


⇒ **Measure of psychophysiological resilience**



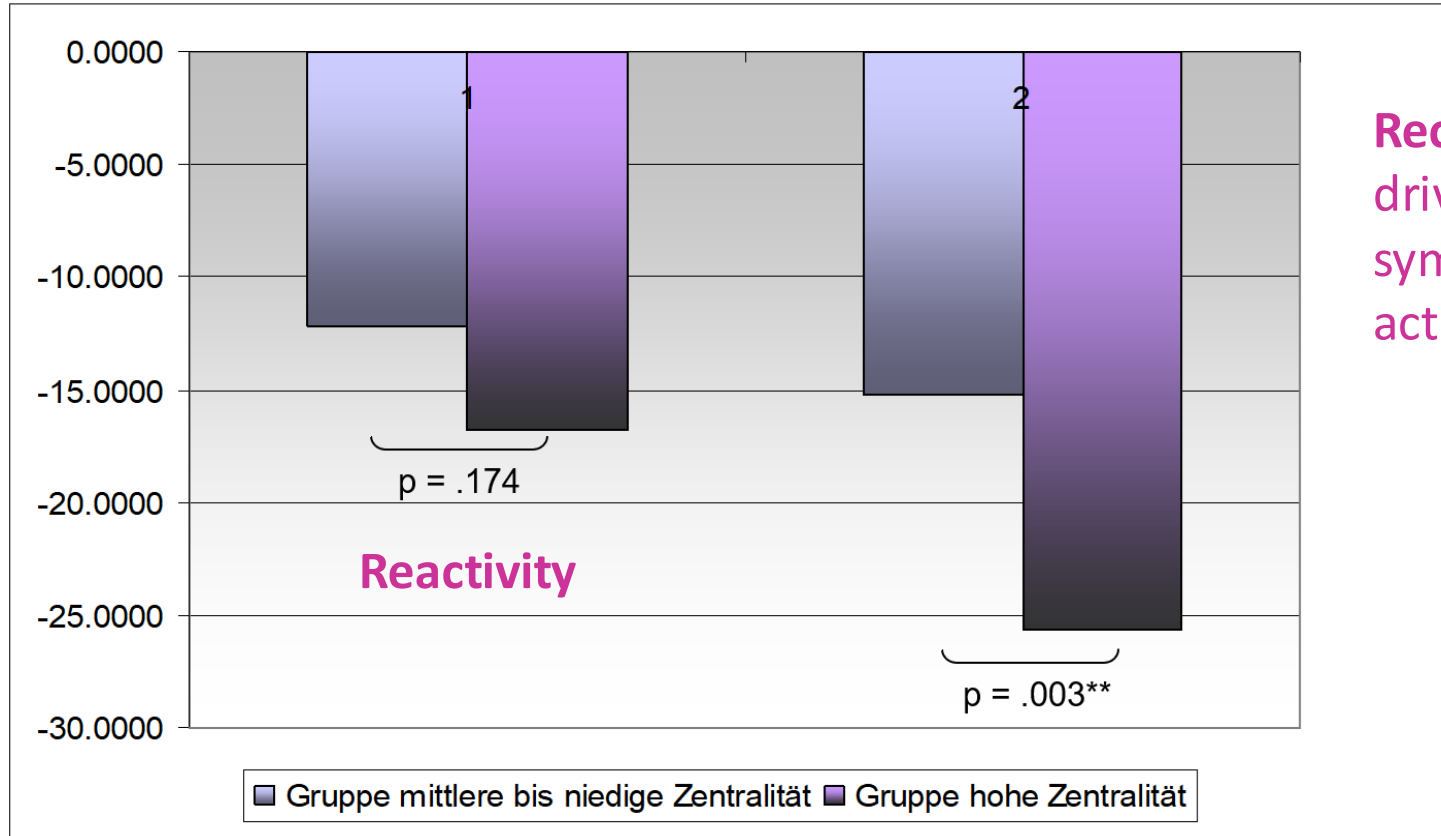
Blood Pressure Reactivity and Recovery

- Doctoral thesis of a junior doctor
- **32 healthy young adults**, male and female
- *Assessment of Depression (BDI) and Anger (Anger Scale), as well as Centrality of Religiosity (S-R-T)*
- Stress protocol: Color Stroop, Trier Social Stress Test



Hefti & Kägi 2014

Blood Pressure Reactivity and Recovery

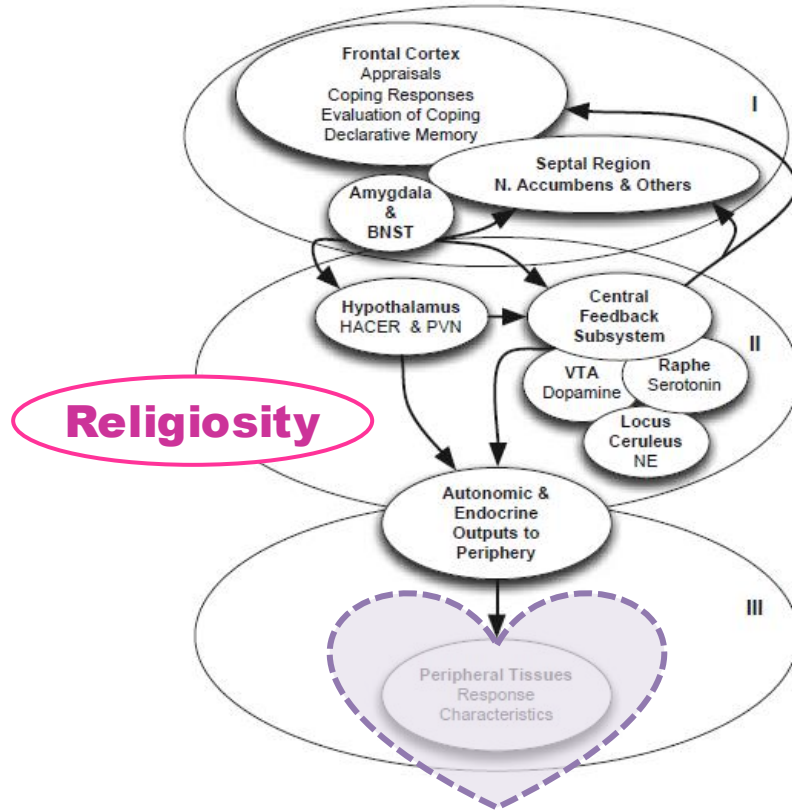


Recovery:
driven by para-
sympathetic
activity (vagus)



Hefti & Kägi 2014

Regulation of CV Reactivity / Recovery



Three level model

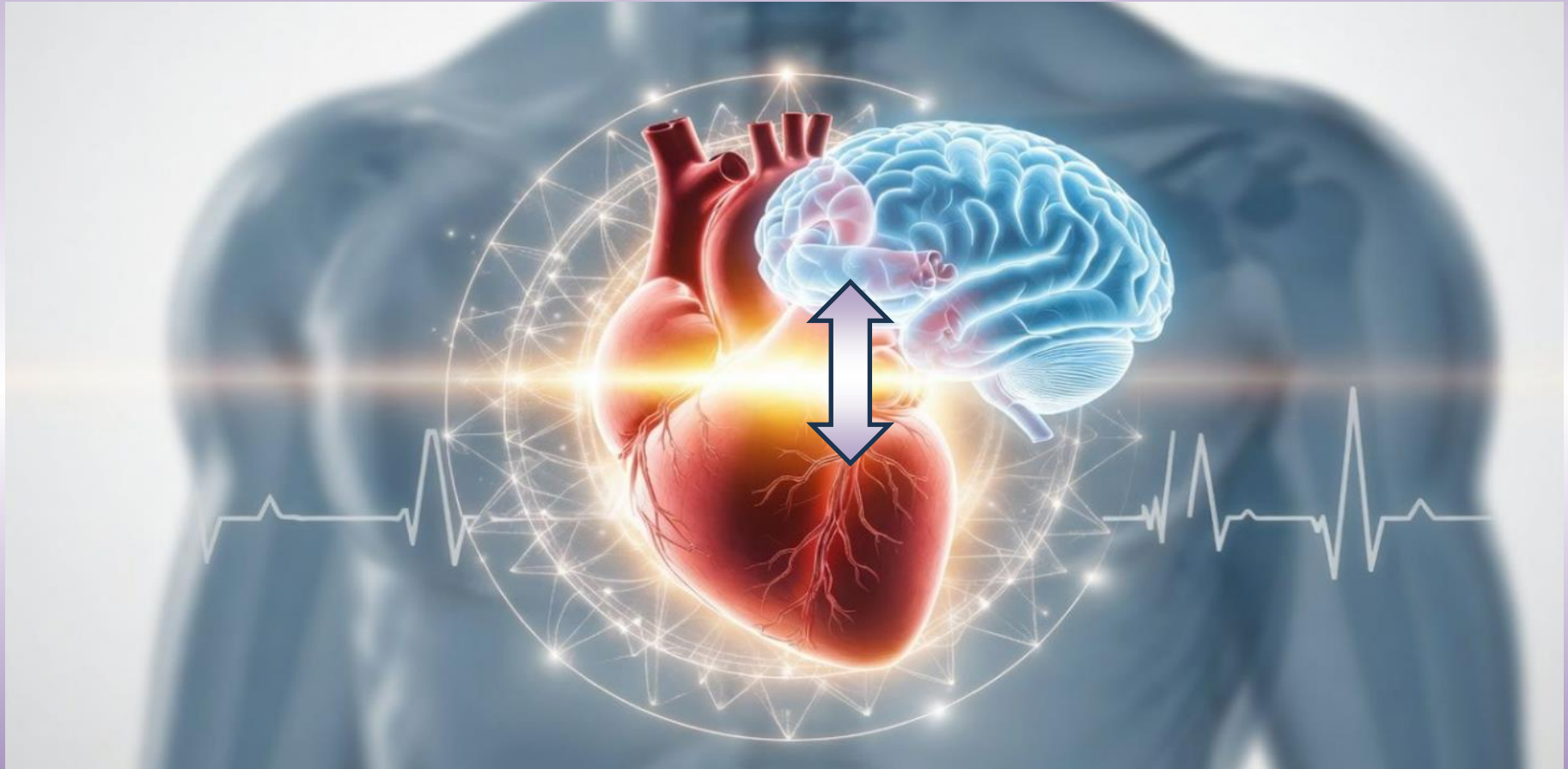
Interaction between

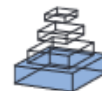
- **The frontolimbic system** (cognitions and emotions)
- **Hypothalamus and brainstem** (regulatory centers, outputs to the body)
- **Peripheral Organs** (heart, response characteristics)

Lovallo et al. 2005



Heart – Brain Interaction / Coherence





Cardiac coherence, self-regulation, autonomic stability, and psychosocial well-being

Rollin McCraty^{1*} and Maria A. Zayas²

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The ability to alter one's emotional responses is central to overall well-being and to effectively meeting the demands of life. One of the chief symptoms of events such as trauma, that overwhelm our capacities to successfully handle and adapt to them, is a shift in our internal baseline reference such that there ensues a repetitive activation of the traumatic event. This can result in high vigilance and over-sensitivity to environmental signals which are reflected in inappropriate emotional responses and autonomic nervous system dynamics. In this article we discuss the perspective that one's ability to self-regulate the quality of feeling and emotion of one's moment-to-moment experience is intimately tied to our physiology, and the reciprocal interactions among physiological, cognitive, and emotional systems. These interactions form the basis of information processing networks

