



FORUM EUROPÉEN, CŒUR, EXERCICE & PRÉVENTION



Les Recommandations ESC 2025

Santé mentale et Maladies cardiovasculaires

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FORUM EUROPÉEN, CŒUR, EXERCICE & PRÉVENTION



Pas de conflit d'intérêt pour cette présentation

Pourquoi un consensus ?



ESC

European Society
of Cardiology

European Heart Journal (2025) 00, 1–70
<https://doi.org/10.1093/eurheartj/ehaf191>

ESC GUIDELINES

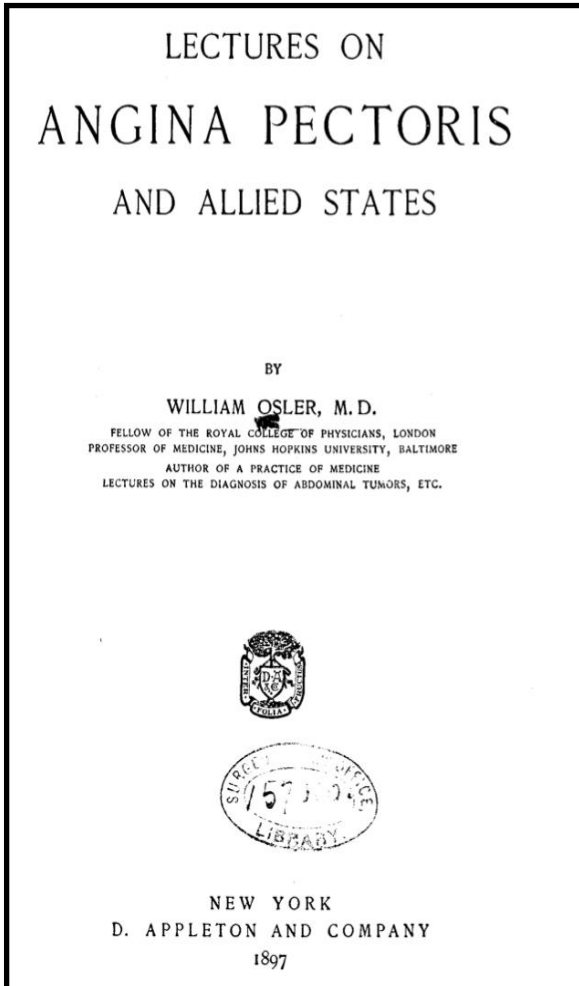
2025 ESC Clinical Consensus Statement on mental health and cardiovascular disease: developed under the auspices of the ESC Clinical Practice Guidelines Committee

**Developed by the task force on mental health and cardiovascular
disease of the European Society of Cardiology (ESC)**

**Endorsed by the European Federation of Psychologists' Associations
AISBL (EFPA), the European Psychiatric Association (EPA), and the
International Society of Behavioral Medicine (ISBM)**



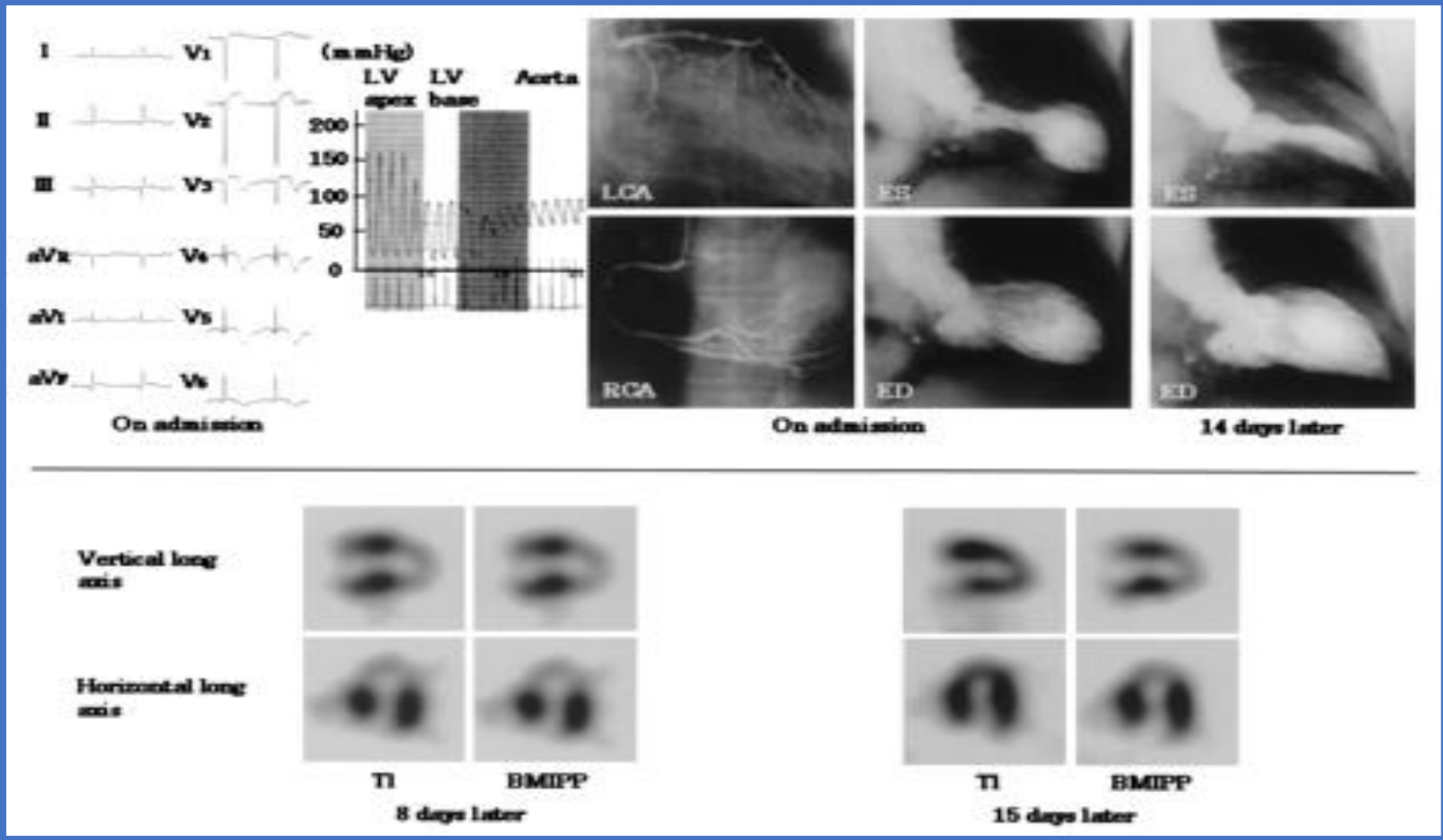
Une vieille histoire



« Exercer un métier à haute responsabilité augmente le risque de maladie cardiaque »

Sir William OSLER.1907

Le TAKO-TSUBO



INTERHEART

Risk of AMI associated with Risk Factors in the Overall Population

Risk factor	% Cont	% Cases	OR (99% CI) adj for age, sex, smok	OR (99% CI) adj for all
ApoB/ApoA-1 (5 v 1)	20.0	33.5	3.87 (3.39, 4.42)	3.25 (2.81, 3.76)
Current smoking	26.8	45.2	2.95 (2.72, 3.20)	2.87 (2.58, 3.19)
Diabetes	7.5	18.4	3.08 (2.77, 3.42)	2.37 (2.07, 2.71)
Hypertension	21.9	39.0	2.48 (2.30, 2.68)	1.91 (1.74, 2.10)
Abdo Obesity (3 v 1)	33.3	46.3	2.22 (2.03, 2.42)	1.62 (1.45, 1.80)
Psychosocial Stress	-	-	2.51 (2.15, 2.93)	2.67 (2.21, 3.22)
Veg & fruits daily	42.4	35.8	0.70 (0.64, 0.77)	0.70 (0.62, 0.79)
Exercise	19.3	14.3	0.72 (0.65, 0.79)	0.86 (0.76, 0.97)
Alcohol Intake	24.5	24.0	0.79 (0.73, 0.86)	0.91 (0.82, 1.02)
All combined	-	-	129.2 (90.2, 185.0)	129.2(90.2, 185.0)
All combined (extremes)			333.7 (230.2, 483.9)	333.7 (230.2, 483.9)

