

## JOURNÉE SCIENTIFIQUE DES COHORTES

Gazel



# Synergie des facteurs psychologiques et sociaux dans le risque cardiovasculaire

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Service de Psychiatrie de l'adulte et du sujet âgé  
HUPO / Inserm UMR 894 / Université Paris Descartes



Inserm

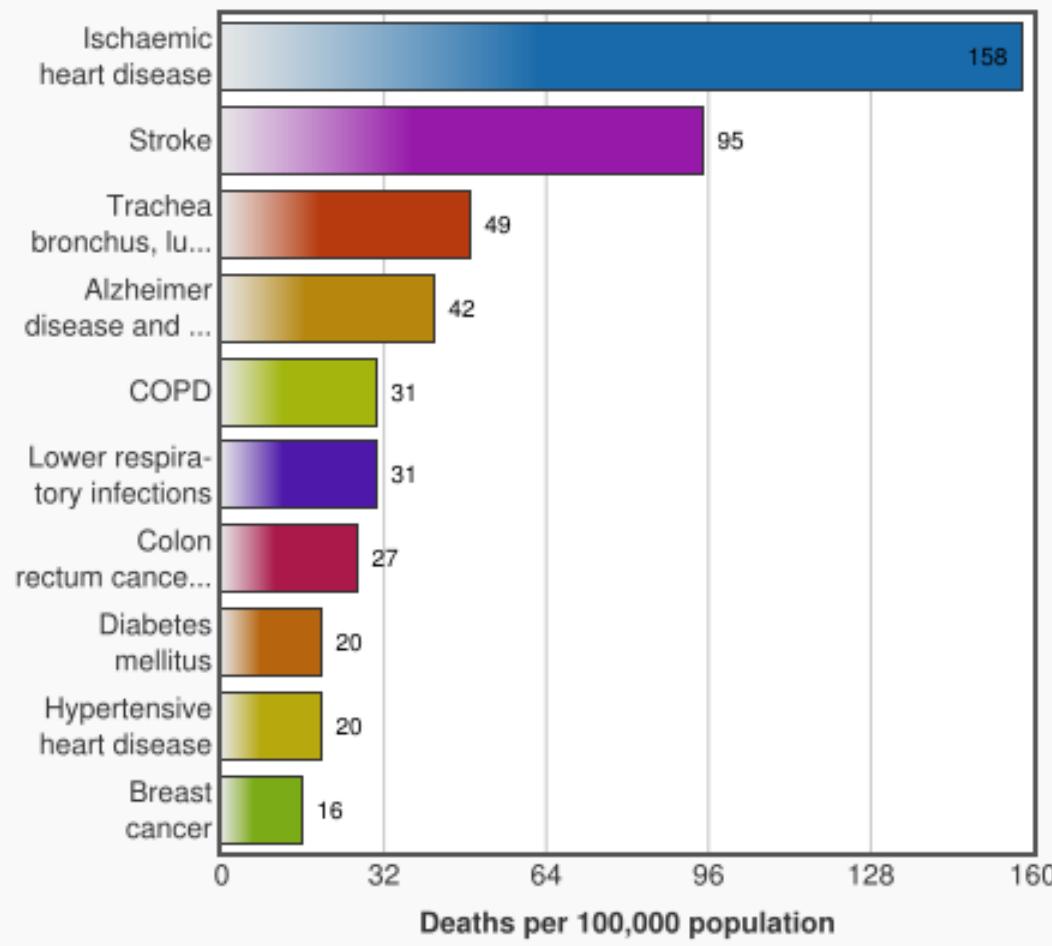
UNIVERSITÉ DE  
VERSAILLES  
SAINT-QUENTIN-EN-YVELINES