⇒ **Self-regulation of feelings is intimately tied to physiology**



Afferent Pathways

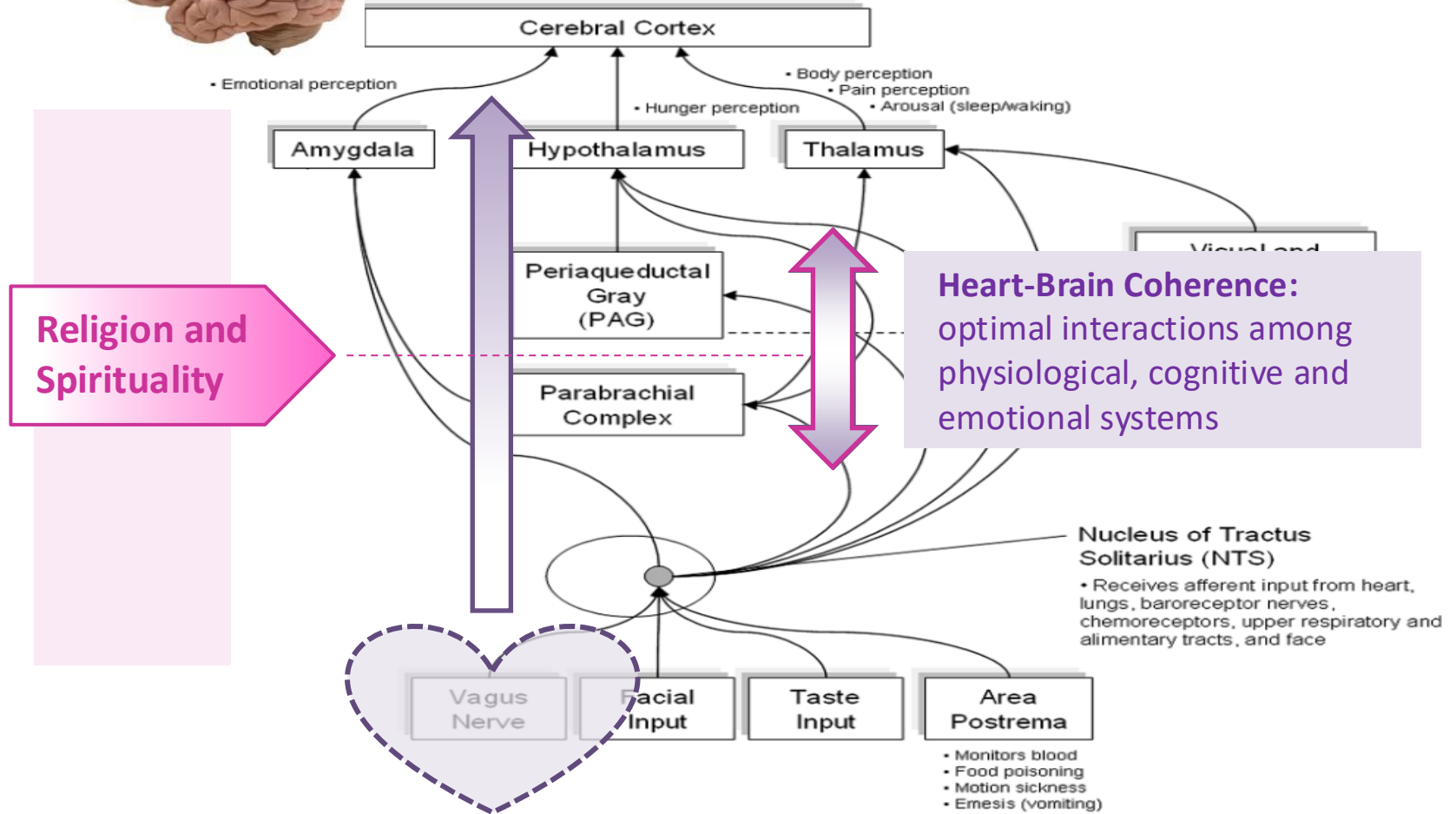


FIGURE 2 | It shows the major afferent inputs from the body to the Dorsal Vagal Complex. Afferent pathways then connect directly to the amygdala, hypothalamus, and thalamus, etc. There is emerging evidence of a direct connection from the NTS to the frontal cortex.

THE BIOLOGICAL HEART

A Holistic View



The Biological Heart



A high-performance pump

- *100'000 heart beats per day*
- *7 -10'000 liter of blood*

An electronic clock

- *Precisely regulated (R-R intervals)*

As an electromagnetic field

- *5x stronger than the brain*

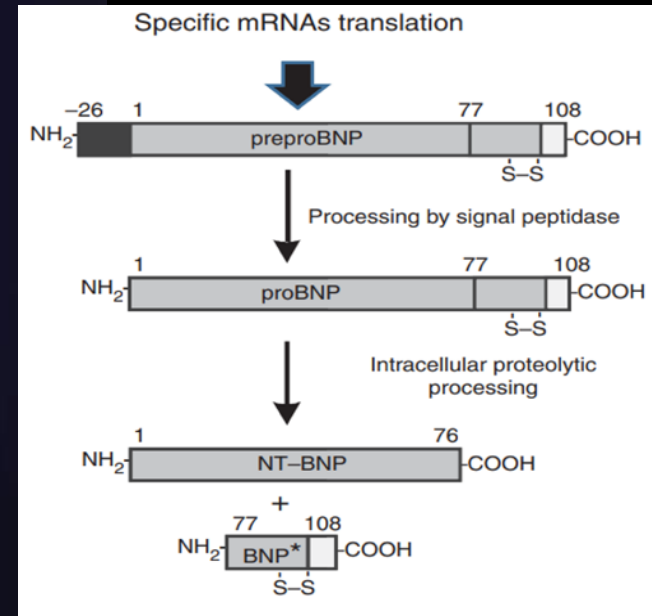


The Biological Heart



A neuroendocrine organ

- *Producing natriuretic peptides*



The Biological Heart



A neuroendocrine organ

- *Producing neuropeptides like enkephaline (endogenous opioid)*

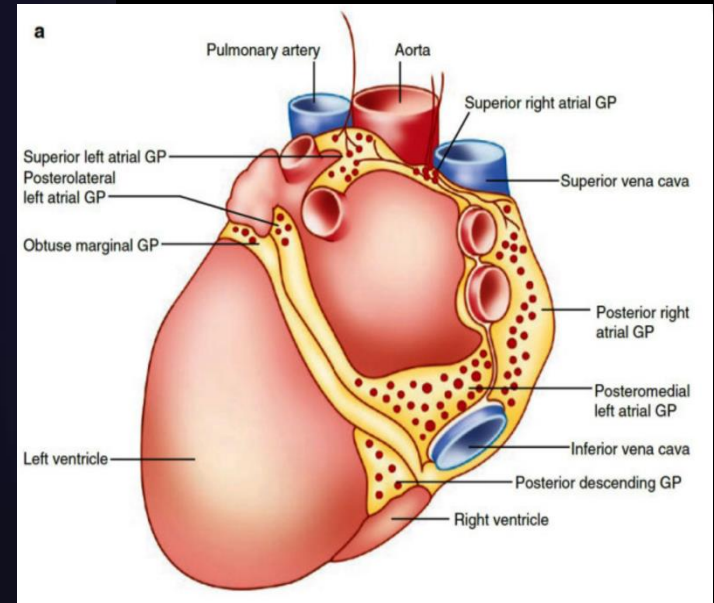
*“The discovery of the **neuro-endocrine function** of the heart provided a shift from the classical paradigm of a blood pump to a **self-regulating organ**”*

The Biological Heart



Brain-like nervous system

Intrinsic Cardiac Nerves System (ICNS)

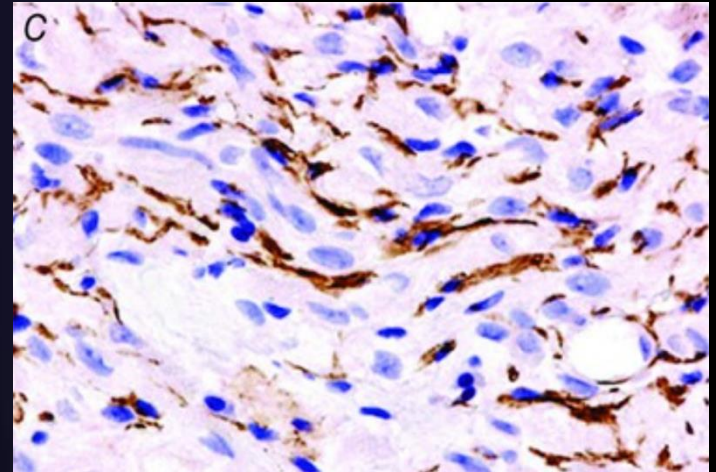


The Biological Heart



Brain-like nervous system

Intrinsic Cardiac Nerves System (ICNS)



Marked nerves in the atrial tissue
(*immunohistochemical staining*).

Hanna 2020

The Biological Heart



The Brain of the Heart

- The heart cells produce **catecholamines** (adrenalin, noradrenalin, dopamine)
- As well es **neurotransmitters** like serotonin (e.g. remodeling after myocardial infarction)
- The heart **interacts** with the other organs, also the brain
- The **heart has a memory function** (h-transplantation)

The Biological Heart



Summary

- The heart is much more than a high-performance pump
- It is a neuro-endocrine organ with a intracardial nerve system including memory
- It highly interacts with the brain and other organs

Therefore, the biological heart itself is a holistic organ !

THE PSYCHOSOCIAL HEART

Psychosocial Risk Factors

Positive Psychosocial Factors

The UK Biobank Study



Psychosocial Factors in Heart Disease

Impact of Psychological Factors on the Pathogenesis of Cardiovascular Disease and Implications for Therapy

Alan Rozanski, MD; James A. Blumenthal, PhD; Jay Kaplan, PhD

Abstract—Recent studies provide clear and convincing evidence that psychosocial factors contribute significantly to the pathogenesis and expression of coronary artery disease (CAD). This evidence is composed largely of data relating CAD risk to 5 specific psychosocial domains: (1) depression, (2) anxiety, (3) personality factors and character traits, (4) social isolation, and (5) chronic life stress. Pathophysiological mechanisms underlying the relationship between these entities and CAD can be divided into behavioral mechanisms, whereby psychosocial conditions contribute to a higher frequency of adverse health behaviors, such as poor diet and smoking, and direct pathophysiological mechanisms, such as neuroendocrine and platelet activation.

An extensive body of evidence from animal models (especially the cynomolgus monkey, *Macaca fascicularis*) reveals that chronic psychosocial stress can lead, probably via a mechanism involving excessive sympathetic nervous system activation, to exacerbation of coronary artery atherosclerosis as well as to transient endothelial dysfunction and even necrosis. Evidence from monkeys also indicates that psychosocial stress reliably induces ovarian dysfunction, hypercortisolemia, and excessive adrenergic activation in premenopausal females, leading to accelerated atherosclerosis.

