

Professor Philip Nolan
Chair, National Review of Specialist Cardiac Services

Dear Prof. Nolan,

I hope you are well. I am writing to you in my capacity as co-chair of an expert advisory group of psychologists specialising in cardiology. As you are aware, psychological factors are strongly linked with cardiac prognosis, and there is firm evidence underpinning psychological support for patients with heart disease. Furthermore, the need for psychological support has intensified during the current pandemic.

We are pleased to hear about development plans regarding Cardiac Rehabilitation (CR), and the recognition that this essential service should be provided at all hospital sites as well as in the community.

To adequately meet the psychological needs of cardiac patients, we would strongly recommend that each core multidisciplinary team (MDT) for CR would be allocated a **minimum of 0.6 WTE Senior Psychologist**. This is required to ensure the safe practice of direct clinical work (*e.g.* individual therapy, education and group interventions) and the necessary indirect work of trainee supervision, administration, clinical audit and research. Without adequate resourcing, not only will patients' psychological needs remain unmet, but the potential gains derived from CR would be greatly undermined.

Psychological Factors & Cardiovascular Disease (CVD)

The psychological impact of heart disease is considerable, and psychological distress is highly prevalent in patients with CVD. Anxiety, depression and insomnia disorder affect approximately one-third of people with CVD, and up to one in four cardiac patients experience clinically significant levels of posttraumatic stress (PTSD)¹⁻⁴. Clinically significant psychological distress is linked to increased future cardiac events and mortality, poorer quality of life, increased suicide risk, greater healthcare costs and poorer long-term psychological adjustment¹. Unfortunately, there is also evidence that during lockdown psychological distress has increased in cardiac patients and this has been exacerbated by social isolation, treatment non-adherence, physical inactivity, and an increase in unhealthy lifestyle behaviours^{5,6}. Furthermore, many cardiac patients (*e.g.* survivors of sudden cardiac arrest, SCAD) also present with unique and complex psychological needs that are best delivered by an experienced clinician (*e.g.* device-related shock anxiety, PTSD)^{7,8}.

Psychological interventions with cardiac patients

Systematic reviews demonstrate that the psychological component drives the benefits achieved by CR, and that psychological interventions not only improve psychological distress and quality of life, but also reduce cardiac events and hospitalizations⁹⁻¹². When fully integrated with CR, these interventions are also highly cost effective (*e.g.* group sessions) and deliver an incremental benefit on hard endpoints¹³. In addition, cardiac psychologists provide expertise in weight management, psychosexual counselling, insomnia treatment, medication adherence, family support (*e.g.* caregiver burden in heart failure), maintaining lifestyle changes (*e.g.* exercise, smoking cessation) and enhanced communication with the cardiology team.

Unfortunately, the recent National Survey of CR services¹⁴ conducted by Irish Heart Foundation (IHF) and the Irish Association of Cardiac Rehabilitation (IACR) showed that 80% (28/35) of CR centres had no access to psychological support for their patients. Yet, access to psychology was the highest rated service (50% of CR Centres) required to improve the quality of CR. The IHF have deemed psychology a priority area and indicated that *"the lack of psychological services is emerging as one of the issues of greatest concern to the people in our patient advocacy network."*

We would be grateful if you could support our effort to advocate for adequate psychological resource for this patient group in the National Review of Specialist Cardiac Services (2022).

Yours sincerely,

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