**ESC**European Society
of Cardiology

European Heart Journal (2021) 42, 3227–3337

doi:10.1093/eurheartj/ehab484

ESC GUIDELINES

2021 ESC Guidelines on cardiovascular disease prevention in clinical practice

Developed by the Task Force for cardiovascular disease prevention in clinical practice with representatives of the European Society of Cardiology and 12 medical societies

With the special contribution of the European Association of Preventive Cardiology (EAPC)

3.3.1. Psychosocial factors

Psychosocial stress is associated, in a dose-response pattern, with the development and progression of ASCVD, independently of conventional risk factors and sex. Psychosocial stress includes stress symptoms (i.e. symptoms of mental disorders), as well as stressors such as loneliness and critical life events. The RRs of psychosocial stress are commonly between 1.2 and 2.0^{108,109} (*Supplementary Table 4*). Conversely, indicators of mental health, such as optimism and a strong sense of purpose, are associated with lower risk.¹⁰⁹ Psychosocial stress has direct biological effects, but is also highly correlated with socioeconomic and behavioural risk factors (e.g. smoking, poor adherence).^{100,109–113} Although the associations of psychosocial stress with CV health are robust, only 'vital exhaustion' has been proven to improve risk reclassification.¹⁰¹ Owing to the importance of stress symptoms among ASCVD patients, several guidelines and scientific statements recommend screening of ASCVD patients for psychological stress.^{113–115} (*Box 2* and *Supplementary Table 5*). A recent prospective cohort study with a median follow-up of 8.4 years reported favourable effects of screening for depression on major ASCVD events.¹⁰²

3.3. Potential risk modifiers

Apart from the conventional CVD risk factors included in the risk charts, additional risk factors or types of individual information can also modify calculated risk. Assessment of a potential modifier may be considered if:

- It improves measures of risk prediction, such as discrimination or reclassification (e.g. by calculation of net reclassification index)
- Public health impact is clear (e.g. number needed to screen or net benefit)
- It is feasible in daily practice
- Information is not just available on how risk increases with an unfavourable result, but also on how risk decreases if the modifier shows a favourable result
- The literature on this potential modifier is not distorted by publication bias.

Guidelines
2012
2016
2021

La révolution du mois d'Aout 2025



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- **ESC 2025 Madrid**
- **Consensus d'experts**
- **Cardiologues**
- **Psychiatres**
- **Psychologues**
- **Patients**
- **70 pages**
- **687 références**
- **France peu représentée**

La révolution du mois d'Aout 2025



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4 Parties

- 1. Santé mentale en Amont**
- 2. Santé mentale en aval**
- 3. Psychiatrie et cardiologie**
- 4. Populations particulières**

Exclusion

- 1. Pathologies organiques**
- 2. Démence**

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Le constat actuel

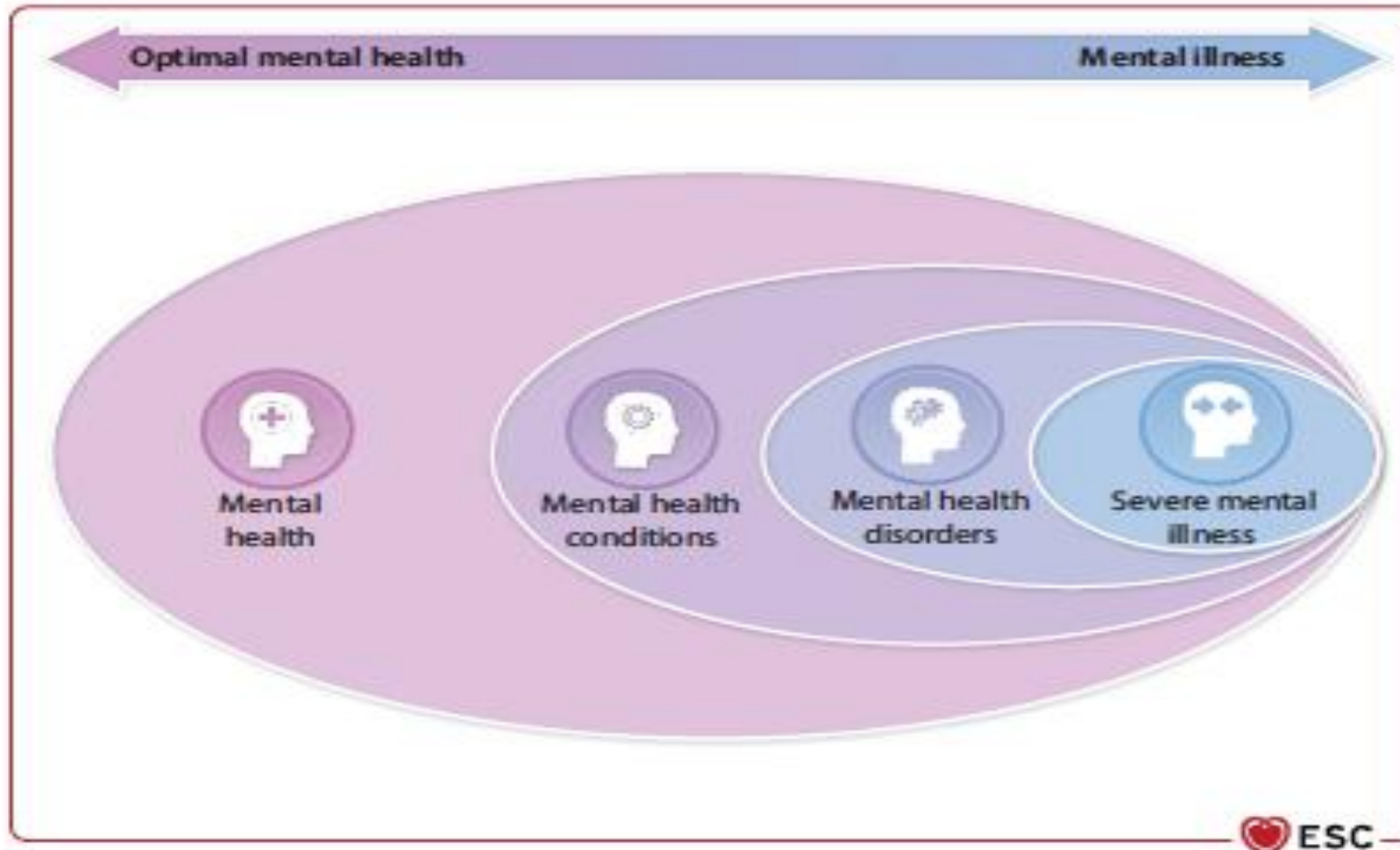
- **Sensibilisation insuffisante des professionnels de santé**
- **Stigmatisation de la maladie mentale**
- **Manque de dépistage et d'évaluation**
- **Manque de connaissances théoriques et pratiques des professionnels**
- **Manque de recherche sur les pistes pour améliorer cette problématique**
- **Manque de conseils pratiques pour améliorer les soins en santé mentale**
- **Manque de sensibilisation à l'entourage et aux soignants**

Les soins cardiovasculaires sont optimaux lorsqu'ils sont centrés sur la personne et visent à améliorer, non seulement la santé cardiovasculaire, mais aussi mentale en tant que composante majeure de la santé globale.

Cela doit Changer...

