

# 2025 Essential Messages from ESC Consensus

Clinical Practice  
Guidelines Committee

Clinical Consensus Statement  
**Mental Health and  
Cardiovascular Disease**

# Essential Messages

## 2025 ESC Clinical Consensus Statement on mental health and cardiovascular disease

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).

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Associations: Association of Cardiovascular Nursing & Allied Professions (ACNAP), Association for Acute CardioVascular Care (ACVC), European Association of Preventive Cardiology (EAPC), European Heart Rhythm Association (EHRA), Heart Failure Association (HFA).

Councils: Council for Cardiology Practice, Council of Cardio-Oncology.

Working Groups: Cardiovascular Pharmacotherapy..

Patient Forum



# ESSENTIAL MESSAGES FROM THE 2025 ESC CLINICAL CONSENSUS STATEMENT ON MENTAL HEALTH AND CARDIOVASCULAR DISEASE

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# Key messages

- The interplay between mental and CV health should be known and acknowledged in order to provide a holistic and integrated care.
- Healthcare professionals should aspire to implement an integrated Psycho-Cardio team approach that is tailored to the local needs.
- The ACTIVE principles (Acknowledge, Check, Tools, Implement, Venture, Evaluate) can be used as a practical approach to implement integrated mental healthcare into CV practice.
- Screening for mental health conditions (mainly anxiety, depression, and PTSD) and psychosocial risk factors could help improve CV risk assessment in healthy individuals.
- Screening for mental health conditions in people with CVD is important since these are highly prevalent and associated with worse outcomes.
- Initial screening may be performed with a two-item measure, followed by longer validated tools if it raises mental health concerns.
- A stepped care approach for mental health in CVD is advisable: intensity of mental care should be tailored to individual need.
- There is low to moderate certainty evidence that psychological interventions have an effect on depression, anxiety, and QoL in people with CVD. The evidence is weaker or non-existent for a reduction in MACE and mortality.
- Pharmacological treatment with anxiolytics or antidepressants in people with CVD and mental health conditions should be balanced against risks, considering drug-drug interactions and side effects.
- Caregivers of people with CVD, who play a key role in well-being and treatment adherence, often face mental health challenges themselves, highlighting the need for strategies to assess and support their mental health.
- People with SMI have a worse CV outcome. Efforts should be made to reduce stigma and provide optimal Guideline-directed CV care, with special attention to treatment adherence and clinically relevant drug-drug interactions.
- Specific characteristics (sex, gender, age, frailty, SES, comorbidities, co-medications) should be carefully assessed as they are modifiers of the interaction between CVD and mental health and may merit individualized approaches.

# Gaps in knowledge

There are substantial gaps in the knowledge of the multidirectional relationship between mental health, CV health, and CVD, and its mechanisms. Further, optimal strategies to identify, prevent, and manage mental health conditions in people with CVD are lacking. These gaps not only include finding effective interventions to prevent and manage mental health conditions and ways to implement them, but also ways to change the system to provide integrative healthcare including mental and physical health. A summary of the main gaps across the broad domains covered in this document are outlined below.

## **Knowledge gaps in relation to prevention and screening**

- There is a lack of evidence-based, cost-effective, and tailored interventions to improve psychosocial factors, mental health conditions, and mental well-being as preventive measures for CVD.
- Determination of optimal screening protocols, including timing, frequency, and methods, for mental health conditions in people with CVD, and how these might vary by condition have not been established.
- Screening-based treatment algorithms are not defined.
- Data on the cost-effectiveness of interventions to identify, prevent, or treat mental health conditions in people with CVD are lacking.

## **Knowledge gaps in relation to clinical management**

- Feasibility, effectiveness, and sustainability of long-term non-pharmacological interventions, such as physical activity, psychotherapy, and social prescribing need to be established.
- Evaluation of specific psychological interventions and their delivery methods, including digital health solutions, is needed.
- Effective behavioural strategies for achieving behaviour change and improving CV risk profiles among people with mental disorders, including SMI, need to be developed and tested.
- Understanding of the role of trauma-specific prevention or treatments for CVD-related PTSD is lacking.
- Research into the mental health impact of caregiving for people with CVD, prevention of its negative consequences, and integration of interventions into routine CV care is needed.

# Gaps in evidence

- Pharmacological research is needed to:
  - Demonstrate the safety and efficacy of antidepressants and anti-psychotics in people with HF and their effects on CV clinical outcomes.
  - Explore the role of pharmacogenomics in stratifying treatment to minimize CV adverse effects and enhance psychiatric treatment efficacy.
  - Investigate the efficacy of psychiatric drugs in cardio-oncology.

## **Knowledge gaps in relation to special populations**

- Cardiovascular risk scores for people with SMI need to be recalibrated.
- Randomized controlled trials of interventions for elderly people with comorbid CVD and mental health conditions are needed.
- The efficacy of multidisciplinary approaches in improving outcomes for people with multimorbidity requires further research.

## **Knowledge gaps in relation to healthcare systems and healthcare delivery**

- Development and testing of integrated or collaborative care models for people with coexisting CV and mental health conditions is needed.
- Care pathways to streamline the management of people with
- CVD and mental health conditions need to be developed and evaluated.
- Evaluation of community-level and policy interventions to address socioeconomic disparities impacting CV and mental health is essential.

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Post-publication corrections and updates are available at: [www.escardio.org/guidelines](http://www.escardio.org/guidelines)

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