Also reviewed are data relating CAD to acute stress and individual differences in sympathetic nervous system responsivity. New technologies and research from animal models demonstrate that acute stress triggers myocardial ischemia, promotes arrhythmogenesis, stimulates platelet function, and increases blood viscosity through hemoconcentration. In the presence of underlying atherosclerosis (eg, in CAD patients), acute stress also causes coronary



Circulation 1999

Psychosocial Risk Factors (on CAD)

2016 European Guidelines on cardiovascular disease prevention in clinical practice

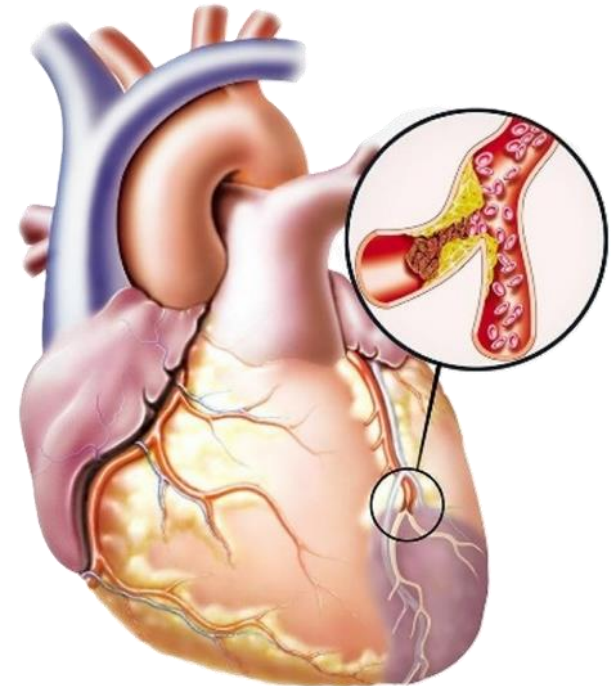
Massimo F. Piepoli* (Chairperson)

Table 7 Core questions for the assessment of psychosocial risk factors in clinical practice

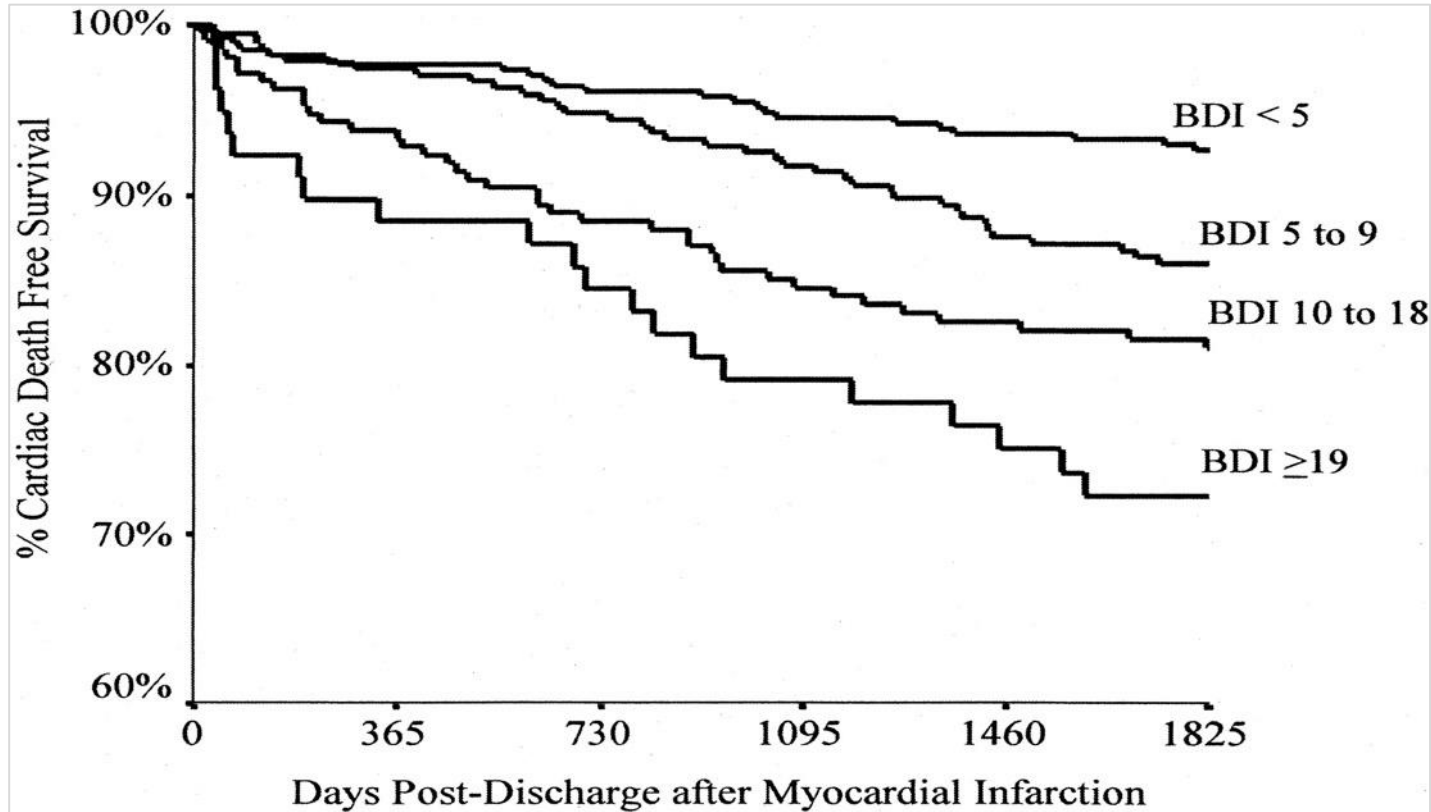
Low socio-economic status	• What is your highest educational degree? • Are you a manual worker?
Work and family stress	• Do you lack control over how to meet the demands at work? • Is your reward inappropriate for your effort? • Do you have serious problems with your spouse?
Social isolation	• Are you living alone? • Do you lack a close confidant? • Have you lost an important relative or friend over the last year?
Depression	• Do you feel down, depressed and hopeless? • Have you lost interest and pleasure in life?
Anxiety	• Do you suddenly feel fear or panic? • Are you frequently unable to stop or control worrying?
Hostility	• Do you frequently feel angry over little things? • Do you often feel annoyed about other people's habits?
Type D personality	• In general, do you often feel anxious, irritable, or depressed? • Do you avoid sharing your thoughts and feelings with other people?
Post-traumatic stress disorder	• Have you been exposed to a traumatic event? • Do you suffer from nightmares or intrusive thoughts?
Other mental disorders	• Do you suffer from any other mental disorder?



EUROPEAN
SOCIETY OF
CARDIOLOGY



Impact of Depression on Post-MI Survival



Lesperance et al, Circulation 2002

Positive Psychosocial Factors (PPF)



OPEN ACCESS

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Positive psychological well-being and cardiovascular health

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Positive psychological well-being (PPWB) is a key factor in cardiovascular health of both healthy individuals and those with cardiovascular diseases (CVD). This mini-review synthesizes current knowledge on the relationship between PPWB and CVD, examining relevant studies on PPWB in both populations. The conceptualization of PPWB encompasses hedonic and eudaimonic facets, with constructs such as optimism, purpose in life, and vitality playing crucial roles. Studies among healthy individuals show a significant association between PPWB and improved cardiovascular health indicators, while research among cardiac patients

Positive Psychological Wel-Being (PPWB)

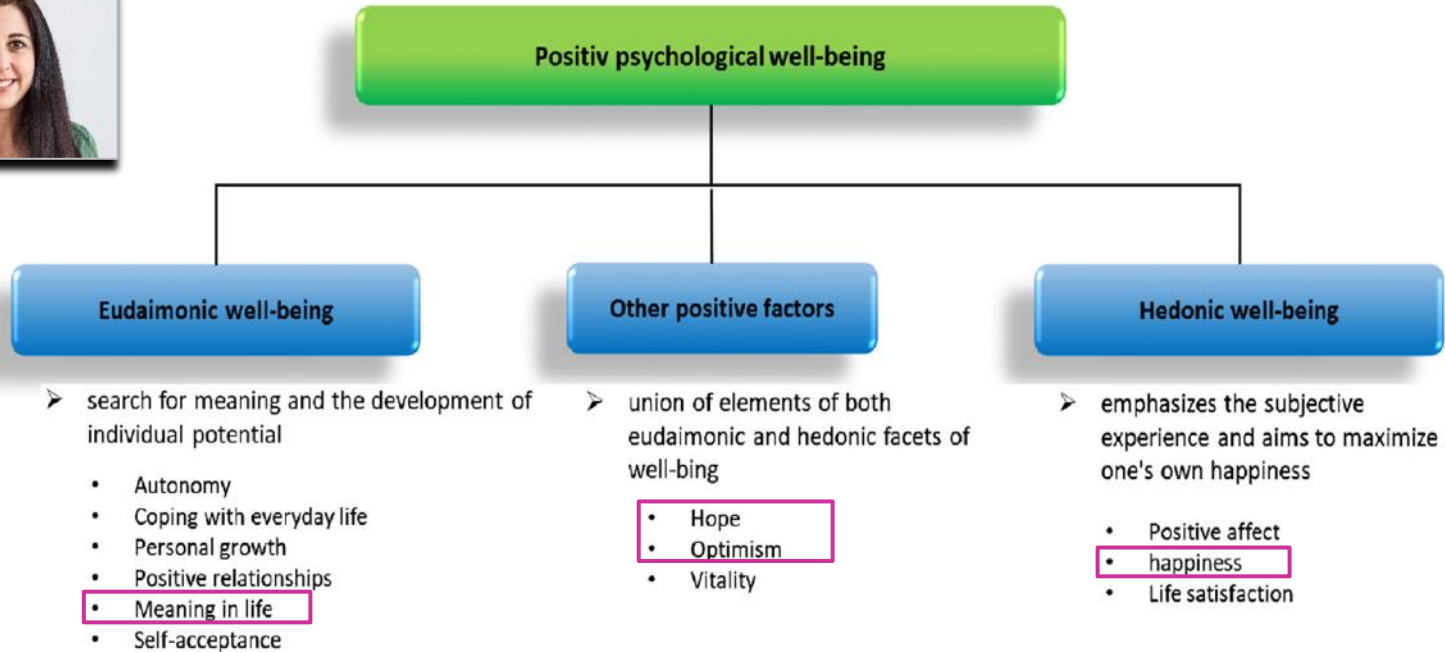


FIGURE 1

Conceptualization of positive psychological well-being. Adapted from (3, 11, 14).

“Markers of Spirituality”

Don't worry, be happy: positive affect and reduced 10-year incident coronary heart disease: The Canadian Nova Scotia Health Survey

Karina W. Davidson*, Elizabeth Mostofsky, and William Whang

Department of Medicine, Center for Behavioral Cardiovascular Health, Columbia University Medical Center, 622 West 168th Street, PH9 Room 948, New York, NY 10032, USA

Received 19 August 2009; revised 7 December 2009; accepted 17 December 2009; online publish-ahead-of-print 17 February 2010

See page 1036 for the editorial comment on this article (doi:10.1093/eurheartj/ehq031)

Aims

Positive affect is believed to predict cardiovascular health independent of negative affect. We examined whether higher levels of positive affect are associated with a lower risk of coronary heart disease (CHD) in a large prospective study with 10 years of follow-up.