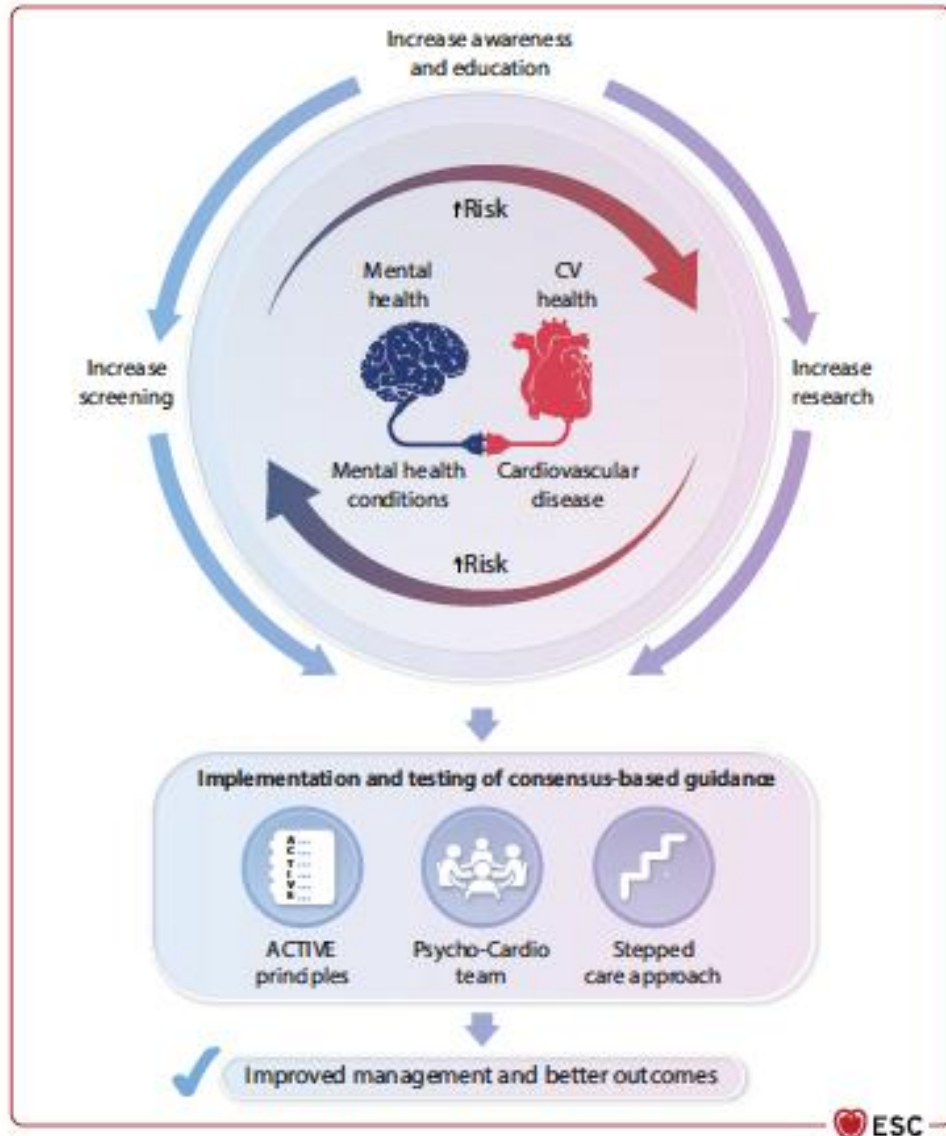
La pratique clinique cardiovasculaire néglige souvent l'impact de la santé mentale et l'importance de son inclusion dans les soins ; cela doit changer.

La santé Mentale



- **Bonne Santé mentale**
 - **Psychologie positive**
- **Stress**
- **Dépression**
- **Bipolarité, schizophrénie**

Principes généraux



- Interactions santé mentale et cardiologie
- Améliorer sensibilisation et éducation
- Améliorer la détection
- Améliorer la recherche

- Mise en œuvre du consensus
 - Equipe de Cardiopsychologie
 - Principes ACTIVE
 - Approche par étapes


- Amélioration de la prise en charge
- Amélioration des résultats


L'équipe de Psychocardiologie




- **Approche holistique**
- **Multidisciplinarité**
 - Soins primaires
 - Infirmier (e) s
 - Travailleurs sociaux
 - Psychiatres
 - Psychologues
 - Cardiologues
 - Autres professionnels


Le Principe ACTIVE


A  Acknowledge the links between mental and cardiovascular health and determinants, bias, disparities and stigma associated with mental health

C  Check for symptoms or mental health conditions at cardiovascular visits regularly and cardiovascular risk factors during mental care

T  Tools. Use validated tools to screen and diagnose mental health symptoms and conditions

I  Implement person-centred management using shared decision-making and stepped care approaches

V  Venture to change cardiovascular care by implementing the structural and functional changes needed to integrate mental health care within cardiovascular practice

E  Evaluate needs for educational support and changes in management and progress in cardiovascular and mental health outcomes

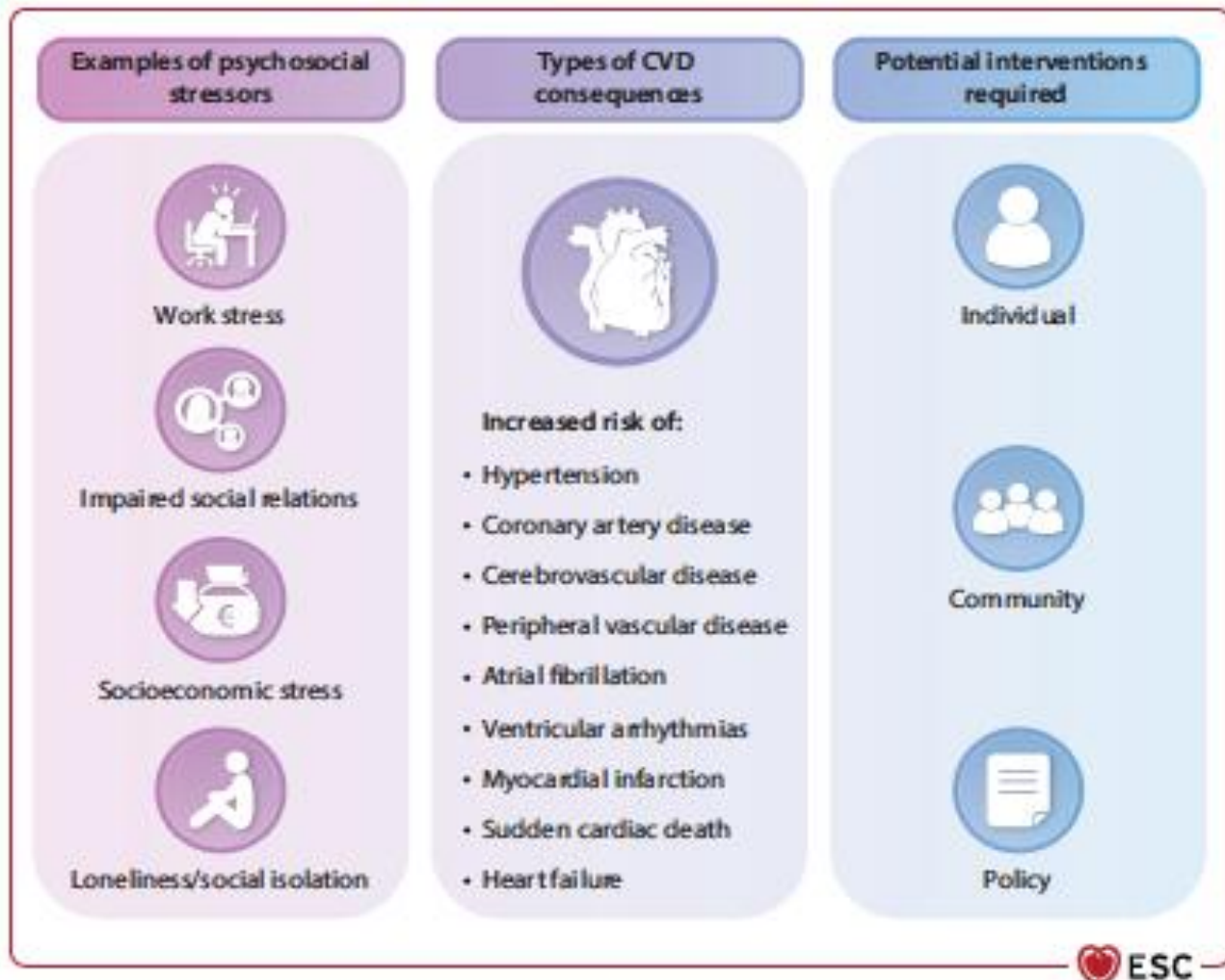
- Reconnaître l'importance du lien
- Rechercher systématiquement
- Utiliser les outils validés
- Mettre en œuvre les soins
- S'engager à convaincre
- Evaluer les soins actuels en pratique

