

Open Single Item of Perceived Risk Factors (OSIPRF) toward Cardiovascular Diseases Is an Appropriate Instrument for Evaluating Psychological Symptoms

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Psychological symptoms are considered as one of the aspects and consequences of cardiovascular diseases (CVDs), management of which can precipitate and facilitate the process of recovery. Evaluation of the psychological symptoms can increase awareness of treatment team regarding patients' mental health, which can be beneficial for designing treatment programs (1). However, time-consuming process of interviews and assessment by questionnaires lead to fatigue and lack of patient cooperation, which may be problematic for healthcare evaluators. Therefore, the use of brief and suitable alternatives is always recommended.

The use of practical and easy to implement instruments is constantly emphasized. A practical method for assessing patients' psychological status is examining causal beliefs and attitudes about the disease. The causal beliefs and perceived risk factors by patients, which are significantly related to the actual risk factors for CVDs (2), are not only related to psychological adjustment and mental health but also have an impact on patients' compliance with treatment

recommendations (3).

It seems that several risk factors are at play regarding the perceived risk factors for CVDs such as gender (4), age (5), and most importantly, patients' psychological status (3). Accordingly, evaluation of causal beliefs and perceived risk factors by patients could probably be a shortcut method for evaluation of patients' psychological health. In recent years, Saeidi and Komasi (5) proposed a question and investigated the perceived risk factors with an open single item: "What do you think is the main cause of your illness?". According to the authors, the perceived risk factors are recorded in five categories including biological (age, gender, and family history), environmental (dust, smoke, passive smoking, toxic substances, and effects of war), physiological (diabetes, hypertension, hyperlipidemia, and obesity), behavioral (lack of exercise, nutrition, physical work stress, cigarette smoking, and substance abuse), and psychological factors (stress, anxiety, mourning and depression, anger and rage, and spouse abuse) (5, 6). This

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instrument was designed in 2014 and has been employed in numerous studies (4).

The conducted studies using the open single item of perceived risk factors (OSIPRF) demonstrated that patients' causal beliefs regarding CVDs could be a suitable instrument for screening for psychological symptoms, particularly anxiety and depression. In this regard, the results of a study showed that patients with a perceived risk factor experience higher levels of depression and anxiety compared with patients without a perceived risk factor (7). Furthermore, two studies revealed that patients with a physiological and/or psychological perceived risk factor experience higher levels of depression and anxiety compared with those with other classes of risk factors (6, 8). Therefore, management of their psychological status seems to be imperative.

Overall, it seems that application of the OSIPRF rather than time-consuming screening instruments is more affordable in terms of time, patient cooperation, diagnosis, and provision of timely services to those with adverse psychological status. Thus, given the knowledge of patients' regarding their psychological status and its management at disease onset may be beneficial in the process of physical recovery and returning to work, use of this diagnostic method by health professionals in the field of CVDs is recommended.

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Conflict of interest

The authors declare no conflicts of interest.

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