Original Investigation | Public Health

Association Between Life Purpose and Mortality Among US Adults Older Than 50 Years

Aliya Alimujiang, MPH; Ashley Wiensch, MPH; Jonathan Boss, MS; Nancy L. Fleischer, PhD, MPH; Alison M. Mondul, PhD, MPH; Karen McLean, MD, PhD; Bhramar Mukherjee, PhD; Celeste Leigh Pearce, PhD, MPH

Abstract

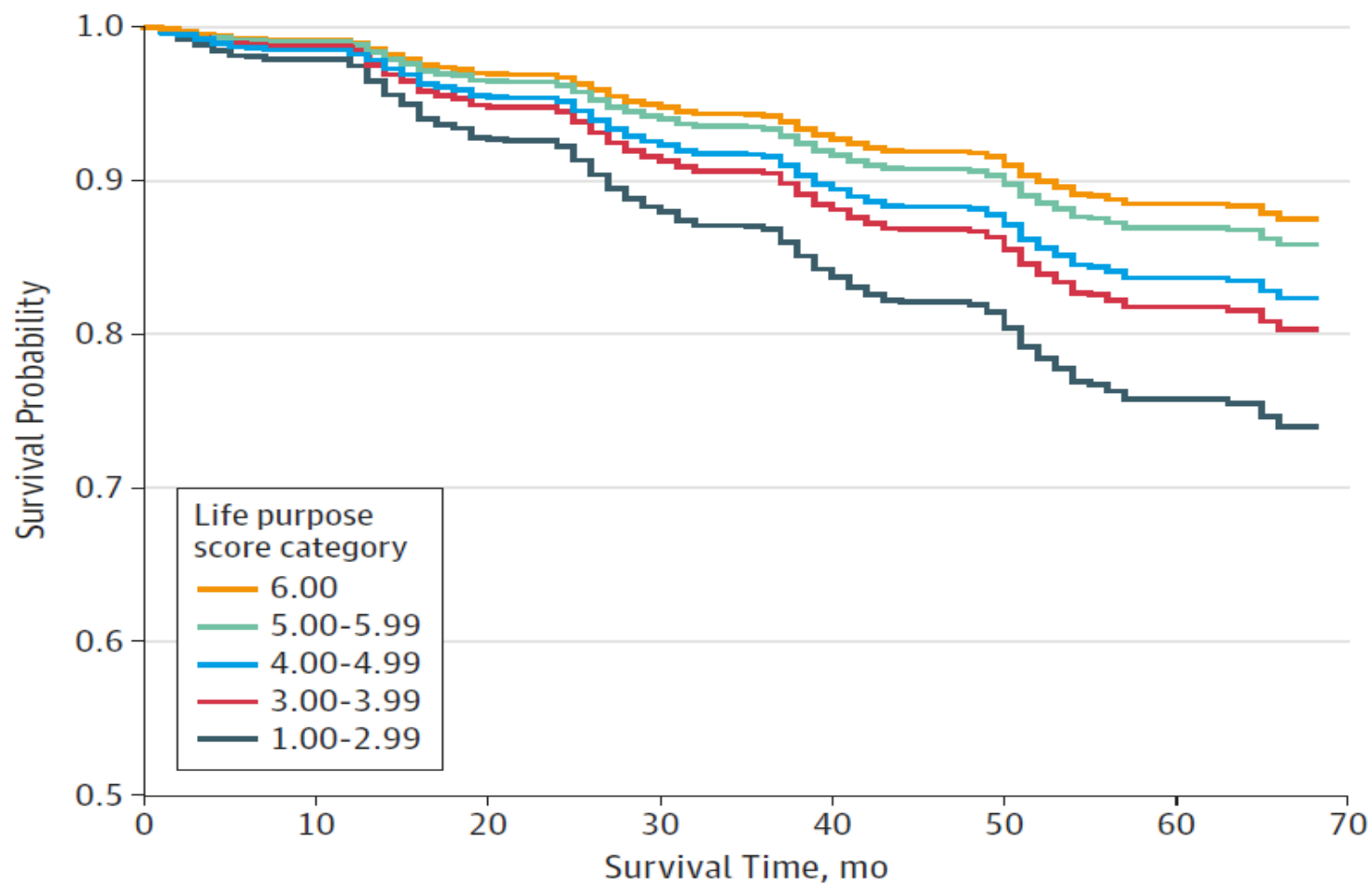
IMPORTANCE A growing body of literature suggests that having a strong sense of purpose in life leads to improvements in both physical and mental health and enhances overall quality of life. There are interventions available to influence life purpose; thus, understanding the association of life purpose with mortality is critical.

OBJECTIVE To evaluate whether an association exists between life purpose and all-cause or cause-specific mortality among older adults in the United States.

Key Points

Question Does an association exist between life purpose and all-cause or cause-specific mortality among people older than 50 years participating in the US Health and Retirement Study?

Findings This cohort study of 6985 adults showed that life purpose was



The UK Biobank Study 2022

Do Positive Psychosocial Factors contribute to the Prediction of CAD - A UK Biobank Study

University Hospital Basel, Switzerland



 Universität
Basel

 Universitätsspital
Basel

 Swiss Heart
Foundation

The UK Biobank Study 2022

The Research Team



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- Prof. G. Meinlschmidt
- S. Guemghar PhD
- Dr. R. Hefti MD



Experts

- Prof. Ch. Müller
- Prof. E. Battegay
- Dr. B. Stieltjes MD
- Prof. H. Koenig



The UK Biobank



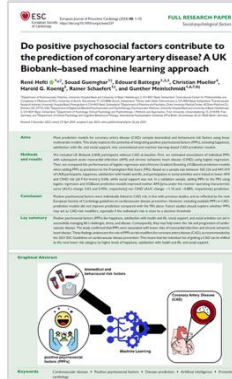
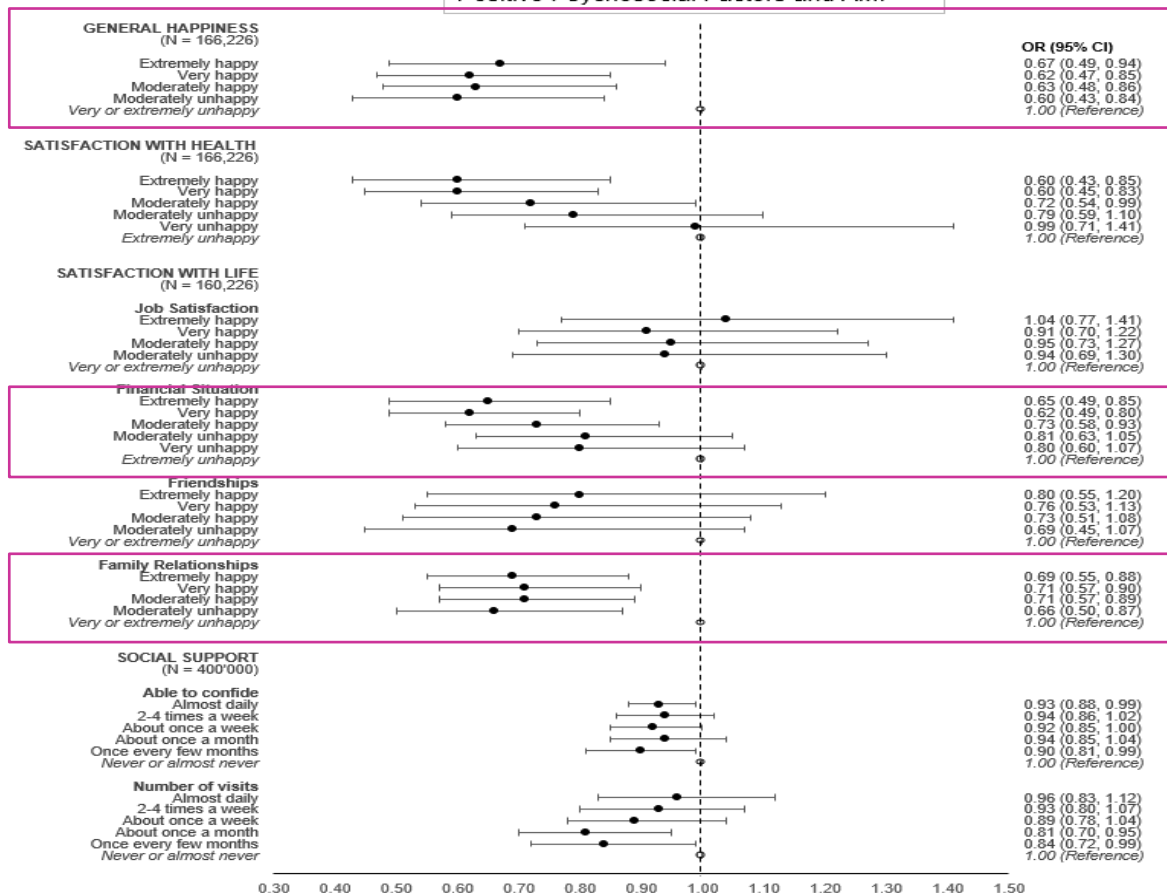
... storing data from than 500'000 UK participants

 Universität
Basel

 Universitätsspital
Basel

 Swiss Heart
Foundation

Positive Psychosocial Factors and AMI



The UK Biobank Study - Prediction

AMI				CIHD		
Logistic Regression	AUC	CI	Change	AUC	CI	Change
FS	0.747	0.7341-0.7588	Baseline	0.7425	0.7344-0.7498	Baseline
FS + PPF	0.7339	0.7086-0.7576	-1.31%	0.7475	0.7336-0.7613	0.50%
FS + PPF + PRF	0.7208	0.6863-0.7553	-2.62%	0.7538	0.7352-0.7725	1.13%
XGBoost	AUC	CI	Change	AUC	CI	Change
FS	0.7357	0.7226-0.7476	-1.13%	0.732	0.7246-0.7399	-1.05%
FS + PPF	0.7374	0.7247-0.7495	-0.96%	0.7364	0.7291-0.7438	-0.61%
FS + PPF + PRF	0.7429	0.7309-0.7551	-0.41%	0.7401	0.7325-0.7473	-0.24%
FS + PPF + PRF + 24 MIF	0.8132	0.803-0.8239	8.32%	0.8255	0.8191-0.8317	8.30%

AMI, acute myocardial infarction; AUC-ROC, area under the receiver operating characteristic curve; CI, confidence interval; CIHD, chronic ischaemic heart disease; FS, Framingham score; MIF, Most important factors from model with all variables; PPF, positive psychosocial factors; PRF, psychosocial risk factors

RELIGION AND SPIRITUALITY IN CARDIOVASCULAR DISEASE

Some Scientific Evidence



HANDBOOK OF RELIGION AND HEALTH

Second Edition

HAROLD G. KOENIG
DANA E. KING
VERNA BENNER CARSON

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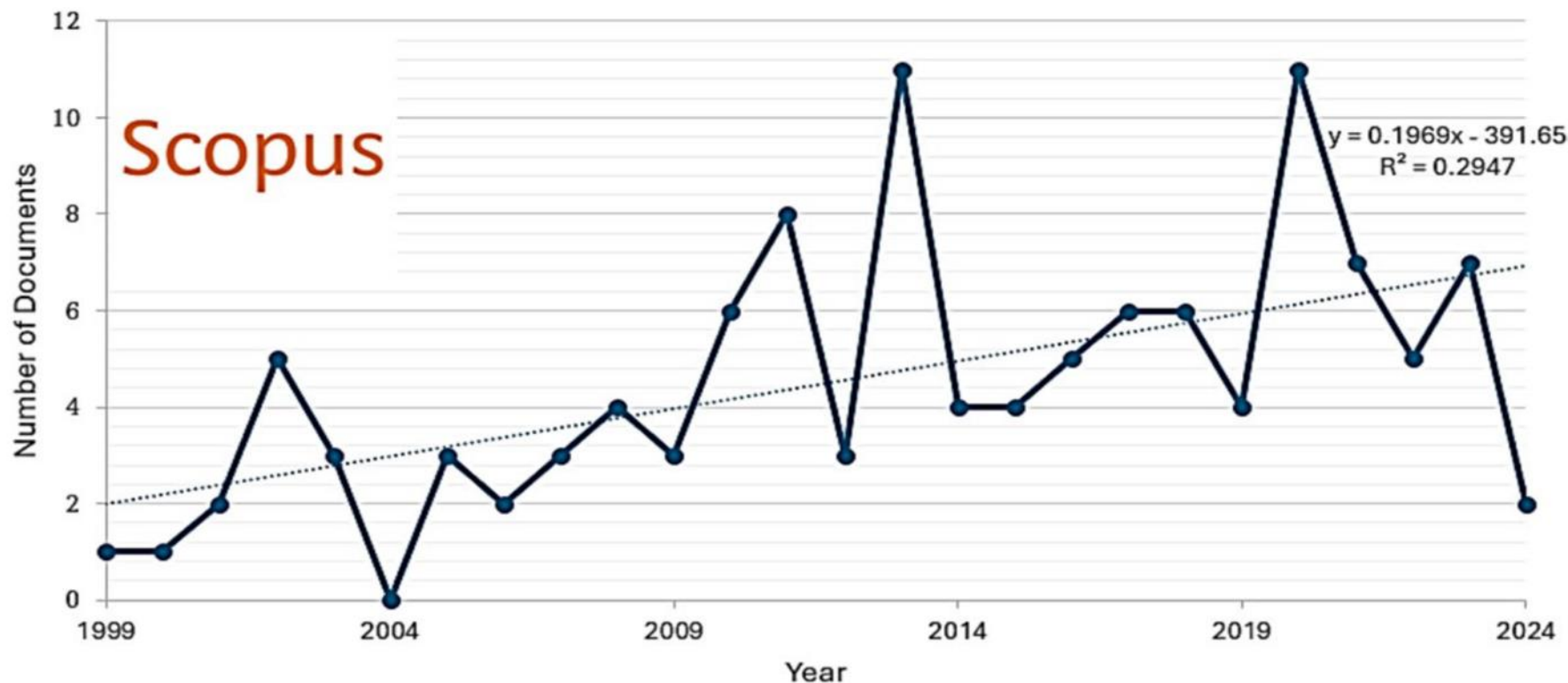
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Publications on Spirituality and CV Disease



