

REVIEW TOPIC OF THE WEEK

Positive Cardiovascular Health

A Timely Convergence



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ABSTRACT

Two concepts, *positive health* and *cardiovascular health*, have emerged recently from the respective fields of positive psychology and preventive cardiology. These parallel constructs are converging to foster *positive cardiovascular health* and a growing collaboration between psychologists and cardiovascular scientists to achieve significant improvements in both individual and population cardiovascular health. We explore these 2 concepts and note close similarities in the measures that define them, the health states that they aim to produce, and their intended long-term clinical and public health outcomes. We especially examine subjective health assets, such as optimism, that are a core focus of positive psychology, but have largely been neglected in preventive cardiology. We identify research to date on positive cardiovascular health, discuss its strengths and limitations thus far, and outline directions for further engagement of cardiovascular scientists with colleagues in positive psychology to advance this new field. (J Am Coll Cardiol 2016;68:860-7)
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Two seminal concepts, *positive health* and *cardiovascular health* (CVH), have developed recently in parallel, and are converging to engender a new field of *positive cardiovascular health* (1,2). This report presents key features of both positive health and CVH, indicates points where interventions to improve psychological functioning may alter the life course of cardiovascular health and disease, highlights current evidence linking positive psychological factors to the risk of developing cardiovascular conditions, and outlines directions for further research in which cardiovascular scientists and positive psychologists can collaborate to advance this new field.

Positive psychology arose from the field of psychology and was launched with the millennial issue

of *American Psychologist* in 2000 (Figure 1), following a critical assessment of the preceding half-century of psychology that concluded, “The exclusive focus on pathology that has dominated so much of our discipline results in a model of the human being lacking the positive features that make life worth living” (3). Positive psychology sought to “see a science and profession that will come to understand and build the factors that allow individuals, communities, and societies to flourish.” By 2005, research on positive psychology was active and growing, exploring such concepts as optimism, purpose in life, positive emotions, and psychological well-being (4). In 2008, Seligman (1) noted that, similar to psychological research, epidemiological and biomedical research had also focused predominantly on deficits, disease,



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and disability. He proposed extending the concept of positive *psychology* to a more general one of positive *health*.

CVH is a logical outgrowth of preventive cardiology, with its ultimate origin in cardiology (Figure 1), and is central to the 2020 Strategic Impact Goal of the American Heart Association, published in 2010: “By 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%” (2). Adoption of this new focus on CVH, beyond that on cardiovascular disease (CVD) alone, has been called a “quiet revolution.” It promises to have a positive effect on health care, health policy, and health economics by promoting and preserving high levels of CVH from childhood to middle age and beyond (5). Published data demonstrating associations between CVH and subsequent cardiovascular and other health outcomes is substantial, and has expanded greatly, especially since 2010 (6-13).

To explore what positive health might mean in practical terms, Seligman (1) proposed the cardiovascular domain as the initial focus, in view of the prevalence of cardiovascular conditions and their importance for clinical practice, health policy, and health care costs. The present authors undertook this exploration and found that the lines of development of CVH and positive health are converging into a new scientific field focusing on positive CVH. Positive CVH will provide a new perspective on how to achieve the goals of promoting, preserving, and restoring CVH at individual and population levels and reducing the population health burden of CVD-related disability, deaths, social disparities, and costs.

DEVELOPMENTAL PARALLELS AND CONVERGENCE

Comparison of conceptual models of positive health and CVH reveals both close similarities and notable differences (Figure 2).

In Figure 2, positive health is defined in terms of the following 3 categories of attributes or assets: biological (i.e., superior physiological functioning), functional (i.e., capacity to perform one’s role), and subjective (i.e., positive psychological feelings) (1). Examples are maximal oxygen uptake, ability to carry out work and family roles effectively, and optimism, respectively. Favorable status for each attribute represents a high degree of physical health, functional capacity, or psychological health; favorable status across multiple attributes jointly constitutes positive health (ongoing research is assessing separate vs. joint effects of these attributes). Positive health, itself

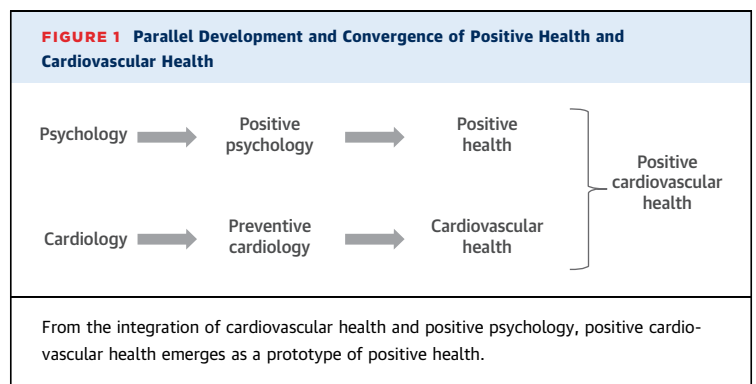
a desirable outcome, is associated with greater longevity, better quality of life (QoL), more favorable prognosis in acute illness, improved mental health, and relative savings in health care expenditures.

In the lower panel of Figure 2, CVH is defined in terms of 7 specific metrics, corresponding to 2 of the 3 categories of attributes for positive health: biological and behavioral (used here as equivalent to functional, as discussed earlier) (2). The biological metrics are 3 CVH factors (blood pressure, blood levels of total cholesterol, and fasting plasma glucose). The functional ones are 4 CVH behaviors (smoking, physical activity, diet, and body mass index). An individual’s status for each metric is graded as ideal, intermediate, or poor, in accordance with explicit criteria, and is graded separately for children (<20 years of age) and adults. Rating each metric as at an ideal, intermediate, or poor level (2, 1, or 0 points, respectively) yields a composite CVH score ranging from 14 (most favorable) to 0 (poorest). Ideal CVH metrics and overall score (i.e., a score of 2 on most metrics) have consistently been found to be associated with greater longevity, increased CVD-free survival, compression of morbidity, improved health-related QoL, lower incidence of acute cardiovascular events, preservation of cognitive function, and relative savings in health care costs (6-13).

Close parallels between CVH and positive health are readily apparent. As a prototype for positive health, CVH encompasses the biological and behavioral/functional attributes of positive health via the health behaviors and health factors that are its defining metrics. The conceptual similarities between CVH and positive health, and the urgent need to reduce the high cost and substantial burden of cardiovascular conditions in terms of impaired quality and lost years of life, suggest the value and promise of synthesizing these concepts to create a new model of positive CVH.

ABBREVIATIONS AND ACRONYMS

- CVD** = cardiovascular disease
- CVH** = cardiovascular health
- PPWB** = positive psychological well-being
- QoL** = quality of life



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