1. Santé mentale et cardiologie

Stress psychosocial : niveau de preuve

- **Les données probantes, qui incluent de vastes cohortes populationnelles et des méta-analyses tenant compte des facteurs de risque somatiques concomitants, sont solides.**
- **Elles soulignent l'impact indépendant des facteurs de risque psychosociaux sur la prédiction de critères d'évaluation, notamment la mortalité toutes causes confondues et les événements cardiaques indésirables majeurs.**

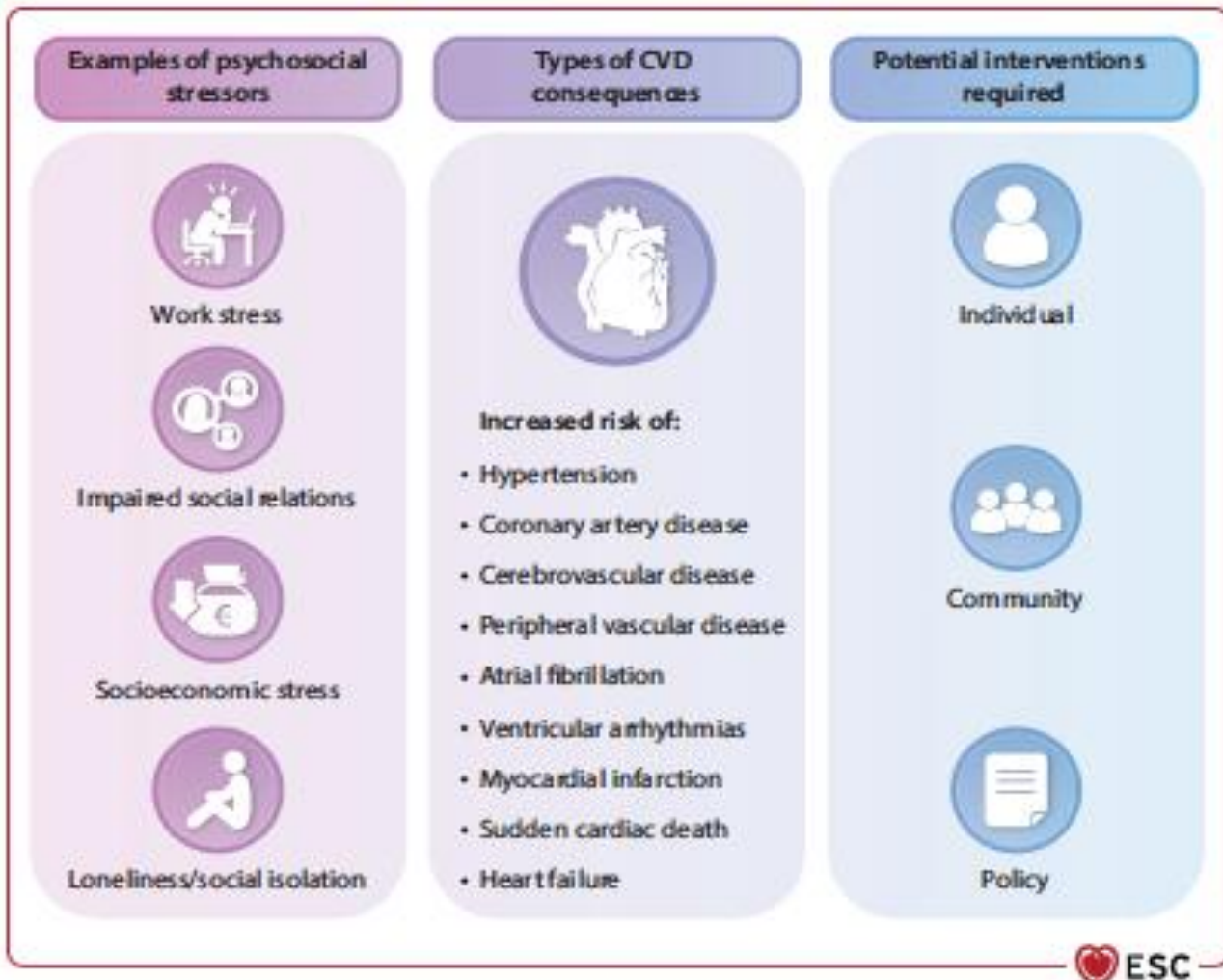
Quels facteurs de risque et quelle pathologie?



- **Le stress**
- **Le stress au travail**
- **Le chômage**
- **Le statut socioéconomique**
- **La discrimination perçue**
- **Violences infantiles**
- **Violence conjugale**
- **Solitude , isolement social**

- **La dépression**
- **L'anxiété**
- **Le syndrome de stress post traumatique**

Quels facteurs de risque et quelle pathologie?



- HTA
- Pathologie coronaire
- Infarctus
- AVC
- Pathologie artérielle
- Fibrillation atriale
- Arythmies ventriculaires
- Mort subite
- Insuffisance cardiaque

Résumé de cette première partie

- 1. Les indicateurs de santé mentale positive, tels que l'optimisme, le bonheur et une grande satisfaction dans la vie, sont associés à un risque CV plus faible.**
- 2. Les facteurs psychosociaux dangereux et les problèmes de santé mentale tels que la dépression, l'anxiété et le SSPT sont associés à un risque accru de développer une maladie cardiovasculaire.**
- 3. Les professionnels de santé ont la responsabilité**
 - De s'informer sur ce risque mental**
 - D'y être attentif en consultation**
 - D'informer, de conseiller , de diriger les patients à risque**
 - De plaider pour ce changement de paradigme**

La gestion du stress psychosocial et la promotion du bien-être mental devraient donc faire partie intégrante des soins de santé et de la prévention cardiovasculaire.

2. Cardiologie et santé mentale

- **Stress chronique**
- **Dépression et syndrome dépressifs**
- **Anxiété**
- **Syndrome de stress post traumatique**
- **Impact de la solitude, vie de couple**
- **Importance des Aidants**