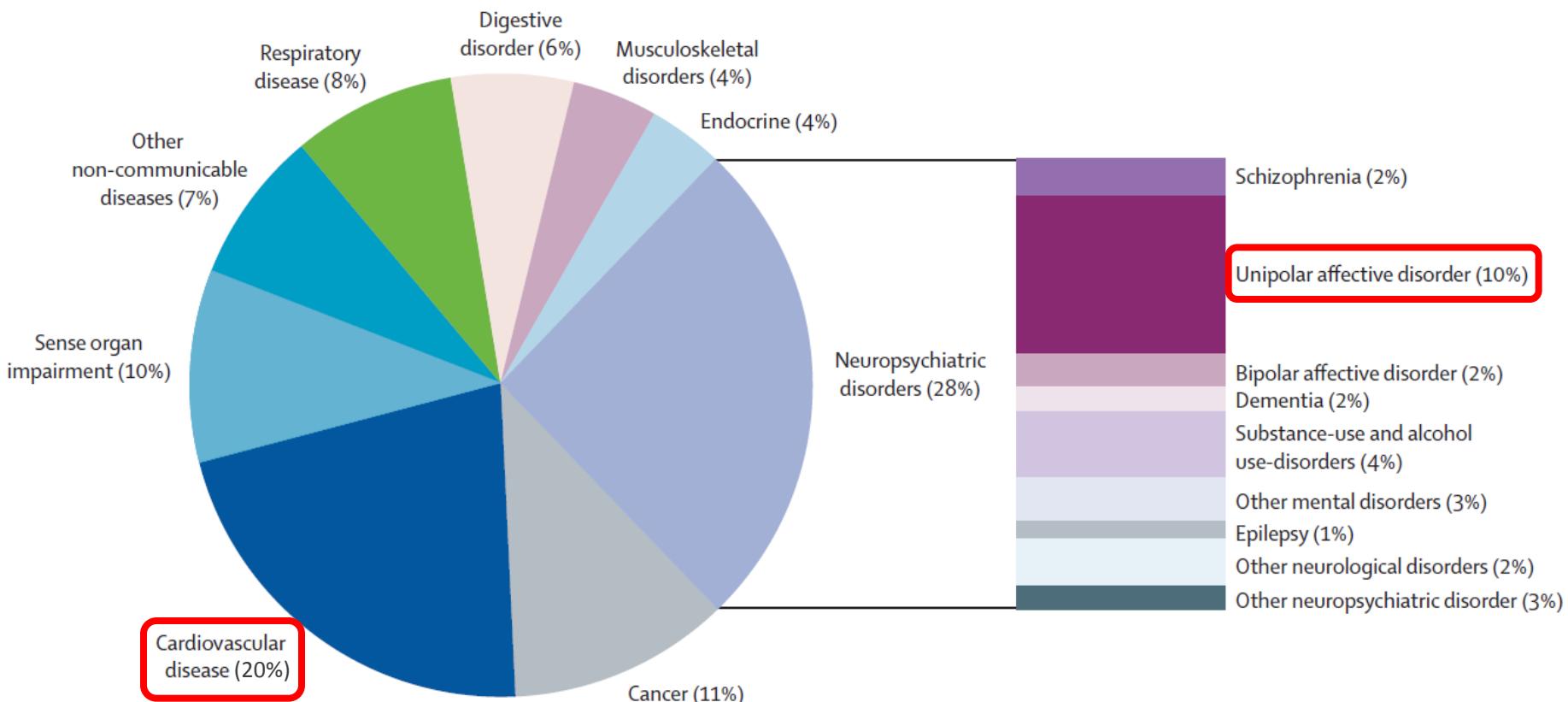
Université Sorbonne  
Paris Cité



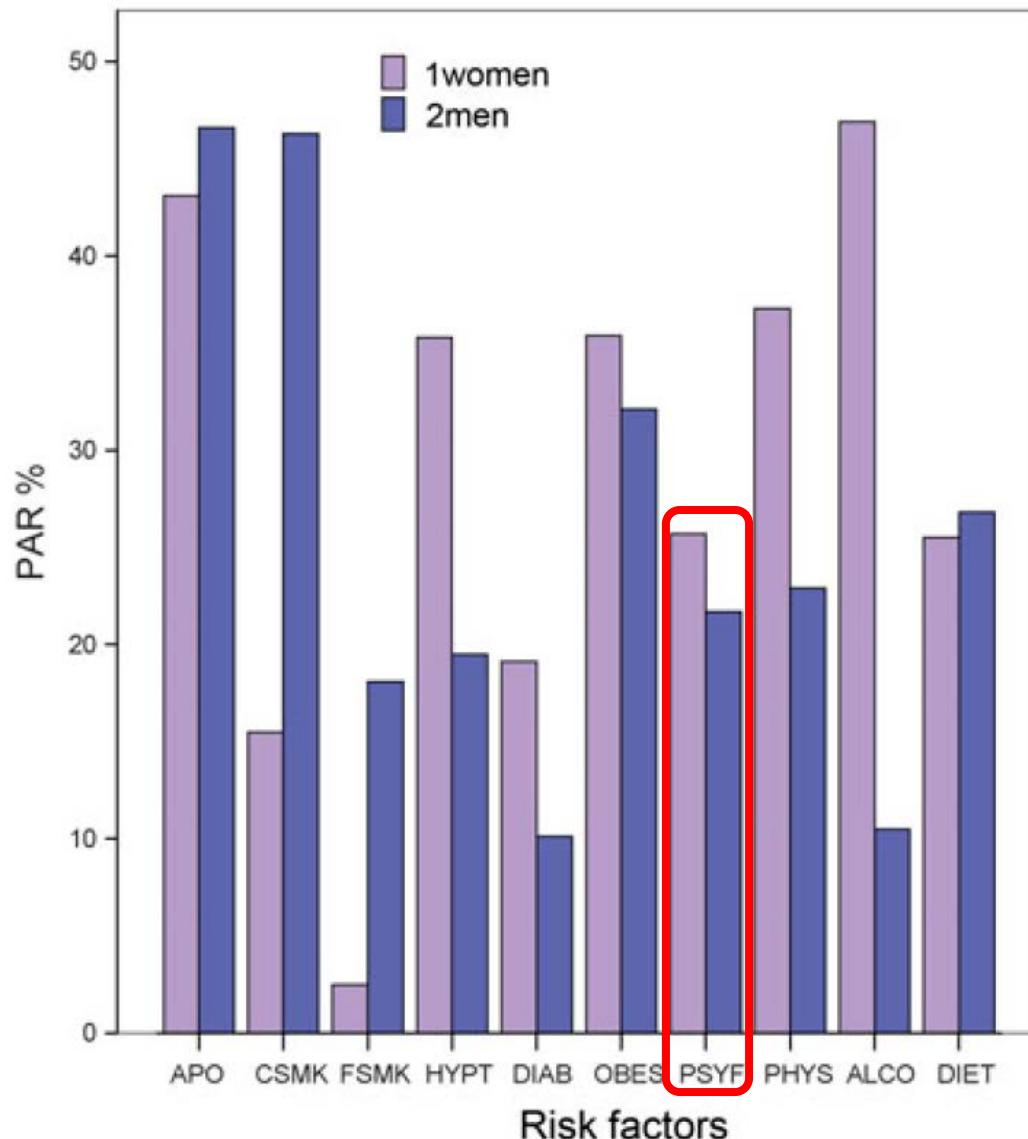
## Top 10 causes of death in high income countries 2012



# Maladies non transmissibles & années de « vie en bonne santé » perdues



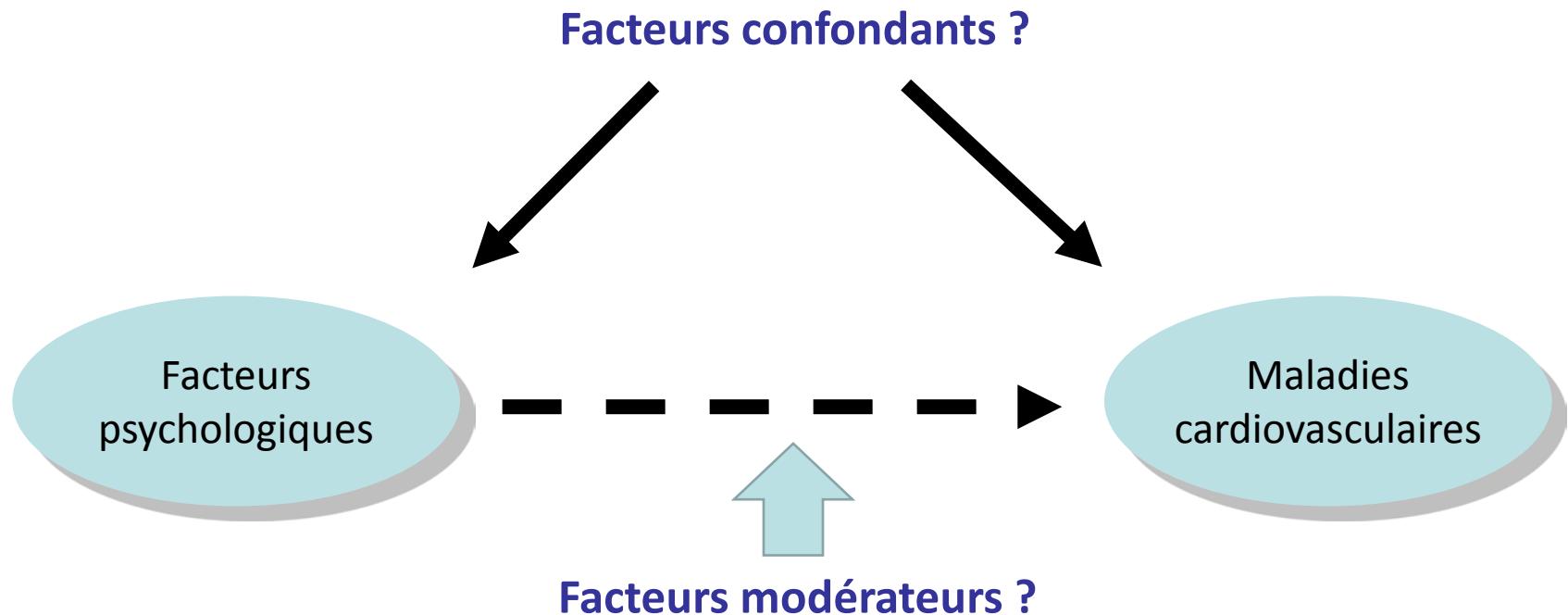
# The INTERHEART global case-control study: 27,098 participants from 52 countries