Guerrero-Alcedo 2026

Scientific Output by Countries and Institutions

Country Ranking		TD	TC	ACP	Institution Ranking		TD
1. United States		96	2962	52.89	1. Iran University of Medical Sciences		16
2. Iran		61	97	7.46	2. University of Michigan		16
3. Brazil		31	106	21.20	3. Universidade Federal de Sergipe		12
4. Italy		20	21	7.00	4. University of Crete		12
5. Greece		14	38	12.67	5. Duke University		9
6. Australia		10	64	32.00	6. Qazvin University of Medical Sciences		9
7. Netherlands		9	17	8.50	7. University of Massachusetts Medical School		9
8. Japan		8	0	0	8. The Ohio State University		7
9. United Kingdom		6	275	137.50	9. "G. D'Alessandro" – PROMISE – University of Palermo		6
10. Canada		4	28	28.00	10. The University of North Carolina AT Chapel Hill		6

TD Total Documents, TC Total Citations, ACP Average Citations Per Year

Guerrero-Alcedo 2026

لَقَدْ كَانَ لَكُمْ فِي رَسُولِ اللَّهِ أُسْوَةٌ حَسَنَةٌ

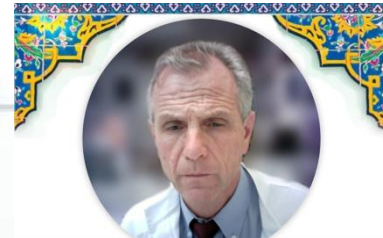
(آیه ۲۱ سوره احزاب)

ششمین نمایش بین المللی

در طریقه نبوی

6th

THE 6TH INTERNATIONAL CONGRESS ON HOLY PROPHET
MOHAMMAD'S TRADITION IN MEDICINE



Religiosity/Spirituality and Mortality

A Systematic Quantitative Review

Yoichi Chida^a Andrew Steptoe^a Lynda H. Powell^b

^aPsychobiology Group, Department of Epidemiology and Public Health, University College London, London, UK;

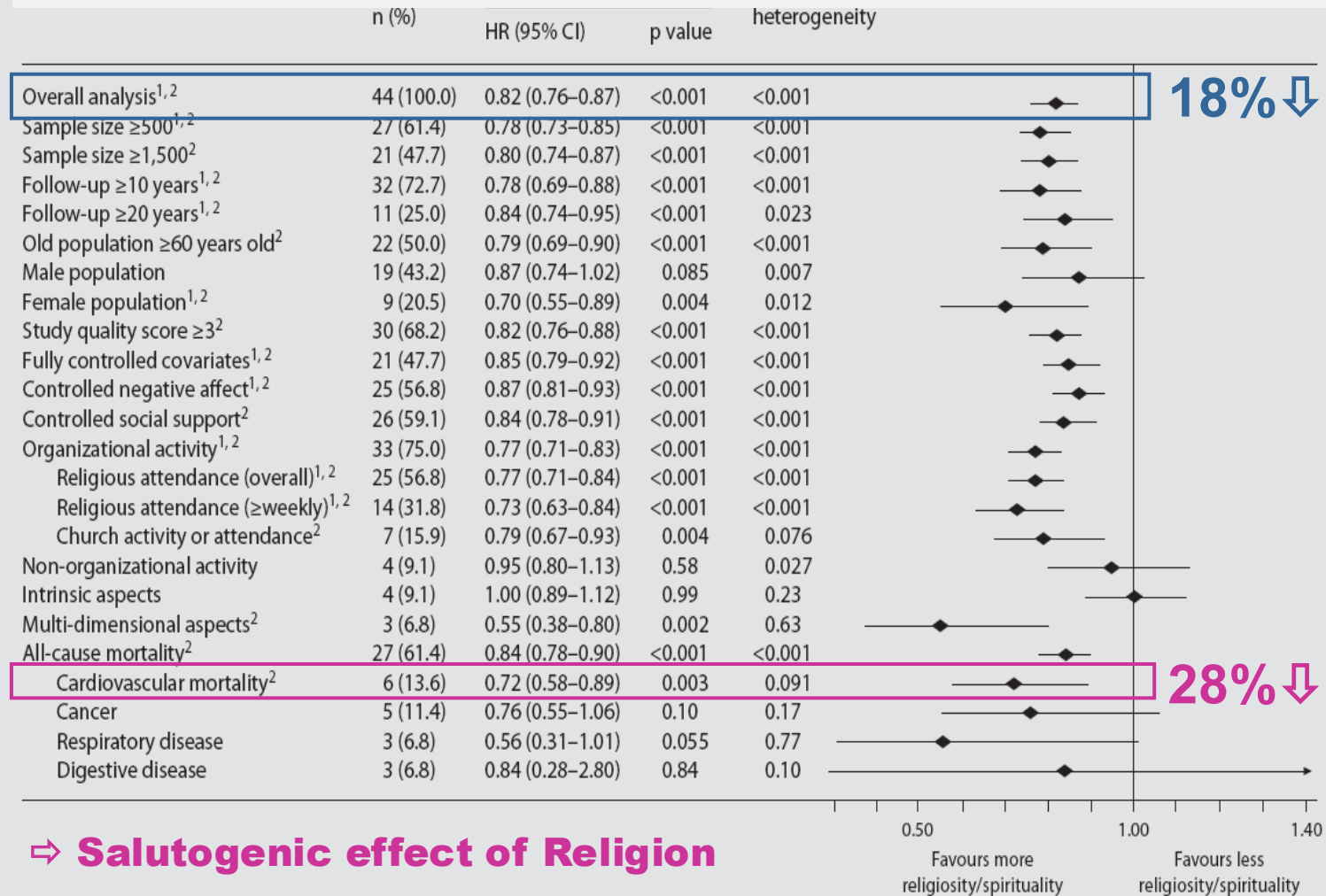
^bDepartment of Preventive Medicine, Rush University Medical Center, Chicago, Ill., USA

Key Words

Body-mind-spirit interaction · Meditation, prayer ·
Meta-analysis · Positive psychology · Preventive medicine ·
Religious coping · Well-being

havioral factors (smoking, drinking, exercising, and socioeconomic status), negative affect, and social support. We divided studies according to the aspects of religiosity/spirituality measure examined, and found that organizational activity (e.g. church attendance) was associated with greater

Healthy Populations



Benedictine Nuns “Ora et Labora”

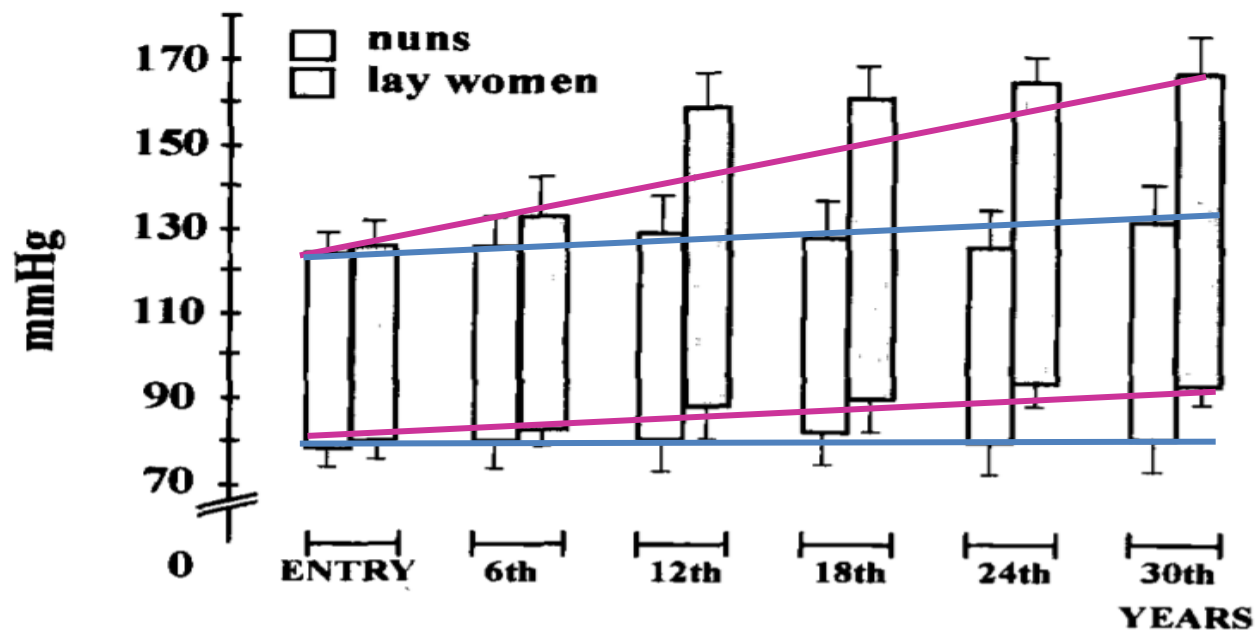


... and having community

Blood Pressure Trend and Cardiovascular Events in Nuns in a Secluded Order: a 30-Year Follow-up Study

MARIO TIMIO, GIORGIO LIPPI, SANDRO VENANZI, SIMONETTA GENTILI, GIUSEPPE QUINTALIANI, CLAUDIO VERDURA, CLAUDIO MONARCA, PAOLO SARONIO AND FRANCESCA TIMIO

Department of Internal Medicine and Nephrology, Hospital of Foligno, Italy

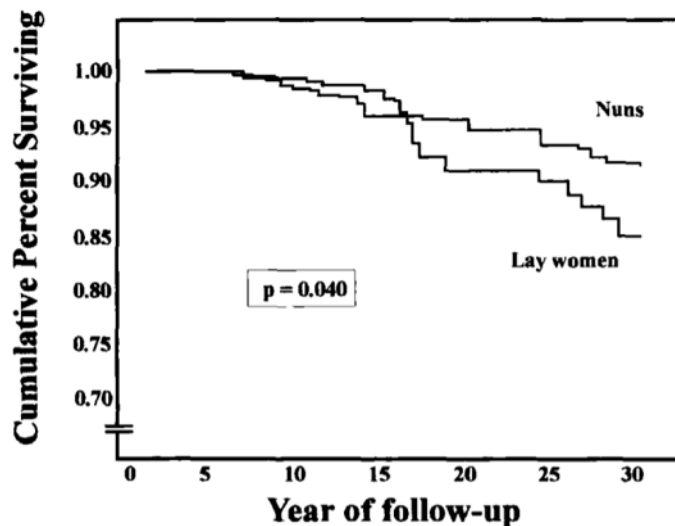


Blood Pressure Trend and Cardiovascular Events in Nuns in a Secluded Order: a 30-Year Follow-up Study