3. Psychiatrie et Cardiologie

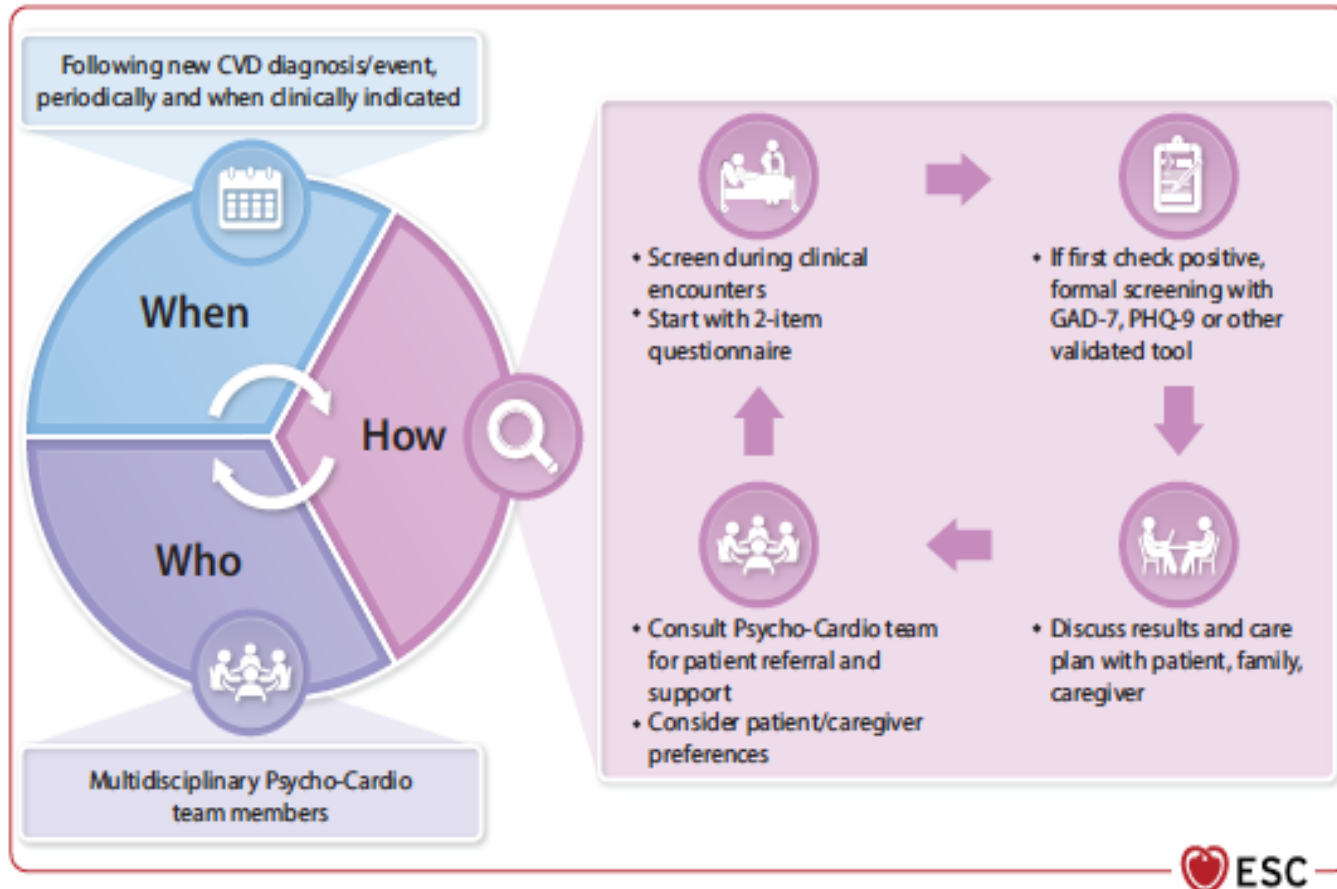
- **Morbimortalité cardiovasculaire majeure (Risque X3)**
- **Mode de vie**
- **Moindre prise en charge**
- **Effets secondaires des traitements psychiatriques**
 - **Rôle du cardiologue dans la surveillance ECG**
- **Prise en charge très complexe multidisciplinaire**

4. La santé mentale de populations spécifiques

- **Différences en santé mentale liées au sexe et au genre**
 - **Pathologie coronaire**
 - **Tako-tsubo**
 - **Troubles du rythme**
 - **Insuffisance cardiaque**
- **Santé mentale dans la population transgenre**
- **Pathologie liée au péripartum**
- **Santé mentale et cancer**
- **Santé mentale et vieillissement**
- **Santé mentale et fragilité (multimorbidité)**
- **Santé mentale et précarité**

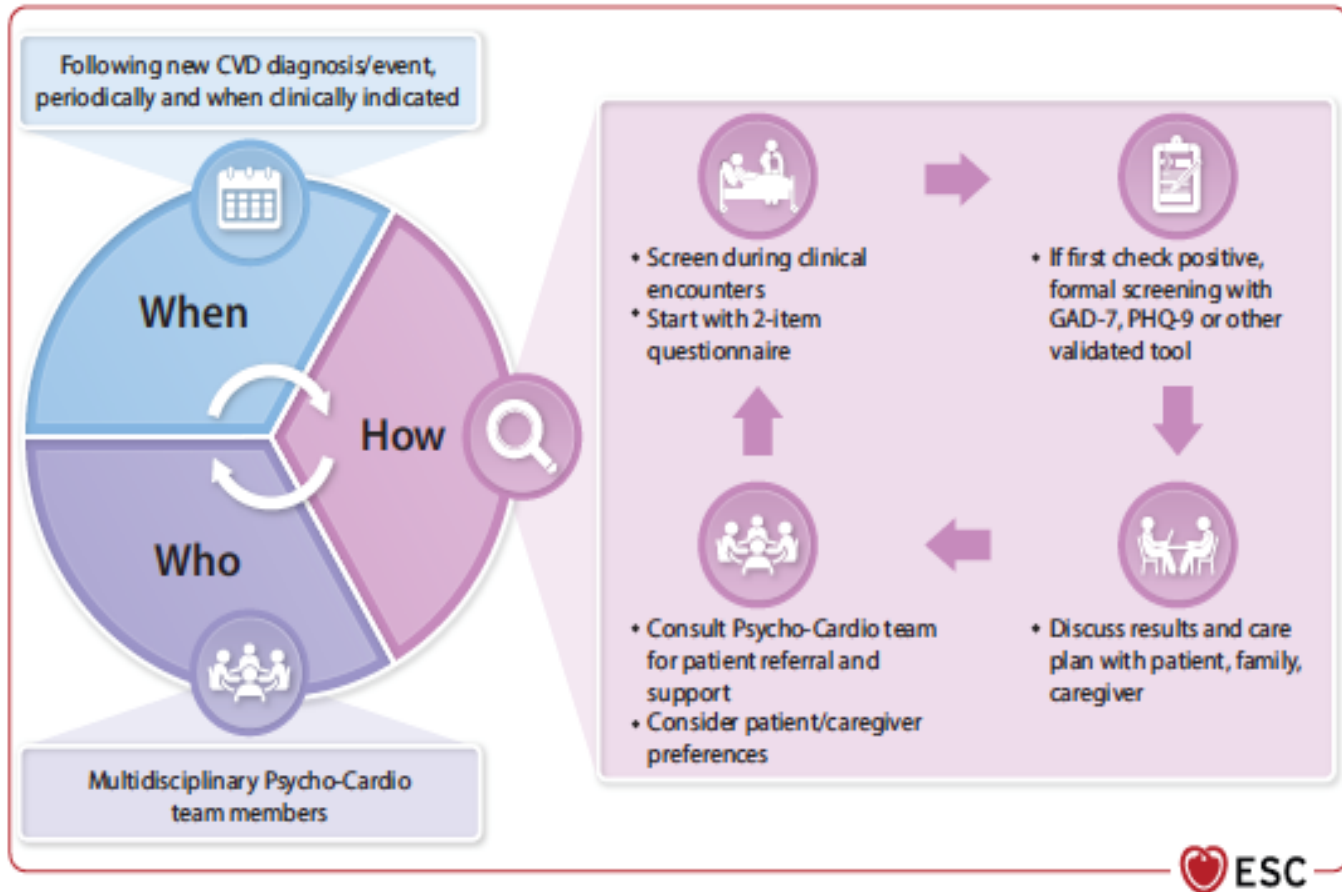
Que faire pour les patients.