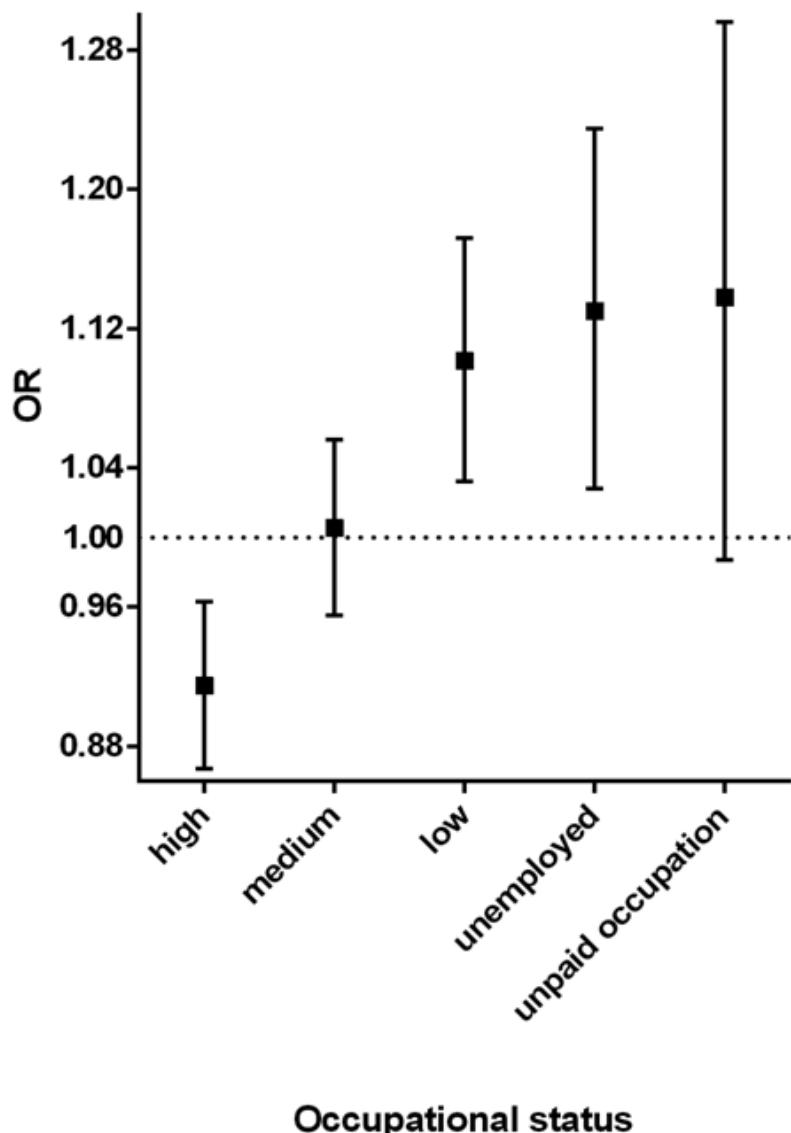
## Psychosocial risk factors in INTERHEART:

- *depression*
- *locus of control,*
- *global stress,*
- *financial stress,*
- *life events* including marital separation, job loss, family conflict

# Articulation des facteurs psychologiques et sociaux



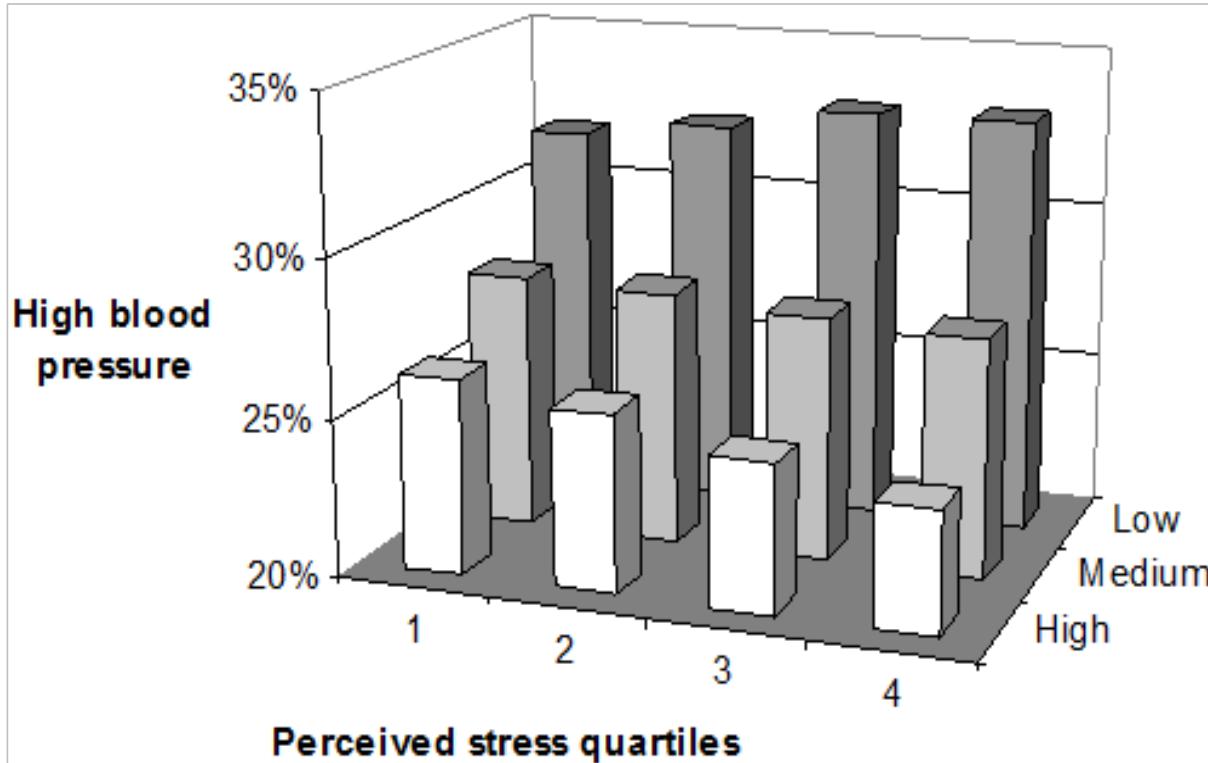
## IPC Cohort Study (N = 122 816)



### Adjusted for:

- Age
- Sex
- Living status
- Smoking status
- At-risk alcohol intake
- Physical activity
- Body Mass Index
- Family history of hypertension
- Resting heart rate
- Fasting glycemia
- Depression
- Perceived health status

