A patient temperament may contribute to cardiac complications in high blood pressure

7 July 2014

Temperament has been traditionally associated with high blood pressure. A new study that has appeared in the current issue of *Psychotherapy and Psychosomatics* has substantiated this issue.

Major depression and *coronary heart disease* have a strong, bidirectional relationship. A type A behavioral pattern, as well as cyclothymic disorder, is a subclinical manifestation of bipolar illness, and in cardiovascular patients may result in extreme behavioral changes detrimental to cardiac prognosis.

To further characterize this most vulnerable group, Authors examined the affective temperamental traits (Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire, TEMPS-A) on depressive, cyclothymic, hyperthymic, irritable and anxious subscales, ICD-10-diagnosed depression and *depressive symptoms* (Beck Depression Inventory, BDI [5,6]) in relation to cardiac complications (CC) requiring acute hospitalization (acute coronary syndrome, *acute myocardial infarction*) in a primary hypertensive outpatient population.

Results showed that patients with CC scored markedly higher on the cyclothymic temperament scale ($p = 0.027$) than those without CC. Also, cyclothymic temperament significantly predicted CC independently of depression (either ICD-10-diagnosed or depressive symptoms), age, gender and smoking in hypertensive outpatients.

Even though, the study presents some limitations (cross-sectional nature hinders drawing a causal relationship, the relatively small sample size and low proportion of CC restrict generalizability), the findings shed light on the possible role of affective temperaments in cardiovascular morbidity and carry the advantage of exploring trait-like characteristics which precede and also determine the type of depression affecting the clinical outcome. Further research in the field would enrich the preventative options in clinical medicine in the future.
