

Depression, Anxiety, and Cardiovascular Disease Risk

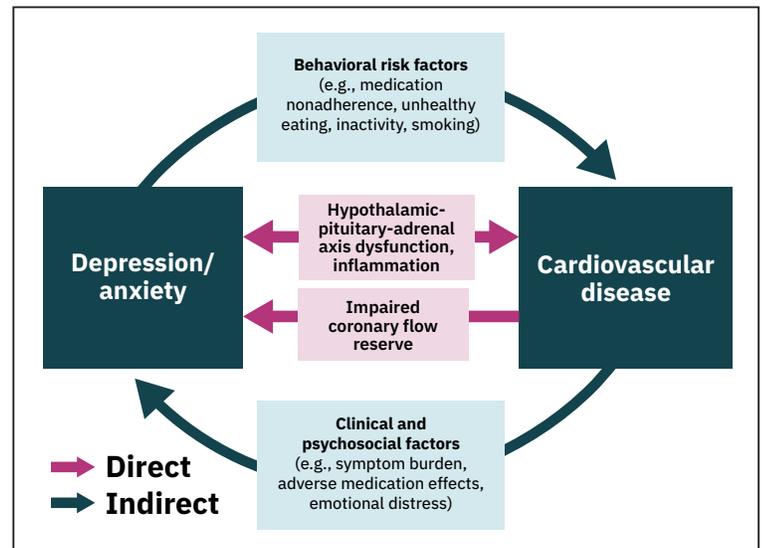
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Depression and anxiety can be mood disorders that predispose individuals to cardiovascular diseases in two ways: indirectly, through behavioral changes, and directly, through physiological pathways related to chronic sympathetic stress and inflammation. Conversely, cardiovascular disease can promote depression and anxiety, both indirectly, through behavior changes resulting from chronic physical symptoms, and directly, through increased inflammation (Figure 1).¹

Integrating mental health services into cardiovascular care allows for a more holistic, patient-centered approach, ultimately leading to improved outcomes for patients with cardiovascular diseases and associated mental health issues.² Screening for and treating depression and anxiety, with an emphasis on early intervention, can significantly improve adherence to cardiovascular treatment regimens, reduce hospitalizations, promote healthier behaviors through access to appropriate services, and support self-management.^{2,3} The combination of medical treatment, counseling, and physical activity is the most effective way to manage depression and anxiety, ultimately empowering patients to better adhere to treatment and improve both mental and cardiovascular health.³

For more information, access Cardi-OH's expanded resource on [mental health and chronic conditions](#).

Figure 1. Bidirectional Relationship Between Mood Disorders and Cardiovascular Disease



Prevalence of Mood Disorders Among U.S. Adults:

- Anxiety: ~20%⁴
- Depression: 12% to 28%⁵
- Lifetime risk for either condition: 20% to 30%^{5,6}
- High co-occurrence: 40% to 50% of those with one condition meet criteria for the other⁷

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