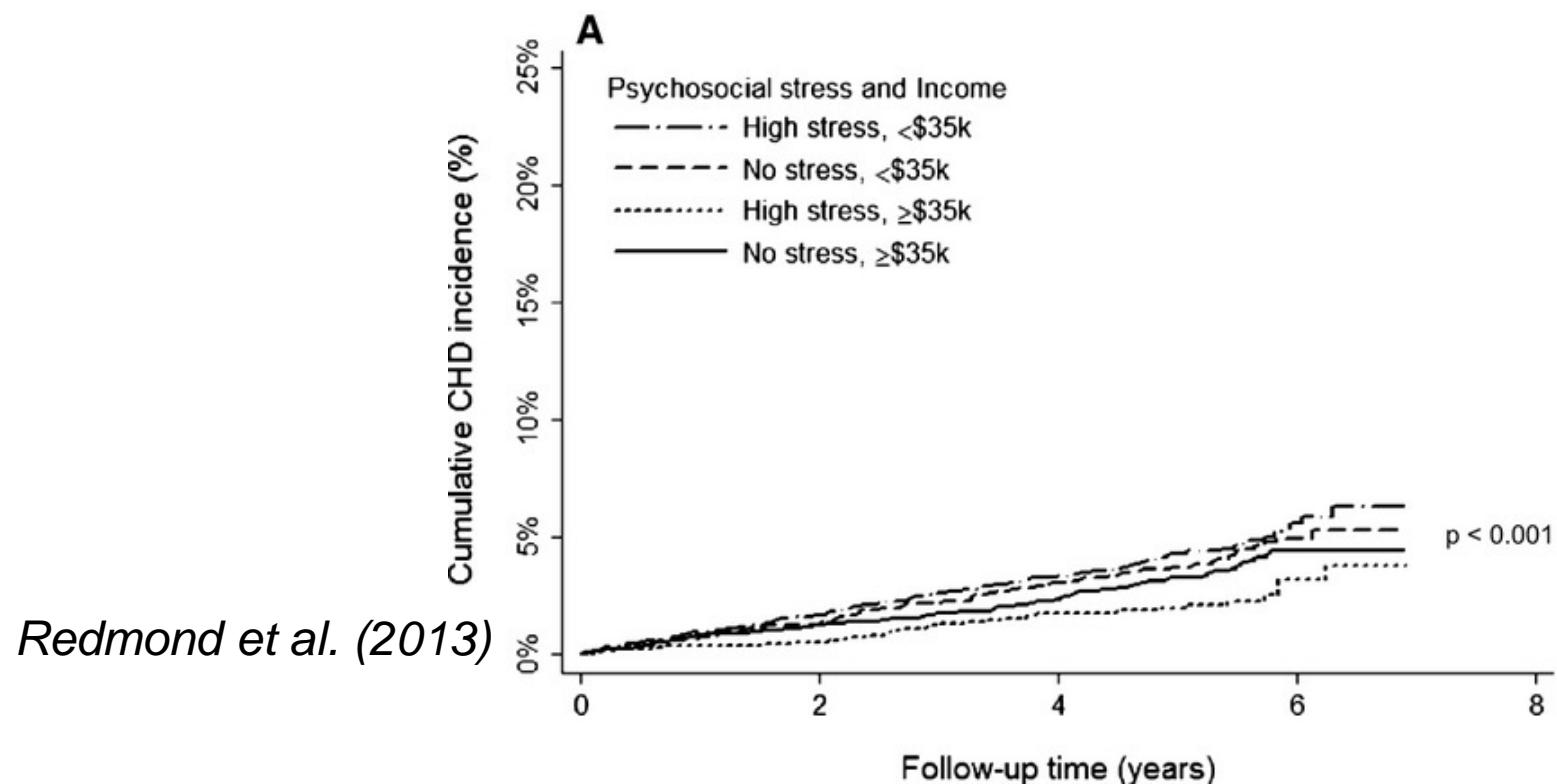
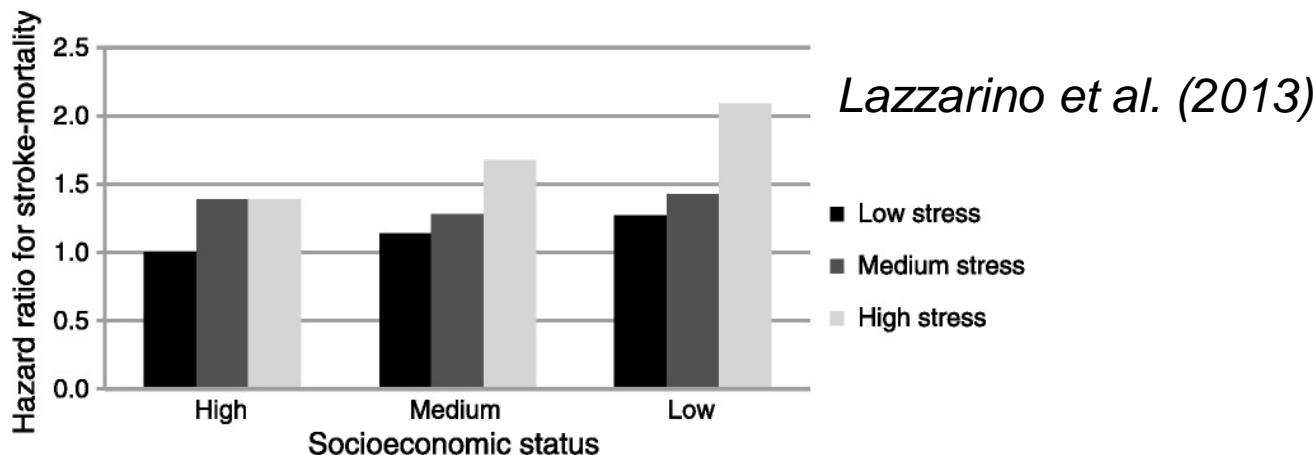
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Occupational  
status



Visite 1 :  
Mesure du stress  
+ des covariables

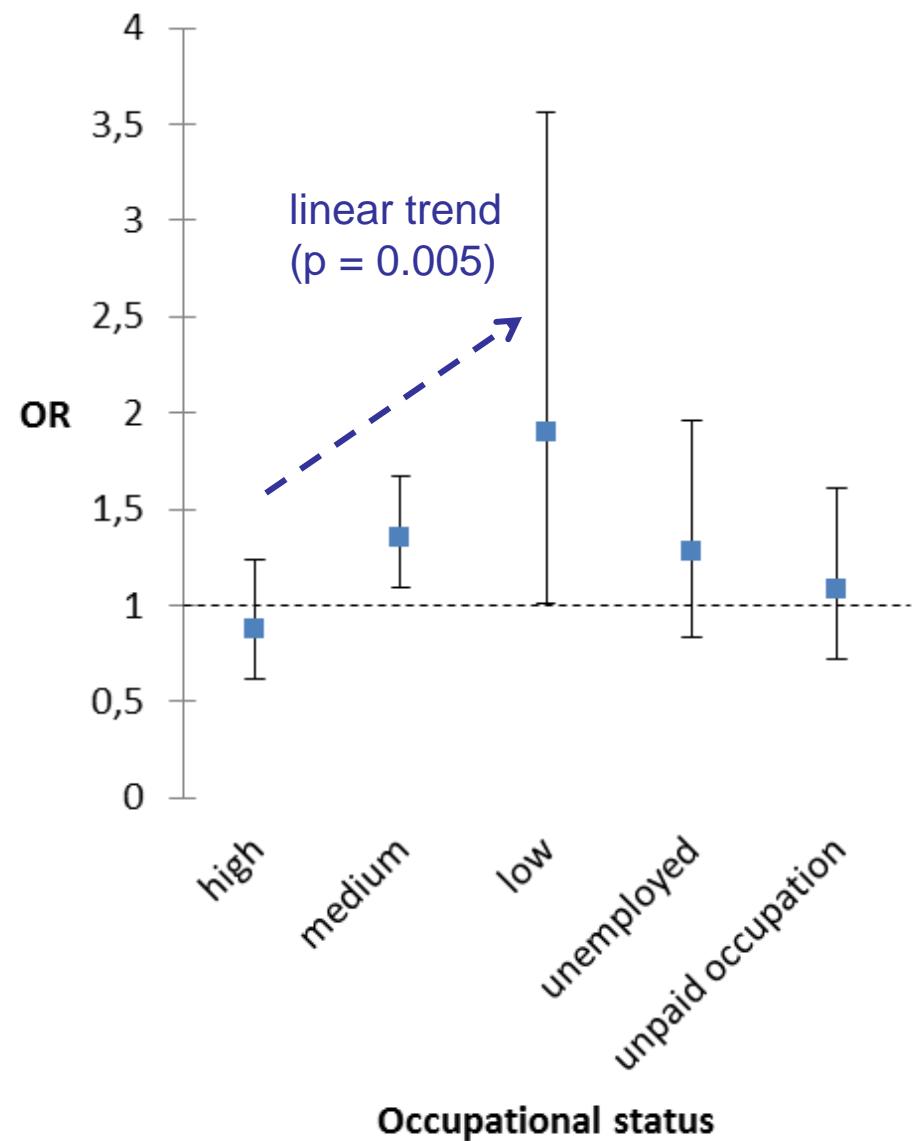
Visite 2 :  
pression artérielle  
élevée ?



PA élevée



PAS  $\geq$  140mmHg  
PAD  $\geq$  90mmHg



Association  
between baseline  
stress and high BP  
at follow-up

N = 6114 women; fully-adjusted model.

