

Editorial

Integrating Mental Health Into Cardiovascular Care: Insight From the 2025 European Society of Cardiology Clinical Consensus Statement

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1. Introduction

Clinical cardiovascular practice has usually emphasized by physiological and structural determinants of disease, often undervaluing the significant impact of mental health. The 2025 European Society of Cardiology (ESC) clinical consensus statement on mental health and cardiovascular disease (CVD), which identifies the multidirectional relationship between mental and cardiovascular health, is a significant change toward integrated care between mental illnesses and cardiovascular disorders. This consensus document highlights the importance of increased systematic screening, multidisciplinary collaboration, and organised change to address the substantial burden of comorbid mental health conditions in practice with CVD. This editorial examines the key themes of the ESC statement, contrasts them with conventional cardiovascular paradigms, and explores implications for hospital-based practice [1].

2. The Bidirectional Relationship Between Mental Health and Cardiovascular Diseases

A fundamental principle of the ESC consensus is that mental health and CVD interact in a multidirectional and reinforcing manner. While mental health conditions significantly increase cardiovascular risk, positive mental health states are associated with better cardiovascular outcomes. Conversely, acute and chronic cardiovascular conditions can provoke psychological distress, contributing to a negative impact on quality of life, poor medication adherence, and a worse clinical outlook. This cyclical relationship emphasises the necessity of considering cardiovascular diseases as a component of a broader biopsychosocial framework rather than only as a medical phenomenon [2].

3. Psychological Risk Factors and Cardiovascular Diseases

The ESC document emphasises that psychological stressors-including social isolation, financial strain, work-related stress, and adverse life experiences-are independent risk factors for cardiovascular diseases, with effect sizes comparable to traditional risk factors. Depression and anxiety are particularly significant, with evidence demonstrat-

ing increased incidence of coronary artery disease, heart failure, arrhythmias, and mortality. PTSD further contributes to cardiovascular risk through autonomic dysregulation, inflammation, and adverse health behaviours. In practice, clinicians should routinely assess psychosocial risk factors during cardiovascular consultations, recognising their impact on both disease development and disease progression [3].

4. Mental Health in Patients With Established Cardiovascular Diseases

Mental health conditions are vulnerable risk factors for atherosclerotic cardiovascular disease (ASCVD) and substantially increase cardiovascular mortality. The prevalence of depression, anxiety and post-traumatic stress disorders among patients with CVD are the 18%, 28.9%–32.9% and 25%–50% [4,5,6,7,8,9]. It increases the odds of ASCVD in multidirectional ways, such as self-neglect, poor adherence to medications and unhealthy lifestyles. It also affects the caregiver in a different way by increasing psychological strains and emotional burden. Therefore, ESC advises referring the caregivers to the relevant services to support their health and social needs. Particularly, health-care professionals must be aware of these associations, especially during their routine cardiovascular consultations, and proactively inform, counsel or refer individuals to the appropriate team, such as the Psycho-Cardio team.

5. Screening and Management of Mental Health Conditions and Cardiovascular Diseases

Despite the definite associations between mental health conditions and CVD, lack of systematic and appropriate screening is one of the key determinants of poor management. Screening for mental health conditions should be done regularly for both in and out patient settings by using the validated tools such as Patient Health Questionnaire (PHQ)-2, Generalised Anxiety Disorder (GAD)-2, for implementing person centred care. It is recommended by the ESC consensus that cardiovascular services should be implemented by involving the Psycho-Cardio team based on their local population, context and resources [10,11].



6. The Psycho-Cardio Team and Organisational Changes

The 2025 ESC consensus introduces a multidisciplinary team named the Psycho-Cardio team, consisting with cardiovascular specialists, mental health professionals, nurses and other allied professionals, the primary care team and social workers for integrated care. They launch a practical approach called Acknowledge, Check, Tools, Implement, Venture and Evaluate (ACTIVE) framework to transform routine clinical cardiovascular care towards a more person-centred approach to improve cardiovascular (CV) care. Though it seems a remarkable step for improved CV care, in reality, we need structural changes in the institutions, workforce development, service integration, and investment in mental health resources within the heart centre [12].

7. Barriers and Gaps in Evidence

Although there are strong associations among mental health, CV health and CVD, there are several barriers too. Additionally, there are gaps in robust evidence, such as large randomised clinical trials. There is also insufficient awareness and limited appreciation among the healthcare professionals, a lack of systematic and appropriate screening, stigma associated with mental health conditions, limited awareness of the family and caregivers, little guidance on how to improve the care and limited evidence and ongoing research. The ESC acknowledges that CV care professionals need collaboration with mental health professionals in order to ensure optimal care and outcomes [13].

8. Future Directions

The holistic care of mental health disorders and cardiovascular diseases will evolve significantly in the next few years. We expect to have more large randomised controlled trials (RCTs) for a better understanding of different associations of mental and cardiovascular health for different age groups, biological sex, frailty, multimorbidity, cancer, deprived and migrant populations. There might be more validated tools for screening, robust guidelines based on RCTs, artificial intelligence and personalised care. These innovations will guide us to a shared decision-making for a true patient-centred care [14].

9. Conclusion

The 2025 ESC consensus considered a stepped care approach for mental health conditions based on the negative impact on lifestyles, quality of life, prognosis and costs. It emphasises the importance of clear communication, education and both physical and mental support by the healthcare professionals for better clinical outcomes. Psychological interventions (such as psychoeducation, cognitive behavioural therapy, mindfulness-based techniques, support groups), digital health (mobile health solutions, internet-

based interventions), social prescribing and adjunct pharmacology reduce the CV mortality significantly. It also strongly recommends pharmacotherapy for severe symptoms of depression, anxiety and PTSD, as well as cardiac rehabilitation to improve mental health after any major CV events. Incorporating this perspective into routine practice is crucial for delivering patient-centred care.

Key Points

- Mental health conditions and cardiovascular diseases have multidirectional relationships.
- Psychological stressors (work stress, impaired social relations, socioeconomic stress, social isolation) are the risk factors for hypertension, coronary disease, cerebrovascular disease, arrhythmia, and even sudden cardiac death.
- Mental health conditions and cardiovascular diseases have a vice versa relationship for negative prognostic outcomes.
- Future research and innovations will guide evidence-based treatment and improve the existing strategies from a consensus opinion to a guideline-based approach; there will be more integration of different subspecialties for holistic care.

Availability of Data and Materials

Not applicable.

Author Contributions

KA: Conceptualisation, data curation, formal analysis, project administration, writing original draft, supervision. EMA: Conceptualisation, writing-review and editing, resources, supervision. HN: Conceptualisation, writing-review and editing, resources, software. All authors contributed to the important editorial changes in the manuscript. All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

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Conflicts of Interest

The authors declare no conflicts of interest.

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