Identifier et Evaluer



- **Outils simples**
- **Préciser dans un second temps**
- **Choisir des seuils bas**
- **Choisir des outils connus et fiables**

Identifier et Evaluer



Questionnaires 2 Items

Negatif

Positif

Anxiété: GAD 7

Depression : PHQ9

Identifier et Evaluer : Autres aspects

STRESS
PTSD
HOSTILITE
COLERE
PERSONALITE TYPE D
STATUT SOCIOECONOMIQUE
ISOLEMENT SOCIAL



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

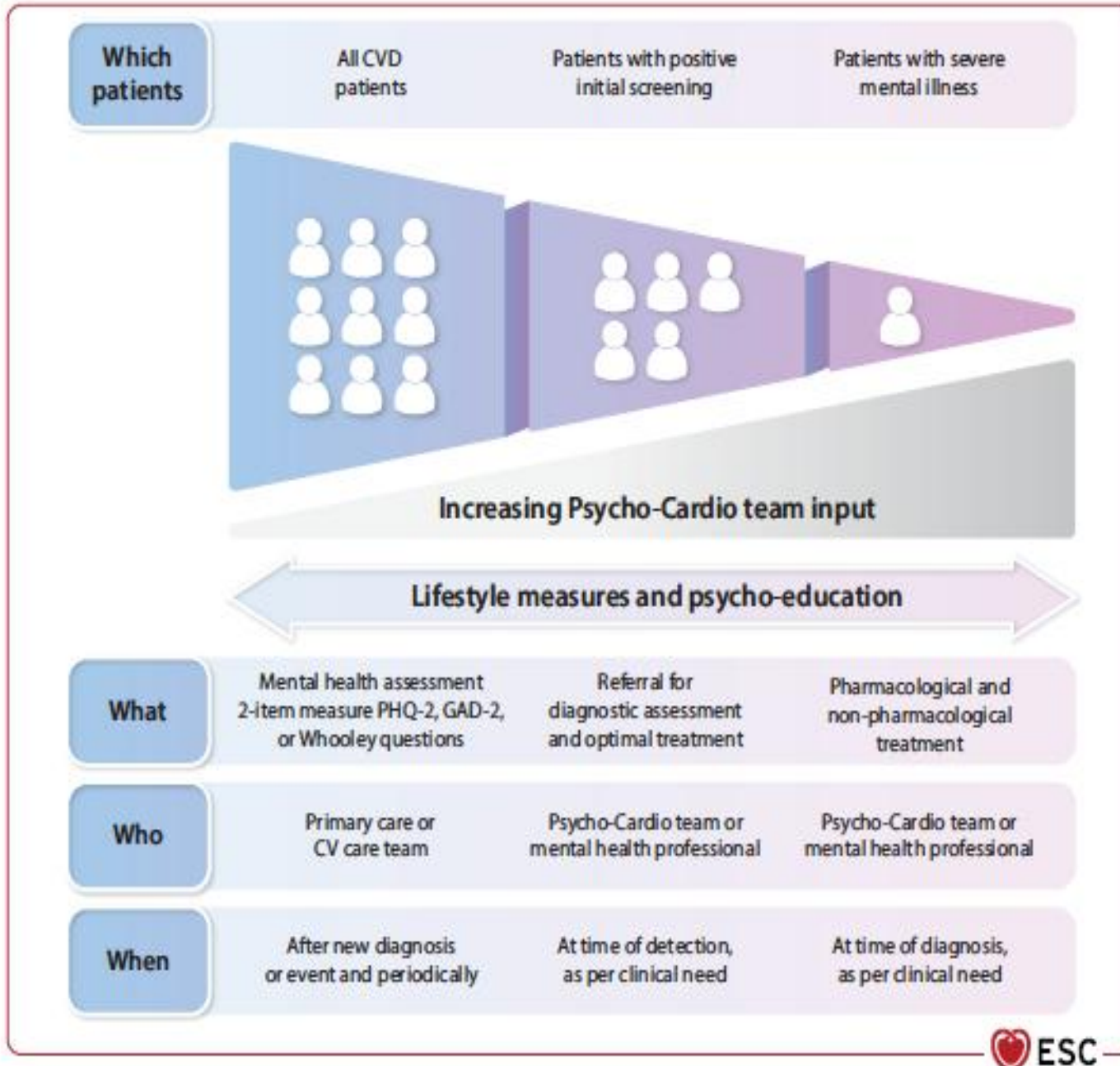
Low socio-economic status	<ul style="list-style-type: none"> • What is your highest educational degree? • Are you a manual worker?
Work and family stress	<ul style="list-style-type: none"> • Do you lack control over how to meet the demands at work? • Is your reward inappropriate for your effort? • Do you have serious problems with your spouse?
Social isolation	<ul style="list-style-type: none"> • Are you living alone? • Do you lack a close confidant? • Have you lost an important relative or friend over the last year?
Depression	<ul style="list-style-type: none"> • Do you feel down, depressed and hopeless? • Have you lost interest and pleasure in life?
Anxiety	<ul style="list-style-type: none"> • Do you suddenly feel fear or panic? • Are you frequently unable to stop or control worrying?
Hostility	<ul style="list-style-type: none"> • Do you frequently feel angry over little things? • Do you often feel annoyed about other people's habits?
Type D personality	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Have you been exposed to a traumatic event? • Do you suffer from nightmares or intrusive thoughts?
Other mental disorders	<ul style="list-style-type: none"> • Do you suffer from any other mental disorder?



Evaluation Précise

Le Questionnaire de
L'ESC 2012

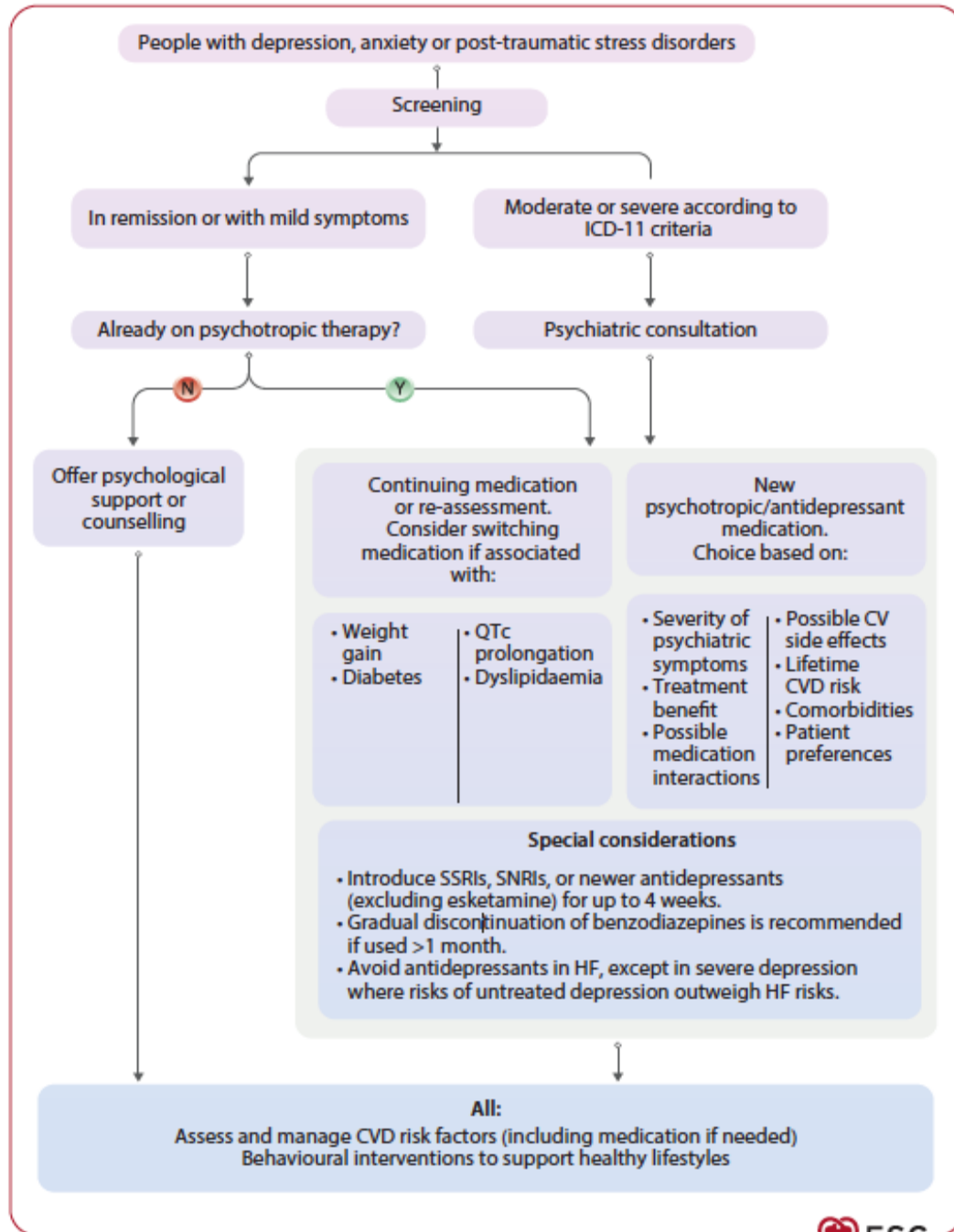
Prendre en charge



- Démarche step by step
- Prise en charge adaptée
- Rôle pilier de l'équipe psychocardio