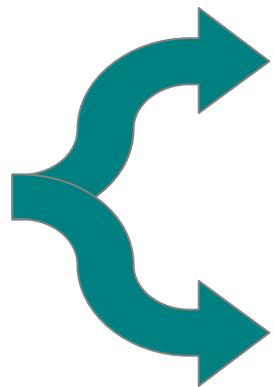
(Wiernik et al., *J Hypertens* 2014)

Visite 1 :  
Mesure du stress  
+ des covariables

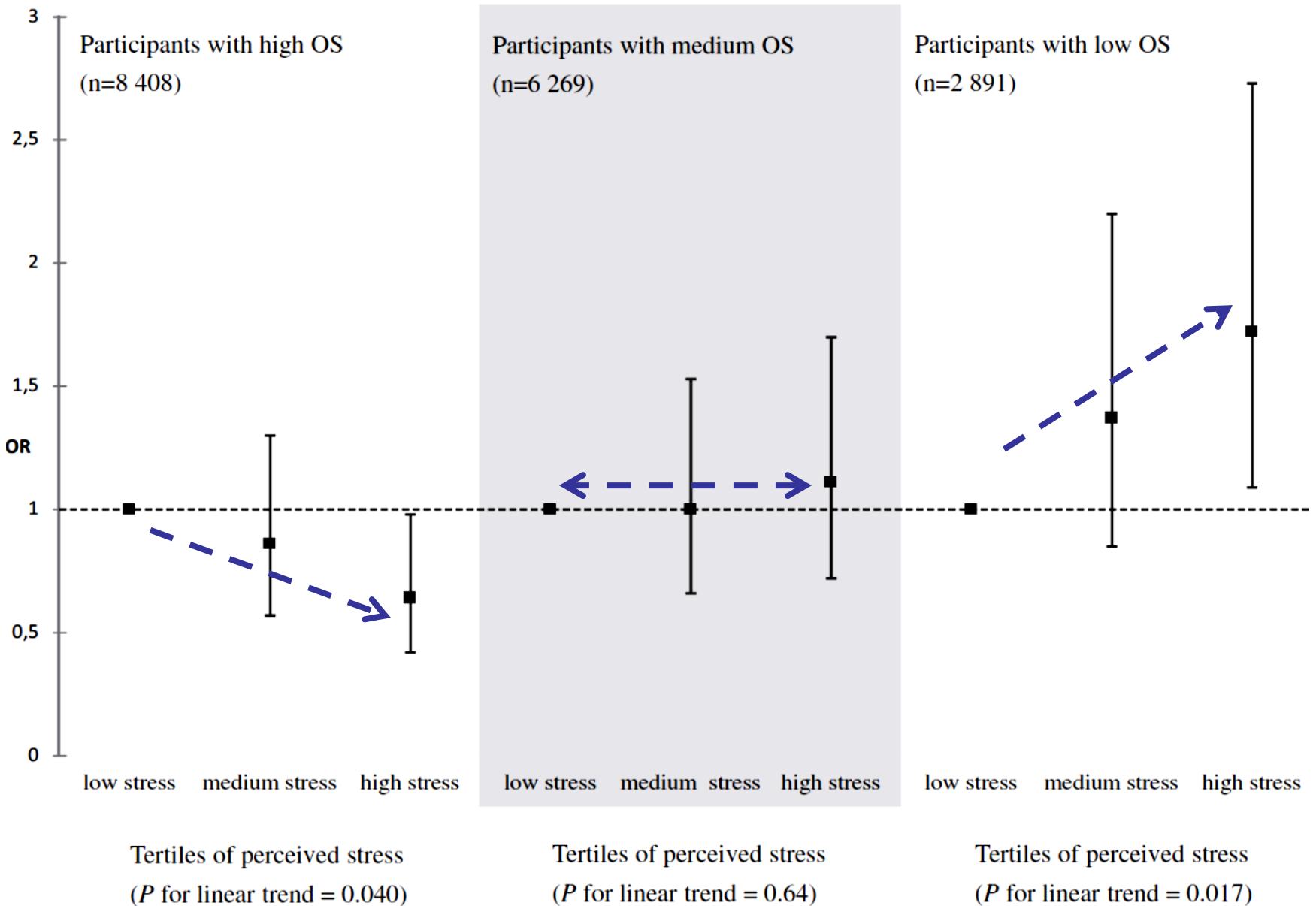
Visite 2 :  
diabète ?



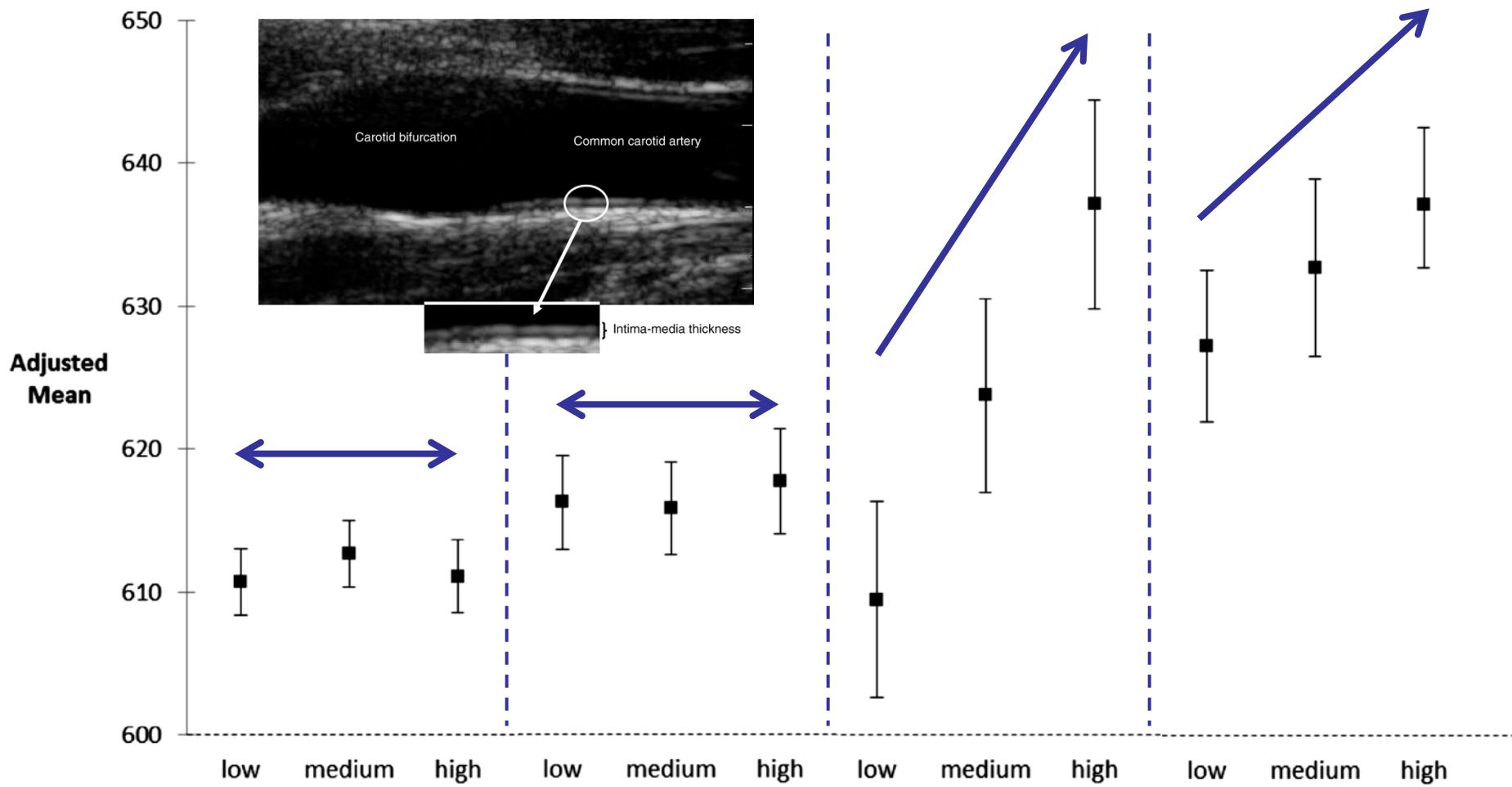
Diabète



Glycémie à jeun  
 $\geq 7 \text{ mmol/L}$



# Stress, statut occupationnel et athérosclérose



EPP3  
(N=5140)