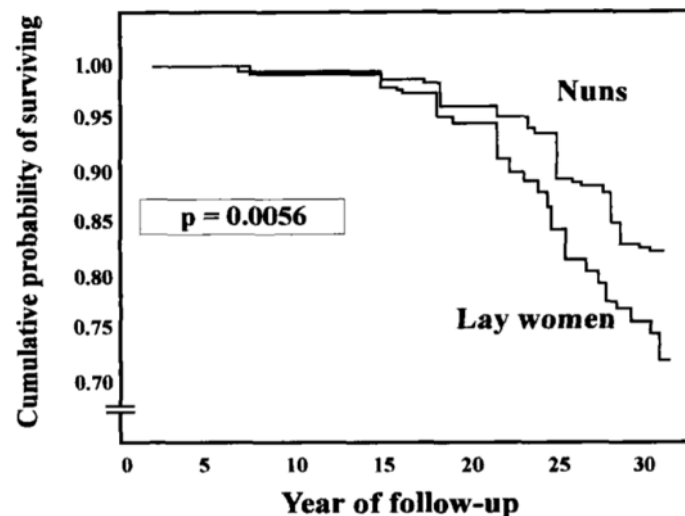
MARIO TIMIO, GIORGIO LIPPI, SANDRO VENANZI, SIMONETTA GENTILI, GIUSEPPE QUINTALIANI, CLAUDIO VERDURA, CLAUDIO MONARCA, PAOLO SARONIO AND FRANCESCA TIMIO

Department of Internal Medicine and Nephrology, Hospital of Foligno, Italy

Fatal events



Non fatal events



Religious life-style is cardioprotective !



R/S Lifestyle and CV Riskfactors



Biological and behavioral factors

- Biological risk factors

- Lower cholesterol (12 of 21 studies, 52%)
- Better blood pressure (36 of 63 studies, 57%)

- Behavioral risk factors

- Less smoking (121 of 137 studies, 90%)
- Better nutrition (less sugar, less meat)
- Regular physical activity ("labora")

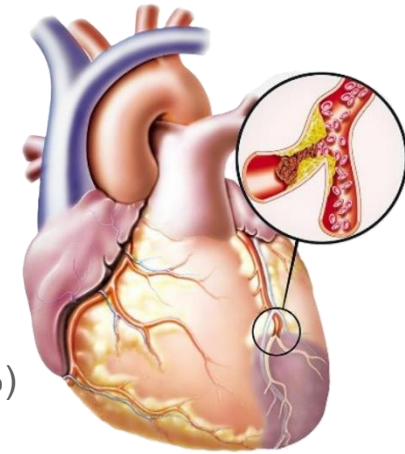
Psychosocial factors

- Risk Factors

- Less depression (272 of 444 studies, 61%)
- Less hostility (23 of 35 studies, 66%)
- Less Anxiety (147 of 299 studies, 49 %)

- Protective Factors

- More optimism and hope (55 of 72 studies, 76%)
- Better social support (61 of 74 studies, 82%)



The Austrian Bypass Study 1997

The Impact of Religiosity on the Outcome of Bypass Surgery

Coping

Center for Cardiovascular Medicine Hocegg (Austria)



PV
REHAZENTRUM
HOCEGG

The Austrian Bypass Study 1997

The Impact of Religiosity on the Outcome of Bypass Surgery

- We examined **51 patients after bypass surgery**
- They **completed a questionnaire** assessing recovery, recent health status, religiosity and religious coping
- We had **all the medical data** from the hospital record

From the questionnaire: 50% of the patients used religiosity/spirituality to cope with heart surgery.



The Austrian Bypass Study 1997

Correlations between religiosity, health, complications and LVF

<i>religiosity and religious coping</i>	<i>health score</i>	<i>Nr. of complications</i>	<i>left ventricular function</i>
<i>How important is religion and religious belief for you?</i>	0.314	-.447(*)	0.274
<i>Do you consult God before making important decisions?</i>	0.213	-0.296	0.236
<i>Do you pray privately, this means outside of church or services?</i>	0.282	-.408(*)	.371(*)
<i>How often do you go to church or visit a religious assembly?</i>	0.294	-0.307	.350(*)
<i>How active are you within your church or congregation?</i>	0.127	-0.309	0.149
<i>Did your religious beliefs play a role in coping with heart surgery?</i>	0.120	-0.217	0.220
<i>Did you utilize pastoral care in preparing for heart surgery?</i>	0.186	-0.188	0.084
<i>Did you pray yourself for heart surgery or healing?</i>	.474(**)	-0.342	0.308

** Level of significance 0.01 (2-sided). * Level of significance 0,05 (2-sided)



The Austrian Bypass Study 1997

The Impact of Religiosity on the Outcome of Bypass Surgery

Center for Cardiovascular Medicine Hohegg (Austria)

Result: Importance of religion and private prayer showed a significant relationship with postoperative **recovery** expressed by days of hospitalization, number of complications and recent health status.

In good concordance with the American studies !



CONSEQUENCES FOR CARE

**CV Patients Spiritual Needs
Primary Spiritual Care**

A Patient example



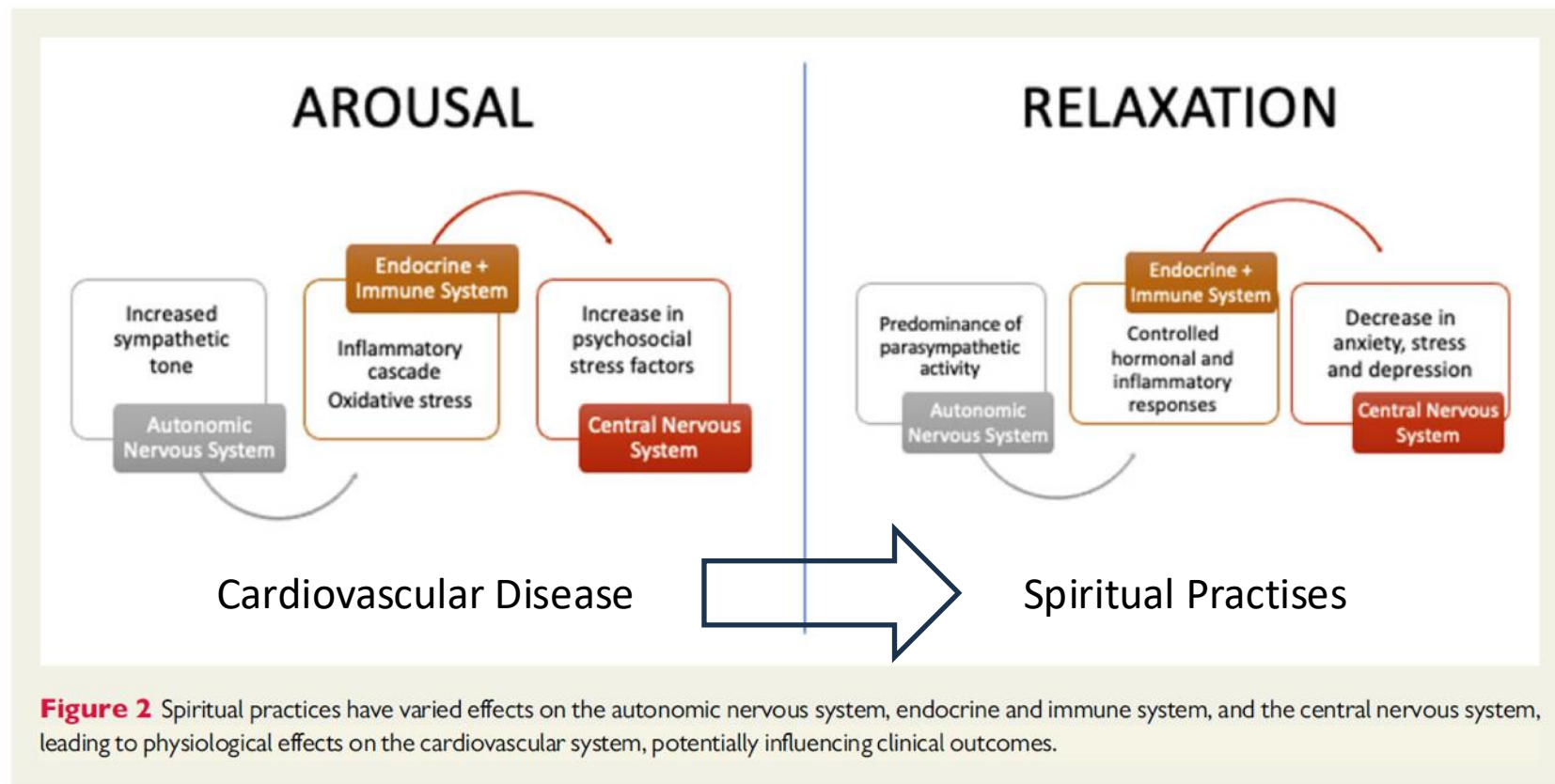
Heart, mind, and soul: spirituality in cardiovascular medicine

Kavitha M. Chinnaiyan^{1*}, Rishab Revankar², Michael D. Shapiro³, and Ankur Kalra^{4,5}

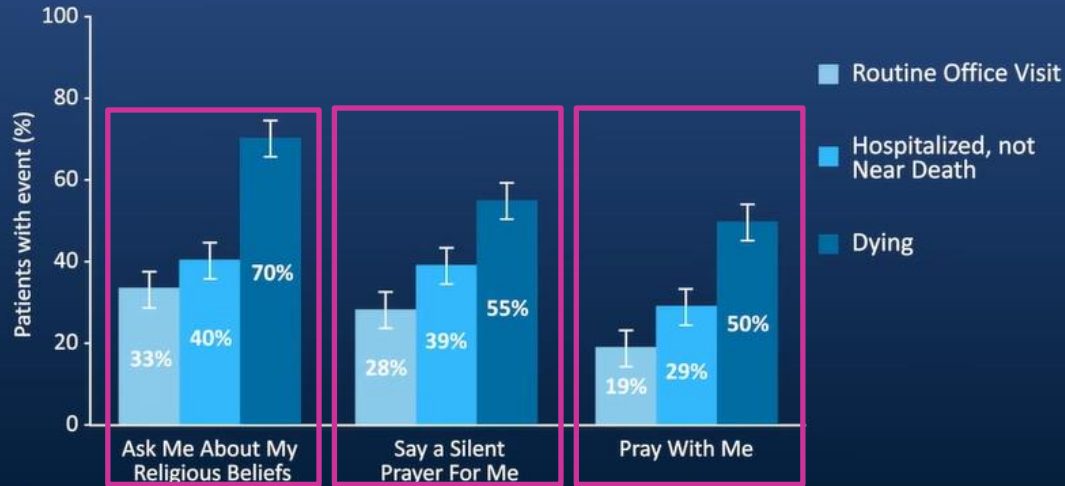
¹Department of Cardiovascular Medicine, Beaumont Health, Royal Oak, MI, USA; ²The Icahn School of Medicine at Mount Sinai, New York, NY, USA; ³Center for Prevention of Cardiovascular Disease, Department of Cardiovascular Medicine, Wake Forest University School of Medicine, Winston-Salem, NC, USA ⁴Department of Cardiovascular Medicine, Heart, Vascular, and Thoracic Institute, Cleveland Clinic, Cleveland, OH, USA; and ⁵Section of Cardiovascular Research, Heart, Vascular, and Thoracic Department, Cleveland Clinic Akron General, Akron, OH, USA



Cardiologist, Cardiac Imaging, Department of Cardiovascular Medicine, Beaumont Health, University Hospital, Royal Oak, Michigan (US), Indian background, promoting yoga and spiritual practices from India