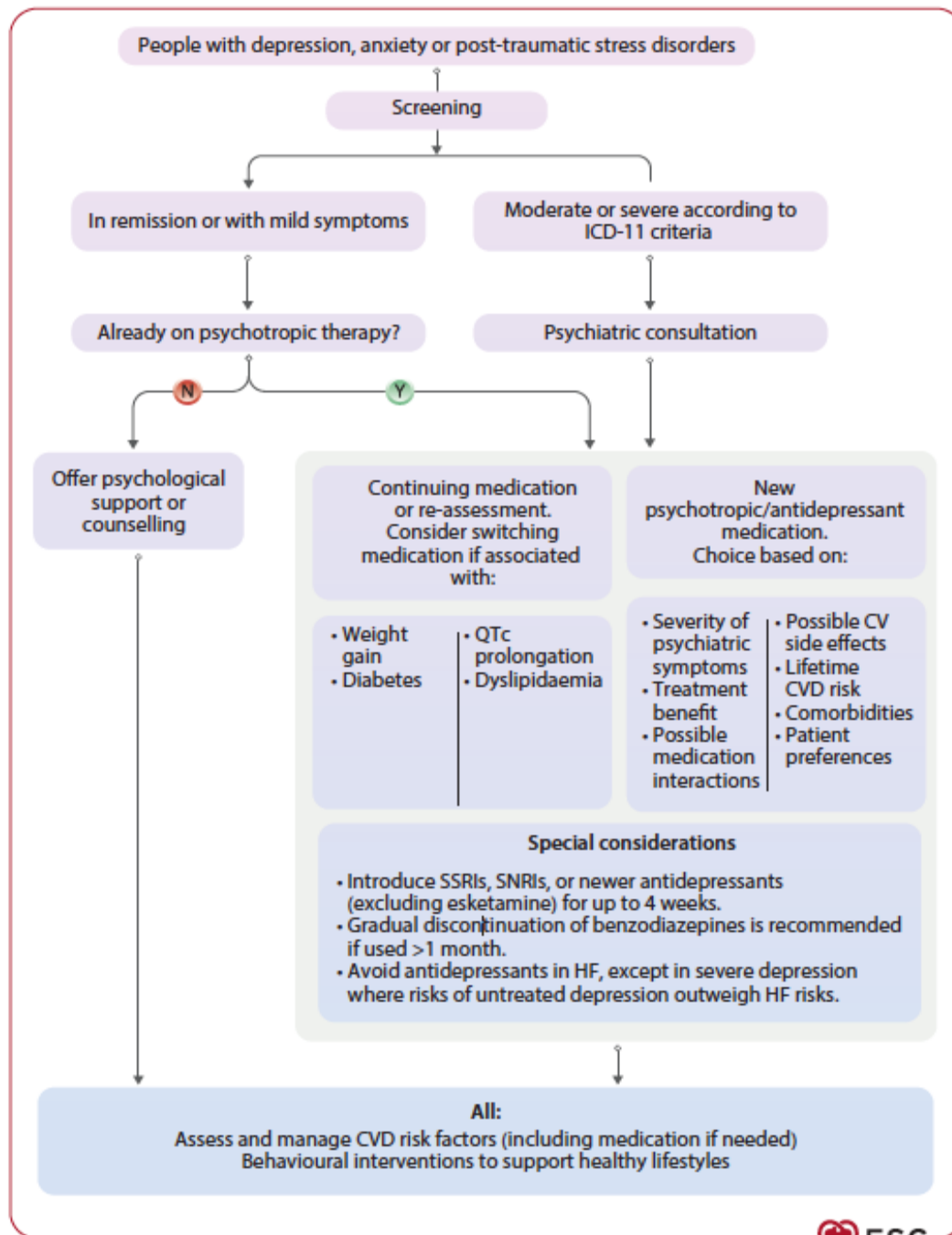
Prendre en charge

- Réadaptation cardiaque
- Outils numériques
- Entretien motivationnel



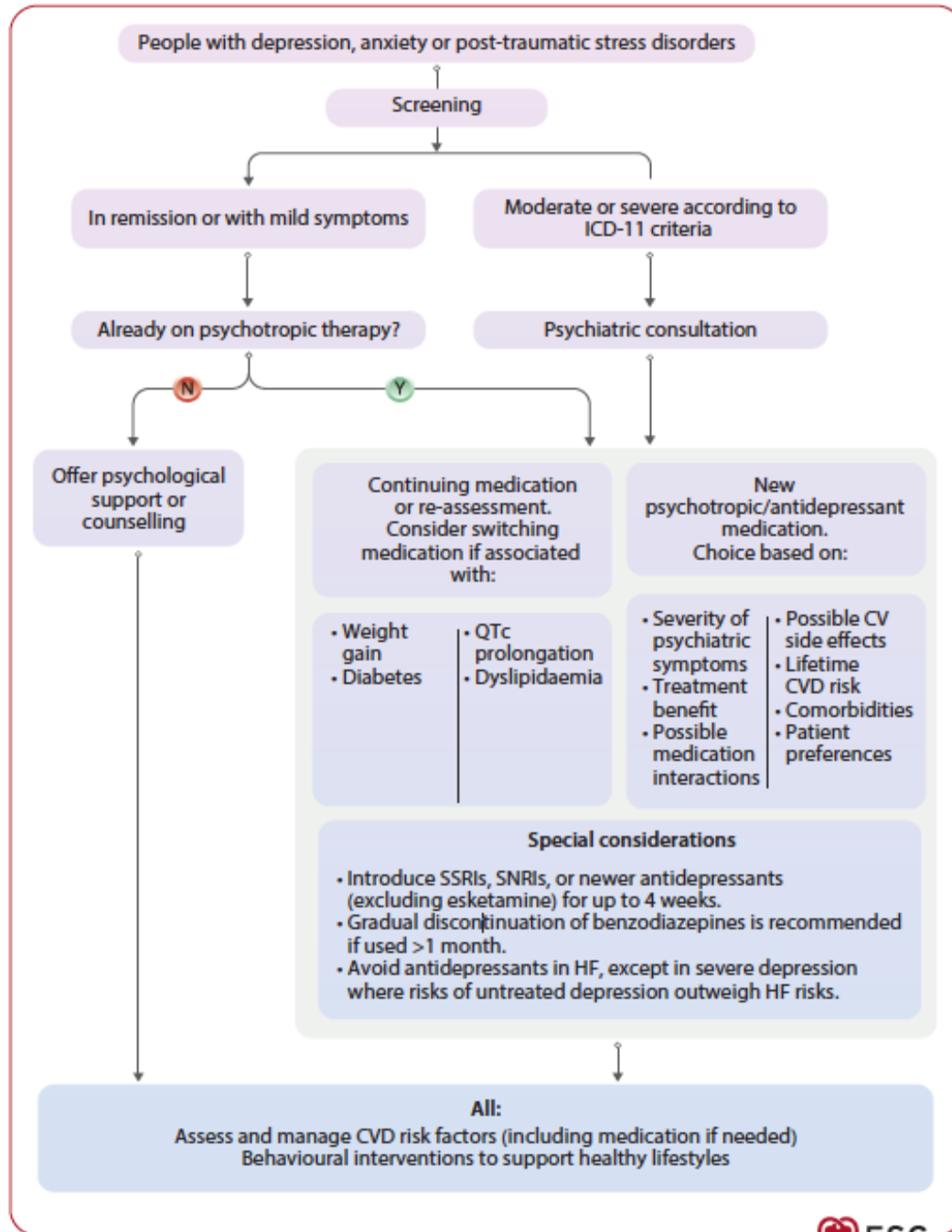
Prendre en charge

- Psychoéducation
- Prescription sociale (lien social)
- Interventions psychologiques
 - TCC
 - EMDR
 - Gestion du stress
 - méditation
- Interventions sur le mode vie
 - Activité physique
 - Modifications nutrition
 - Arrêt du tabac
 - Gestion du sommeil