Cadres

Prof. intermédiaires

Ouvriers

Chômeurs

# Dépression et risque cardiovasculaire à 20 ans chez 10 541 volontaires de la cohorte Gazel

	Occupational grade									
	Low			Medium			High			P
	HR	95% CI	P	HR	95% CI	P	HR	95% CI	P	
<b>Sex-specific thresholds <sup>a</sup></b>										
Adjusted for age and gender	1.95	1.15-3.28	0.01							
Adjusted for all the variables <sup>b</sup>	1.99	1.12-3.48	0.02							

Interaction depression × occupational grade:  
 $P=0.008$  and  $P=0.009$   
in age-gender- and multi-adjusted models,  
respectively.

CES-D: Center of Epidemiologic Studies Depression scale;

CI: Confidence Interval;

HR: Hazard Ratios;

<sup>a</sup> CESD score  $\geq 17$  among men or  $\geq 23$  among women;

<sup>b</sup> age, gender, history of parental CVD, alcohol consumption, smoking, physical activity, BMI, hypertension, dyslipidemia, diabetes, sleep complaints.

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Adjusted for all the variables <sup>b</sup>	1.99	1.12-3.48	0.02							
<b>Threshold <math>\geq 16</math></b>										
Adjusted for age and gender	1.76	1.04-2.97	0.03	1.14	0.88-1.46	0.31	0.86	0.62-1.17	0.34	
Adjusted for all the variables <sup>b</sup>	1.82	1.04-3.16	0.04	1.07	0.83-1.39	0.59	0.83	0.59-1.15	0.27	
<b>CES-D continuous score <sup>c</sup></b>										
Adjusted for age and gender	1.39	1.04-1.81	0.02	1.14	0.98-1.32	0.08	0.90	0.74-1.08	0.28	
Adjusted for all the variables <sup>b</sup>	1.39	1.03-1.87	0.03	1.09	0.93-1.27	0.30	0.88	0.72-1.07	0.19	

CES-D: Center of Epidemiologic Studies Depression scale;

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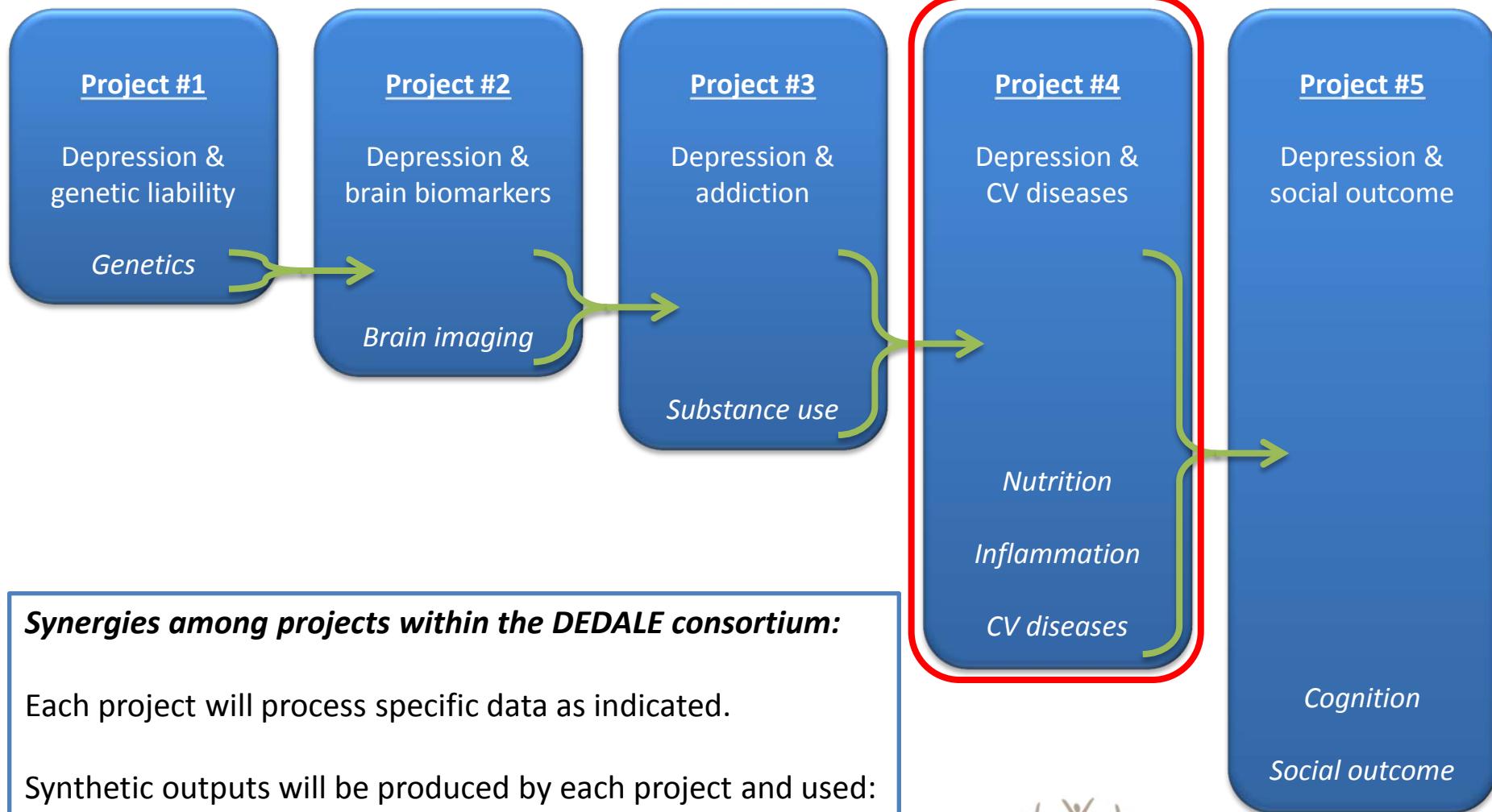
<sup>a</sup> CESD score  $\geq 17$  among men or  $\geq 23$  among women;