Patient Preferences for Religious Involvement by their Physicians (spiritual needs of patients)



MacLean CD, et al, J Gen Intern Med 2003;18:38-43



Spirituality and Cardiovascular Health

<https://www.facebook.com/watch/?v=827241332431058>



European Society
of Cardiology

European Heart Journal (2021) 00, 1–4

doi:10.1093/eurheartj/ehab080

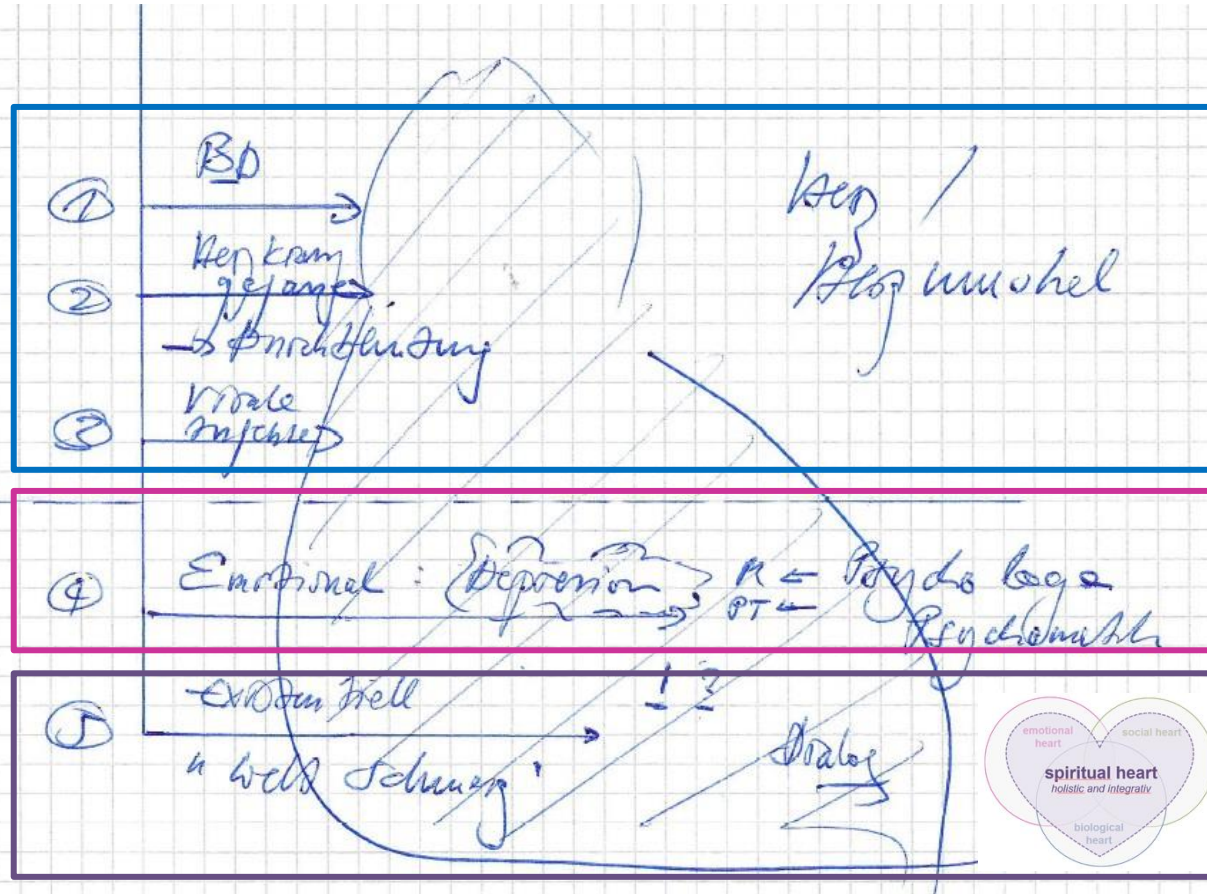


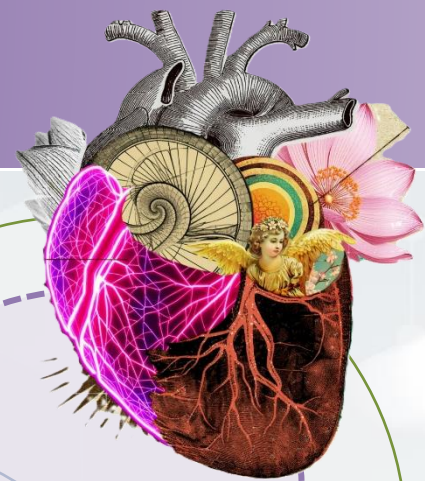
“Most disorders of the cardiovascular system, except for some relatively rare arrhythmias tend to be chronic, with the probability of recurrence and progression over one’s lifetime. *Illness can **refocus attention on the meaning of life**, purpose, and relationship to self, family, community, and whatever is held sacred.* It can force the mending of relationships, gaining fresh perspectives, and *re-prioritizing life to align with what one holds to be most important.* This **shift of perspective** can have unquantifiable effects on compliance, self-care, and indirectly on clinical outcomes.”

Primary Spiritual Care in Heart Patients

- **Being aware of patient's spiritual issues**
 - Existential, spiritual or religious struggles with heart disease
- **Making at least a short spiritual history**
 - Assessing patient's r/s needs, resources and struggles
- **Offering existential, spiritual or religious support**
 - Coping with cv disease, promoting acceptance and reframing
- **Connecting patients with pastoral care**

Patient with Cardiomyopathie





Thank you!

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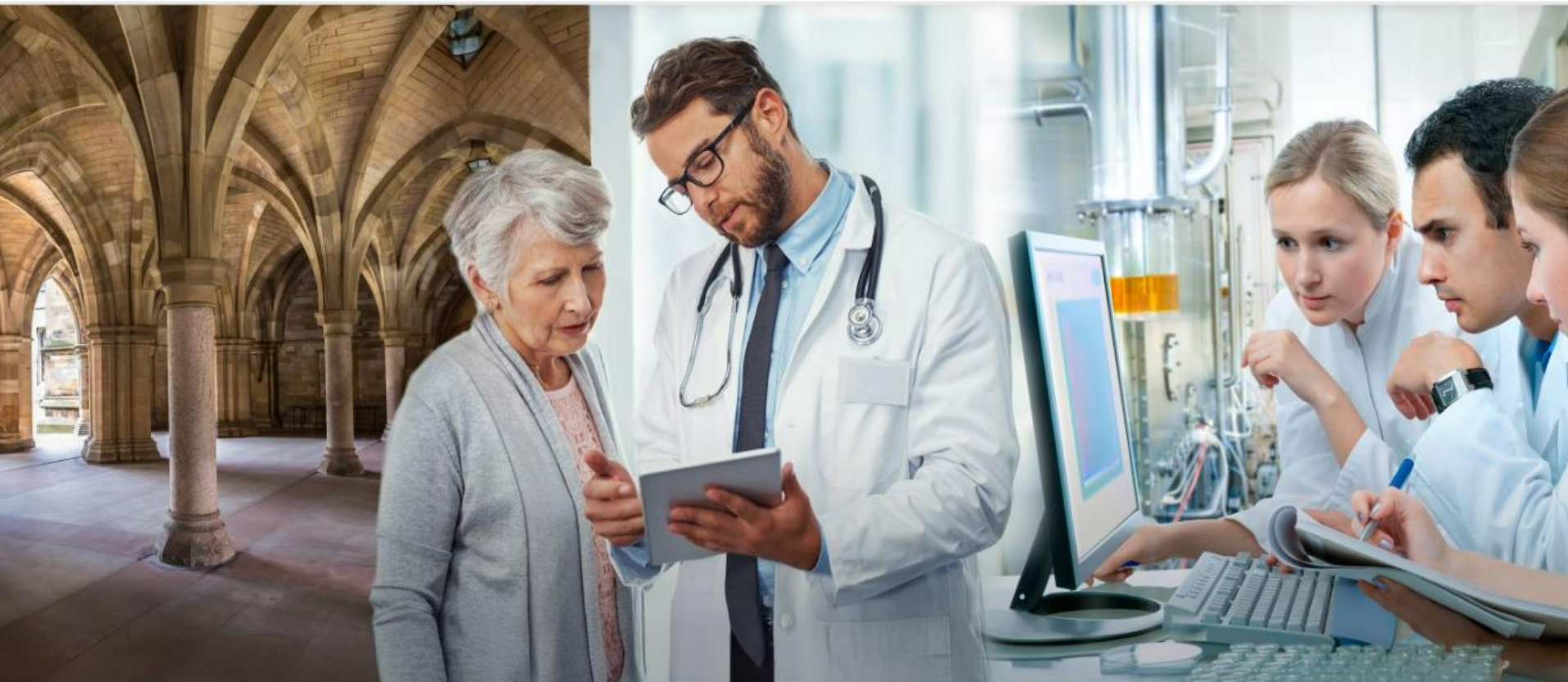
Forschungsinstitut für Spiritualität
und Gesundheit

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SYSTEMATIC REVIEW/META-ANALYSIS

Purpose in Life and Its Relationship to All-Cause Mortality and Cardiovascular Events: A Meta-Analysis

Randy Cohen, MD, MS, Chirag Bavishi, MD, MPH, and Alan Rozanski, MD

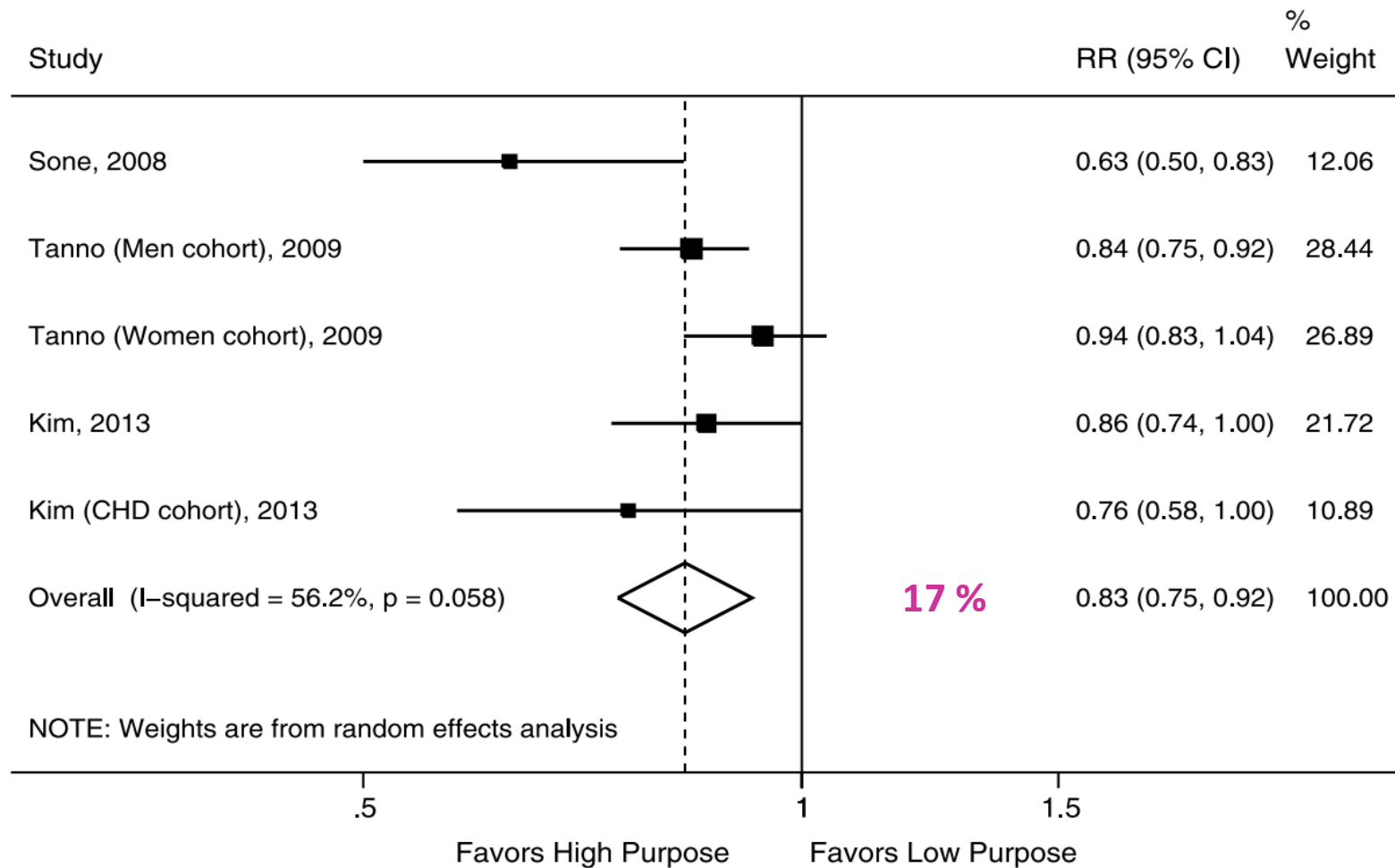
ABSTRACT

Objective: To assess the net impact of purpose in life on all-cause mortality and cardiovascular events.

