

Stress and Coronary Heart Disease

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Cardiovascular diseases are known as the leading cause of death in industrialized nations and a significant etiologic factor for mortality in developed countries [1].

Stress in psychology is a factor for a person that is too much to bear. In fact, stress occurs when we cannot cope with small pressure. The level of Stress standing is different in everyone that is why stress can be a factor in some cases even it differs in men and women. Anything can be a small part of this pressure, such as money, work, school, etc. Stress can affect your behavior or the performance of the organs of your body and facial beauty [2].

In the studies on population (Before 70 years of age), women have a worse prognosis than men with Acute Myocardial Infarction (AMI), but the causes are poorly understood. Studies in men contribute that psychosocial factors are important determinants of cardiovascular health. Especially work stress has been associated with increased Coronary Heart Disease (CHD) incidence and poorer prognosis in men [3,4].

In the Female Coronary disease Study, situations like low socioeconomic position and work stress, increase CHD risk and the lack of social support and depression is going to worsen prognosis among women. The rate of the age based on the studies on community in all women patients with CHD; is about 30 to 65 years old [4].

Stress at work increases the risk of CHD but the mechanisms are unclear. It is going to affect it by direct and indirect ways. It effects directly by activating the neuroendocrine responses to stressors, or in an indirect way through unhealthy behaviors that increase the risk of CHD, such as smoking, lack of exercise, or excessive alcohol consumption. A bout neuroendocrine response, the repeated activation of the ANS is characterized by lowering heart rate variability, which is linked with work stress among men. It is important to examine cumulative exposures to show dose-response relations, which contribute a causal understanding of the association between work stress and CHD. Stronger associations between work stress and CHD risk in working-age populations would also increase the specificity of this association [5].

One of the most important disease that is caused by stress is the affection of it on cardiovascular disease. The mechanism of this disease is by affecting the endothelial function actually Increased oxidative stress has been linked to impaired endothelial function in atherosclerosis and it may have a role in the pathogenesis of cardiovascular events.

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This systemic expression and improvement of endothelial function suggests that a common mechanism may contribute to endothelial dysfunction in the coronary and peripheral circulation and also that the increased oxidative stress is linked to the significant proportion of endothelial dysfunction. Increased production of oxygen-derived free radicals like: superoxide anion has a connection with impaired endothelial vasomotor function in experimental models of atherosclerosis [6].

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