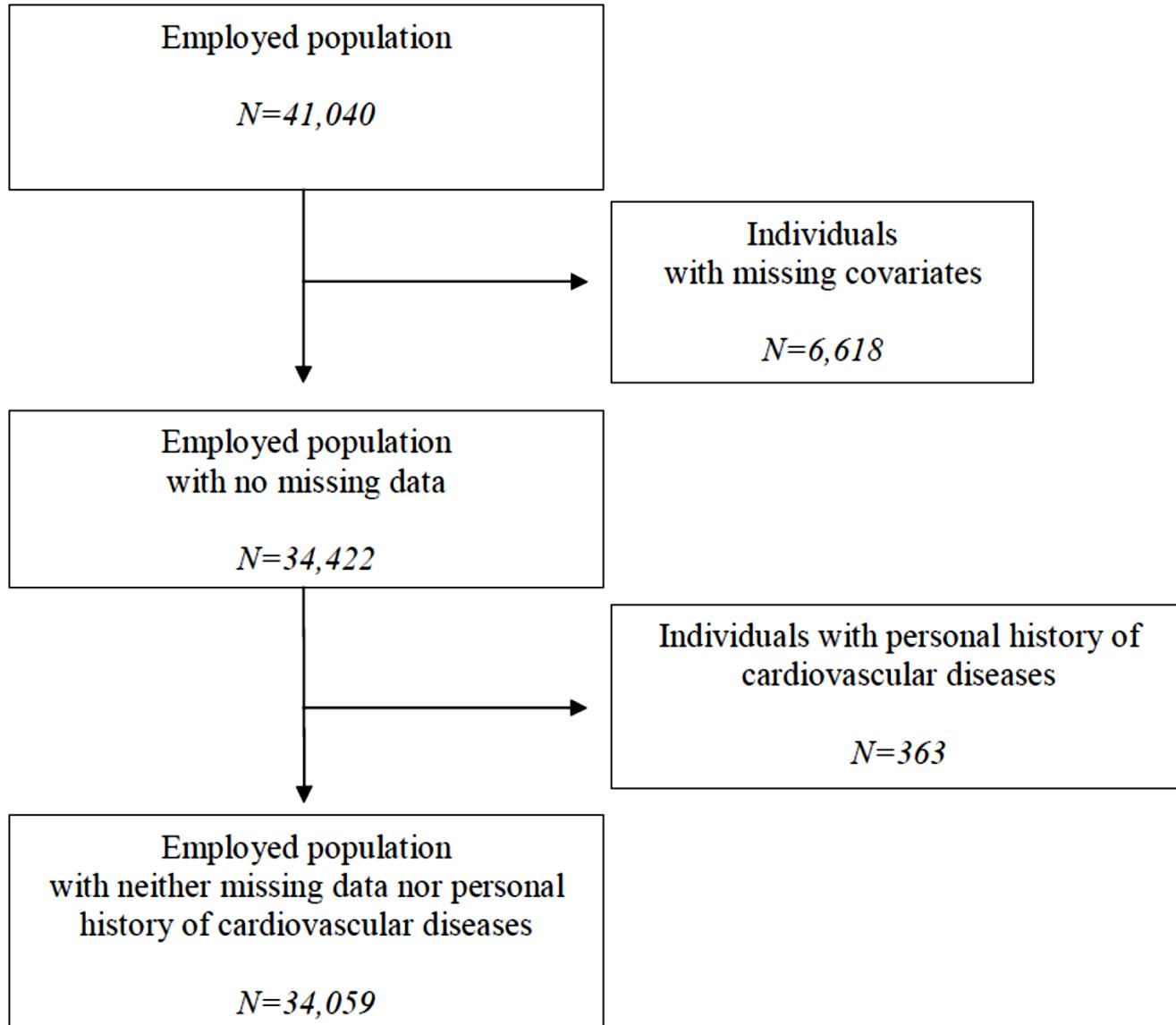
<sup>b</sup> age, gender, history of parental CVD, alcohol consumption, smoking, physical activity, BMI, hypertension, dyslipidemia, diabetes, sleep complaints;

<sup>c</sup> The 25th and 75th percentile value were used for scaling.

Interaction depression  $\times$  occupational grade:  
 $P=0.008$  and  $P=0.009$   
in age-gender- and multi-adjusted models,  
respectively.