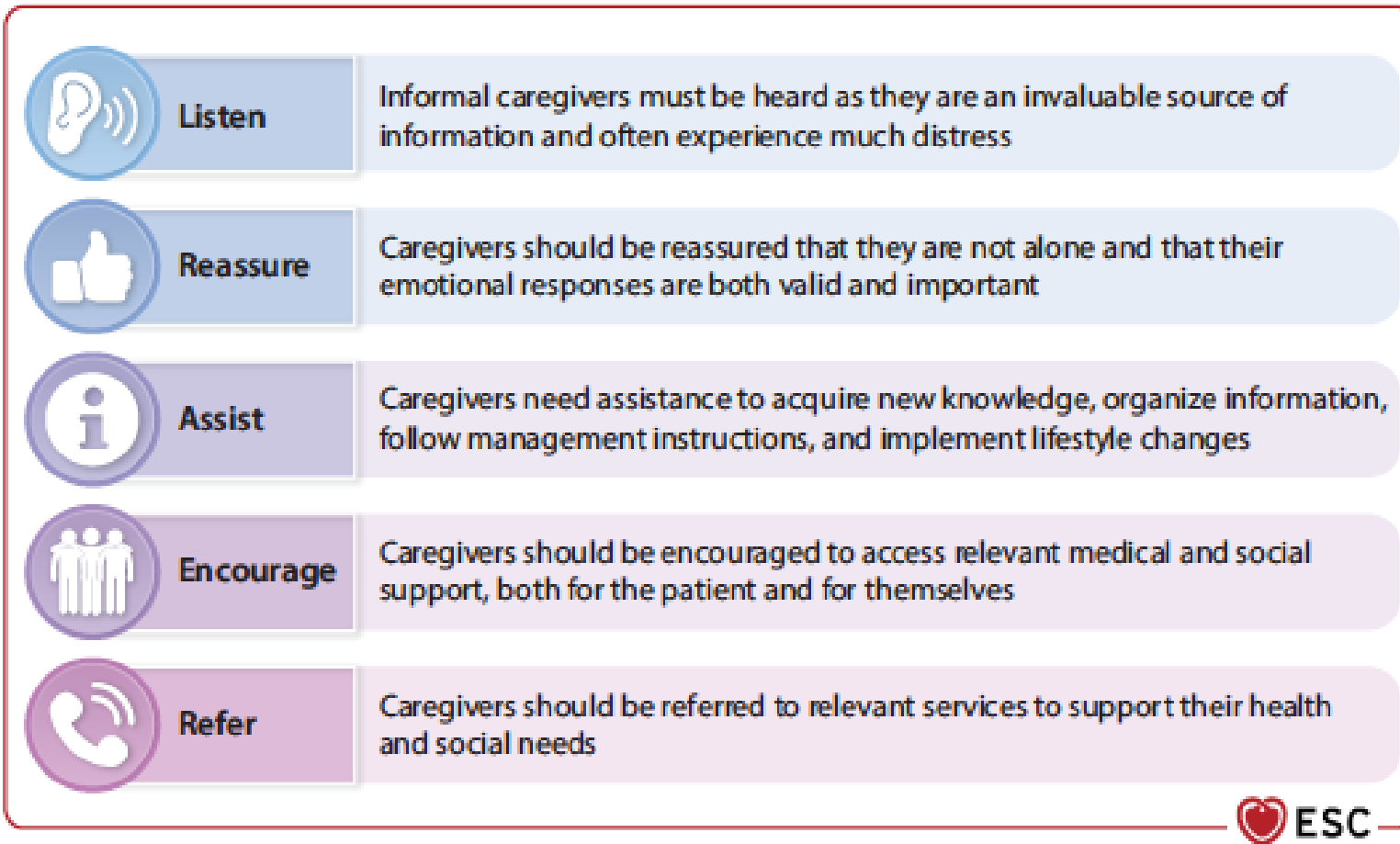


Prendre en charge

- **Prise en charge médicamenteuse**
 - **Adaptée à la pathologie**
 - **Couplée à la psychothérapie**
 - **Supervisée par un spécialiste**
 - **Sélectionner avec soin les indications**
 - **Attention aux benzodiazépines**
 - **Uniquement dépression sévère**
 - **Attention aux effets secondaires**
 - **Surveillance ECG (QT)**



Que faire pour les aidants.



- **Ecouter**
- **Rassurer**
- **Assister**
- **Encourager**
- **Référer**

Figure 6 Suggestions for supporting informal caregivers of people living with cardiovascular disease.

Les lacunes de la psychocardiologie

- **La relation entre santé mentale et cardiologie est parfaitement connue et prouvée**
- **Lacunes restantes**
 - **Prévention et dépistage**
 - **Gestion clinique**
 - **Populations particulières**
 - **Système de santé et prestation de soins**
 - **Nécessité de travaux de recherche**

Take Home Message

Texte fondateur
Télécharger
lire
Transmettre
Appliquer



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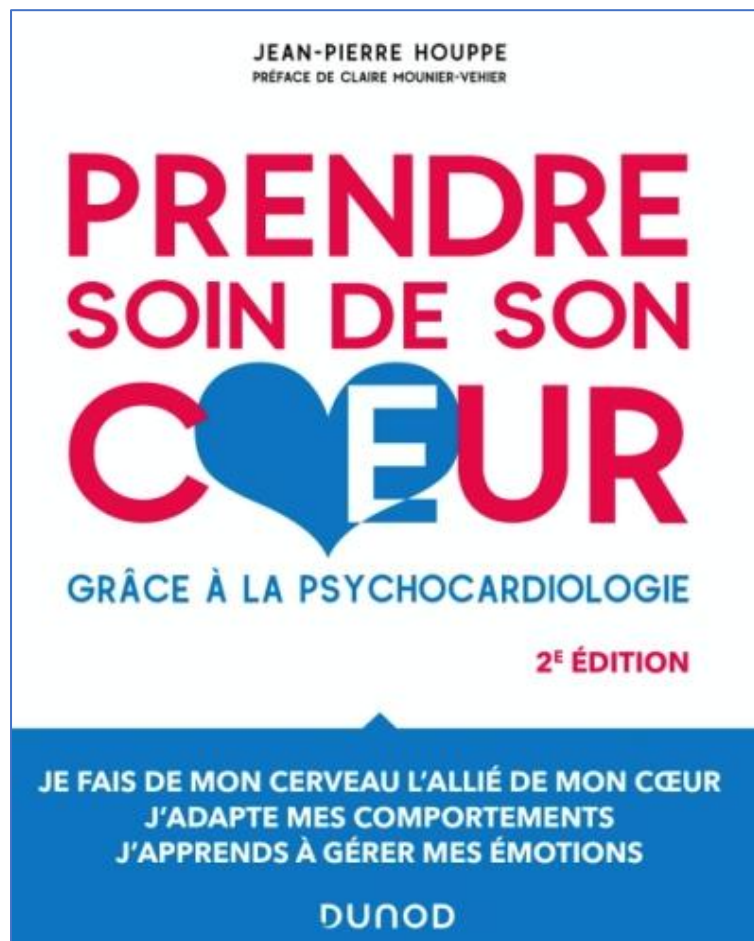
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Un support pour vous et vos patients



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Merci de votre attention