Methods: The electronic databases PubMed, Embase, and PsycINFO were systematically searched through June 2015 to identify all studies investigating the relationship between purpose in life, mortality, and cardiovascular events. Articles were selected for inclusion if, a) they were prospective, b) evaluated the association between some measure of purpose in life and all-cause mortality and/or cardiovascular events, and c) unadjusted and/or adjusted risk estimates and confidence intervals (CIs) were reported.



February/March 2016



Positive Psychological Well-Being and Cardiovascular Disease

JACC Health Promotion Series

Laura D. Kubzansky, PhD,^{a,*} Jeff C. Huffman, MD,^{b,c,*} Julia K. Boehm, PhD,^d Rosalba Hernandez, PhD,^e Eric S. Kim, PhD,^a Hayami K. Koga, MD, MPH,^a Emily H. Feig, PhD,^{b,c} Donald M. Lloyd-Jones, MD, MSc,^f Martin E.P. Seligman, PhD,^g Darwin R. Labarthe, MD, MPH, PhD^f

ABSTRACT

Facets of positive psychological well-being, such as optimism, have been identified as positive health assets because they are prospectively associated with the 7 metrics of cardiovascular health (CVH) and improved outcomes related to cardiovascular disease. Connections between psychological well-being and cardiovascular conditions may be mediated through biological, behavioral, and psychosocial pathways. Individual-level interventions, such as mindfulness-based programs and positive psychological interventions, have shown promise for modifying psychological well-being. Further, workplaces are using well-being-focused interventions to promote employee CVH, and these interventions represent a potential model for expanding psychological well-being programs to communities and societies. Given the relevance of psychological well-being to promoting CVH, this review outlines clinical recommendations to assess and promote well-being in encounters with patients. Finally, a research agenda is proposed. Additional prospective observational studies are needed to understand mechanisms underlying the connection between psychological well-being and cardiovascular outcomes. Moreover, rigorous intervention trials are needed to assess whether psychological well-being-promoting programs can improve cardiovascular outcomes. (J Am Coll Cardiol 2018;72:1382–96) © 2018 by the American College of Cardiology Foundation.

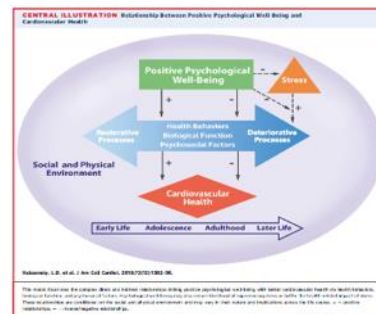


FIGURE 1 Key Approaches to Positive Psychological Interventions

Global Leadership Assessment	• Promotes focus on drivers, provides experience of PWB, assessment process (structure, capacity, healthy behaviors), and implementation of PWB activities, provides information on community resources
Cardio Prevention and Rehabilitation Programs	• Educates focus on benefits of optimism, positive affect, and related benefits on cardiovascular health • Empowers focus on PWB activities, such as exercise, diet, and stress management, which may lead to improved outcomes, energy, strength, confidence, and positive affect reduction
Community Resources	• Groups: Cardio health-focused groups, walking/bicycling groups, and health-focused groups • Programs: Cardio health-focused groups, walking/bicycling groups, and health-focused groups • Settings: Urban, suburban, rural, senior centers, community centers, and other community organizations
Psychology and Behavioral Health Clinicians	• Implementation of PWB activities and activities that address individual and community-level health interventions • Creating PWB activities with behavioral health-related interventions to promote engagement and activation

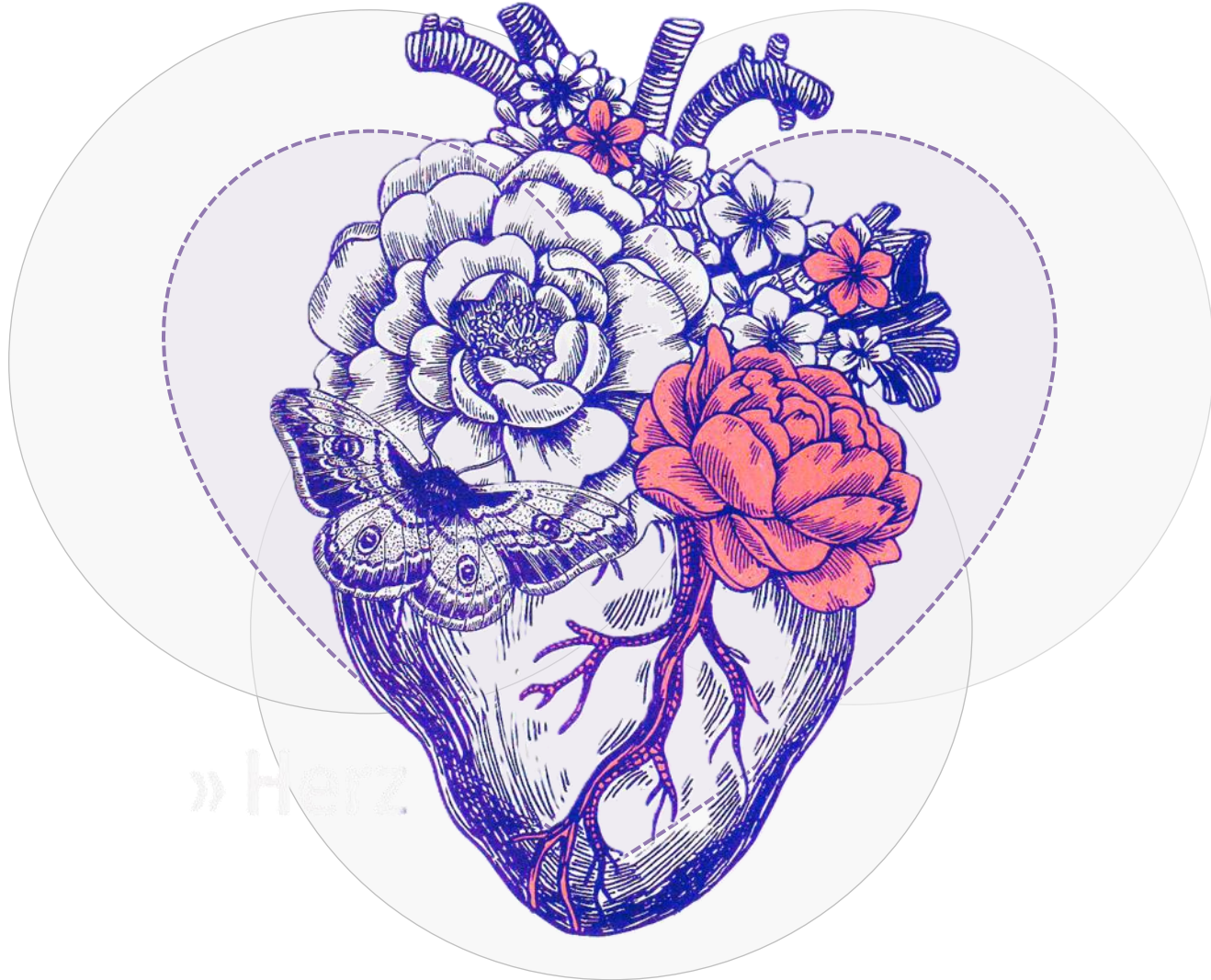
These approaches and resources may be utilized and/or modified to identify primary prevention opportunities for promoting well-being through appropriate change in each setting. PWB = positive psychological well-being.

TABLE 1 Brief Clinician Questions and Statements to Assess and Promote Positive Psychological Well-Being in Clinical Encounters

Characteristic or Asset	Questions and Sample Statements
Optimism	Questions: • “Do you expect that good things will happen for you in the future?” • “How do you think things will go with your health in the future?” Sample statements to support positive psychological well-being: I have managed many patients with this health problem before, and I have seen many of them do very well. I think you can, too.
Positive affect or life satisfaction	Questions: • “How often do you experience pleasure or happiness in your life?” • “Are you satisfied with how your life has gone and how you have lived it?” Sample statements to support positive psychological well-being: There is a lot of research finding connections between feeling happy and satisfied with your life, and your heart health. So I want to really support you in taking time for yourself and engaging in healthy hobbies or meaningful activities.
Gratitude	Questions: • “What, if anything, do you have to feel grateful for in your life?” • “Do you ever feel grateful about your health? Tell me about that.” Sample statements to support positive psychological well-being: We were lucky to catch this problem when we did, and I think that means that there is a good chance that your health can remain strong if we work together.
Leveraging personal strengths	Questions: • “What are your greatest strengths and skills?” • “When have you applied your best skills to improving your health?” Sample statements to support positive psychological well-being: I have been so impressed with how you have succeeded in your life when [life situation]. You can use those same skills to be successful in taking care of your heart health.

TABLE 2 Activities to Promote Positive Psychological Well-Being in Clinical Encounters and Beyond

Characteristic or Asset	Introductory Activity in Clinical Encounter	Structured Activities	Skill to Be Developed
Optimism	Considering and discussing a better possible health-related future	Writing in detail about a best possible health-related future 1 year from now and how this could be realized	Developing optimistic health expectations and goal-focused accomplishment of these expectations
Gratitude	Discussing reasons to be grateful related to one's current health status	Initiating a practice of recalling or journaling positive life events Writing a letter of gratitude to another person	Cultivating a grateful world view, including gratitude for health
Self-efficacy or confidence and use of personal strengths	Considering one's prior successes, the characteristics that led to such successes, and how they may apply to health goals	Writing about a major past life success and writing about how the skills that led to this success will apply to self-care Identifying a personal signature strength (e.g., perseverance, social intelligence, creativity) and using this strength in a new way	Developing a strengths-focused identity and cultivating use of personal strength(s) for health-related activities
Positive affect	Discussing past positive life events and valued current activities that bring pleasure	Scheduling pleasurable activities Capitalizing on positive life events by savoring or sharing them	Creating a practice of experiencing and savoring positive life events
Meaning or purpose	Discussing the things in one's life that provide a sense of purpose	Writing about one's legacy, steps to reach those life goals, and how health-related activities can facilitate such goals	Identifying specific, meaningful life goals and using health-related self-care to facilitate reaching such goals



» Herz.