Editorial Comment

Hypertension and psychosocial factors: which came first, the egg or the chicken?

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In this issue of the Journal of Geriatric Cardiology, the article of Yu, et al1 presents an intriguing issue in the field of hypertension treatment and pathophysiology. On one hand, it appears quite logical that social and psychological stresses may lead to a hypertensive status which increase all those physiological neuro-hormonal responses to stress, on the other hand, however, it seems similarly intuitive that poor social status and low familial support decrease the chance that patients are compliant with assigned therapy. It appears more difficult to understand where one begins and the other finishes or, in other words, which is the first phenomenon to start; the old Italian, probably worldwide-question “which came first: the egg or the chicken?” is very hard to answer. In his article, Yu and colleagues studied a small cohort of patients with hypertension and tried to discriminate the therapeutic response on the basis of psychosocial factors. The patients were white-collar professionals with probably a quite good economic status, which in itself is a positive social factor. They did not have any disease other than hypertension, which is another positive “anti-stress” factor. Despite these limitations, patients with lower response to therapy are those with higher stressful, anxiety, and depressive scores.

This very stimulating study poses a number of questions that remain without answers. Firstly, if anti-hypertensive drugs are less effective among patients with a quite good social status such as retired patients who presumably worked for a lifetime in an office, how can we have hope to effectively treat patients of lower social status? Indeed, it is likely that patients with poor economic status, divorced or single, or with other diseases have even higher stressful, depressive, and anxiety scores. Secondly, how we can assess the effectiveness of anti-hypertensive drugs tested in any trials if we do not usually consider psycho-social factors? Indeed, it is likely that a mixed population with different stress, anxiety, and depressive scores responds differently to assigned treatment; in the future, trials should consider this aspect. Thirdly, we probably have to start thinking of addressing not only hypertension but also anxiety and depression as part of a single entity; as a matter of fact nowadays, we cannot answer yet if the egg came first or the chicken.

References