SUMMARY

Within the general population myocardial infarction is preceded during the previous year or so by moderately high levels of "depression" unrelated to angina and other physical discomforts. During the year or so following infarction survivors show high levels of dysphoria and social withdrawal. The relevance to the infarction of these expressed states of mind is briefly discussed.

INTRODUCTION

There has long been a clinical view in British medicine, expressed by such eminent physicians as William Harvey and Osler, that stressful emotions can precipitate myocardial infarction. Recent systematic studies of possible relevant backgrounds have mainly focussed either on 'personality' or else on 'life events'. The USA literature in both these fields has recently been well, if somewhat poetically reviewed by Eglash (1980), whilst Rosenman (1979), Marmot (1980) and Davies (1981) have succinctly summarized the evidence linking Type A behaviour and ischaemic heart disease.

The older concept of 'stress', though nebulous, at least implied a recognition that the essential feature was more likely to be an interaction between 'personality' and 'life events' and that this must be an essential ingredient for measurement, difficult though

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this is. Engel (1967) focussed on the importance of the experience of 'helplessness' and 'hopelessness' and of profound disappointment as important seedbeds of myocardial infarction. Such overt and covert psychobiological states may influence such things as tobacco smoking, food consumption, general activity and, perhaps, immune and neuroendocrine systems as part of their direct and indirect impact on the cardiovascular system. They may also, of course, have some important intrinsic biological characteristics as affective stances in respect of this morbidity. Parkes (1969) in his article 'Death from a broken heart' reported a significant increase in incidence of fatal myocardial infarction in recently bereaved elderly widowers. His data suggest that this mortality has been 'brought forward' by the 'stress' of the loss in a significant number of persons. It is evident that in certain ways we are often programmed for myocardial infarction over many years beforehand. Such programming probably owes a lot to genetic and early physical influences both related and unrelated to social factors. The psychosomatic and socio-cultural elements are themselves probably complex. To what extent do they influence this early programming; to what extent do they influence the timing of the infarction and to what extent do they influence prognosis?

The investigation reported here focussed experimentally within the general population on a small element of this equation, namely aspects of personality and emotional status at a point during the year or so preceding myocardial infarction, and at another point a year or so following the infarction in those who survived the event.

METHOD

The population studied overall comprised men and women aged 40–65 years living in south west London and registered with a group general practice. They were selected together with spouses as alternate elements on the general practice list. Seventy-two per cent of them agreed to co-operate in the study which involved extensive screening, firstly in 1969, again in 1971 and then again in 1973, when they were finally screened together with the other half of the population. Over this five-year period there was approximately a 25 per cent loss from the cohort due to geographical mobility (20%) and death (5%). The physical aspects of the screening have been described in detail elsewhere (Holland et al. 1977 and D'Souza 1979).

All subjects except those with names beginning with A, B and some with C also completed the CCEI on each occasion. This is a standardized self-rating inventory of 48 questions allowing scores 0–16 on six scales respectively measuring free floating anxiety, phobic anxiety, obsessionality and obsessional neurosis, functional somatic complaint, depression and hysteria (extraversion). As such it measures both traits and symptoms. The psychological profiles thus generated on the first of these occasions have been reported