

Letters to the Editor/Cartas ao Editor

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Psychological assessment before heart transplantation: more hope to candidates in Brazil?

To the Editor,

I have read with great interest the paper by Cunha et al.^[1] which presents the results of a psychological assessment of candidates to heart transplantation. They evaluated 60 candidates to heart transplantation from 2004 to 2012, 73% with a stable partner. By using the SF-36 Health survey, the Beck Depression Inventory, and a personal interview, they observed that indices of quality of life were lower in women in comparison to men, specifically on functional capacity, vitality, emotional aspects, and general mental health. They concluded that patients with psychosocial vulnerability should receive psychological care. I agree.

Psychological evaluation is paramount in candidates to heart transplantation, inasmuch as pretransplant factors may be associated with adverse outcome in post-transplant patients. In fact, lower received social support, higher education, and lower conscientiousness detected on the waiting list are independent predictors of post-transplant adherence with medication, which is associated with acute rejection^[2]. Furthermore, the presence of psychiatric problems in the pretransplant period continues following heart transplantation^[3], including substance abuse^[4]. Moreover, previous suicide attempt, alcohol rehabilitation, and depression are associated with decreased survival^[3]. Therefore, unfavorable psychological profile, characterized by previous suicide attempt as well as substance abuse, may preclude candidates to undergo heart transplantation^[5].

It is, therefore, reassuring to see that patients reported by Cunha et al.^[1] do not fit, in general, in the unfavorable psychological profile, as outlined earlier, to the point to be excluded from the waiting list of heart transplantation. In addition, it is of utmost importance to perceive that the majority of them had a stable partner who will act as caregiver following the procedure. Thus, I believe that, by offering proper psycho-

logical support to vulnerable patients, mainly to women, we can perform heart transplantation successfully in patients with minor psychological disorders, as we did to patients with low socioeconomic profile^[6].

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