# The *DEDALE* Research Consortium



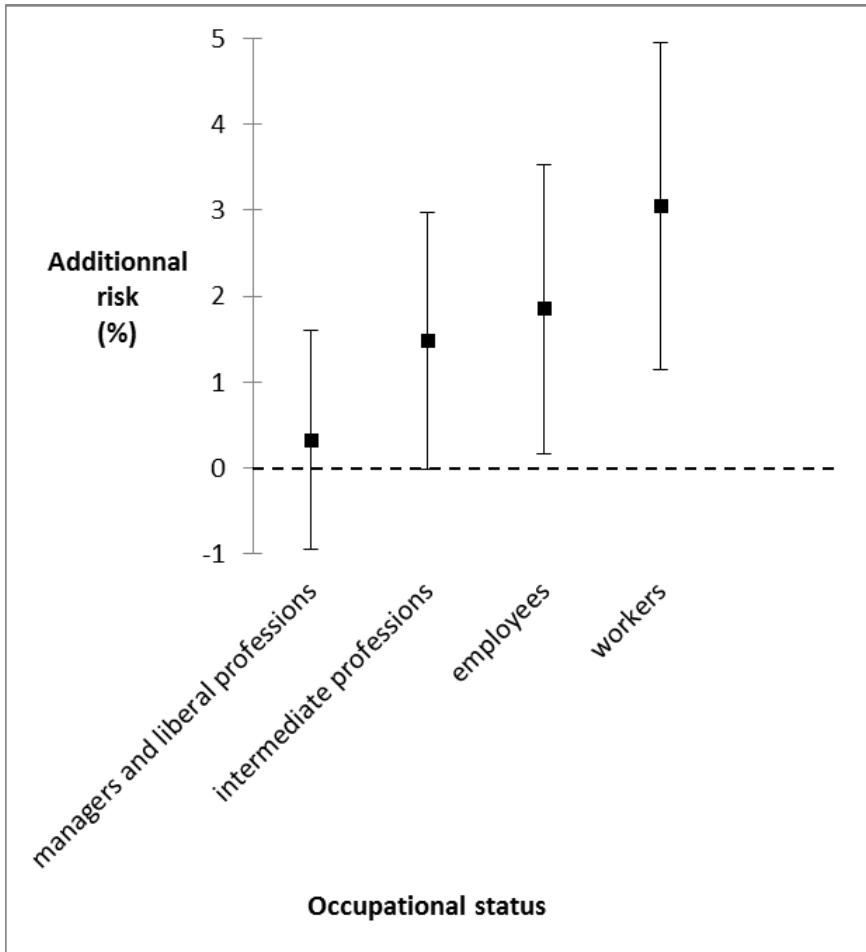


## Estimated 10-year CHD probability = $1 - 0.97832^{\exp(c)}$

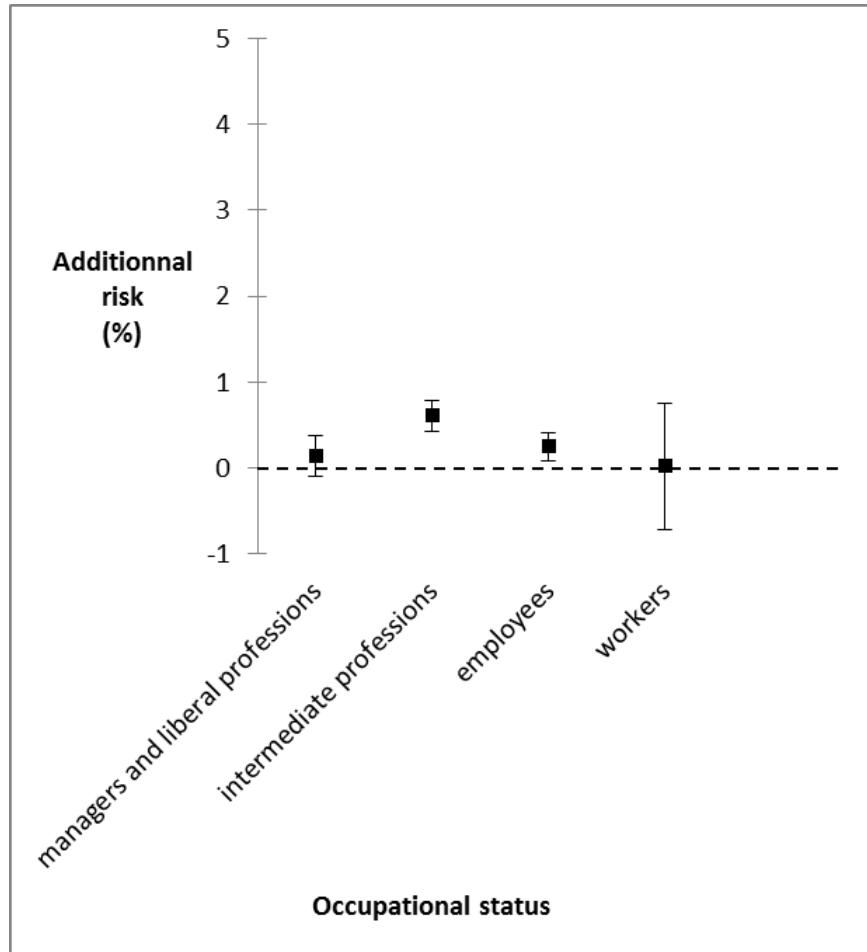
$$\begin{aligned} C &= 6.53 * (\log(\text{Age}) - 3.753801) + 15.04 * (\text{Male sex} - 0.462) \\ &\quad - 3.28 * (\text{Male sex} * (\log(\text{Age})) - 1.734256) + 0.51 * (\text{Smoker} - 0.2076) \\ &\quad + 1.03 * (\text{Diabetes} - 0.0188) + 1.87 * (\log(\text{Systolic BP}) - 4.821135) \\ &\quad + 2.02 * (\log(\text{Total cholesterol}) - 0.7199913) \\ &\quad - 1.21 * (\log(\text{HDL cholesterol}) + 0.5412195) \end{aligned}$$

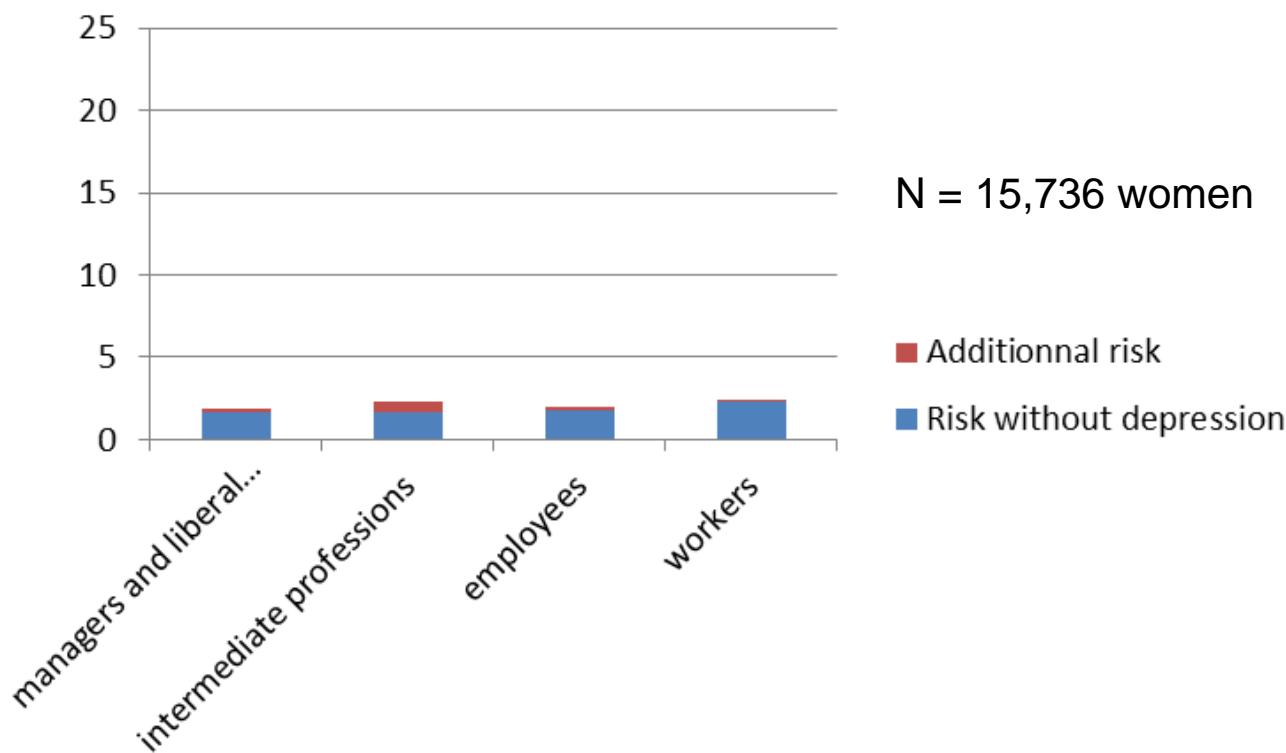
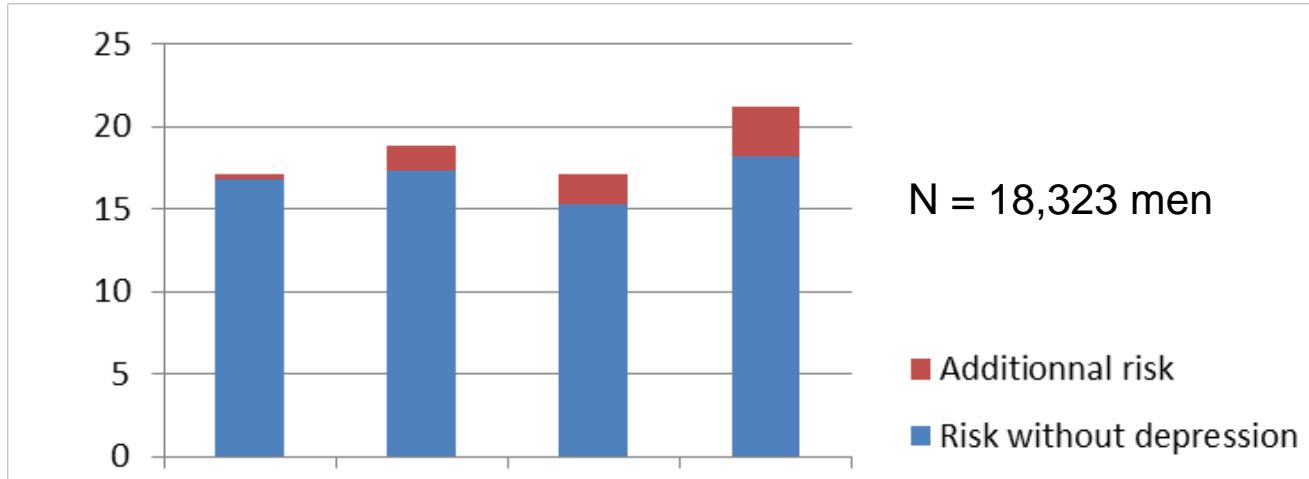
Continuous variables	Mean (sd)
Age	44.02 (10.45)
Systolic blood pressure	124.96 (14.90)
Total cholesterol	5.40 (1.01)
HDL cholesterol	1.55 (0.39)
Discrete variables	N (%)
Male gender	15,736 (46.2)
Current smoker	7069 (20.8)
Diabetes	639 (1.9)

N = 18,323 men



N = 15,736 women

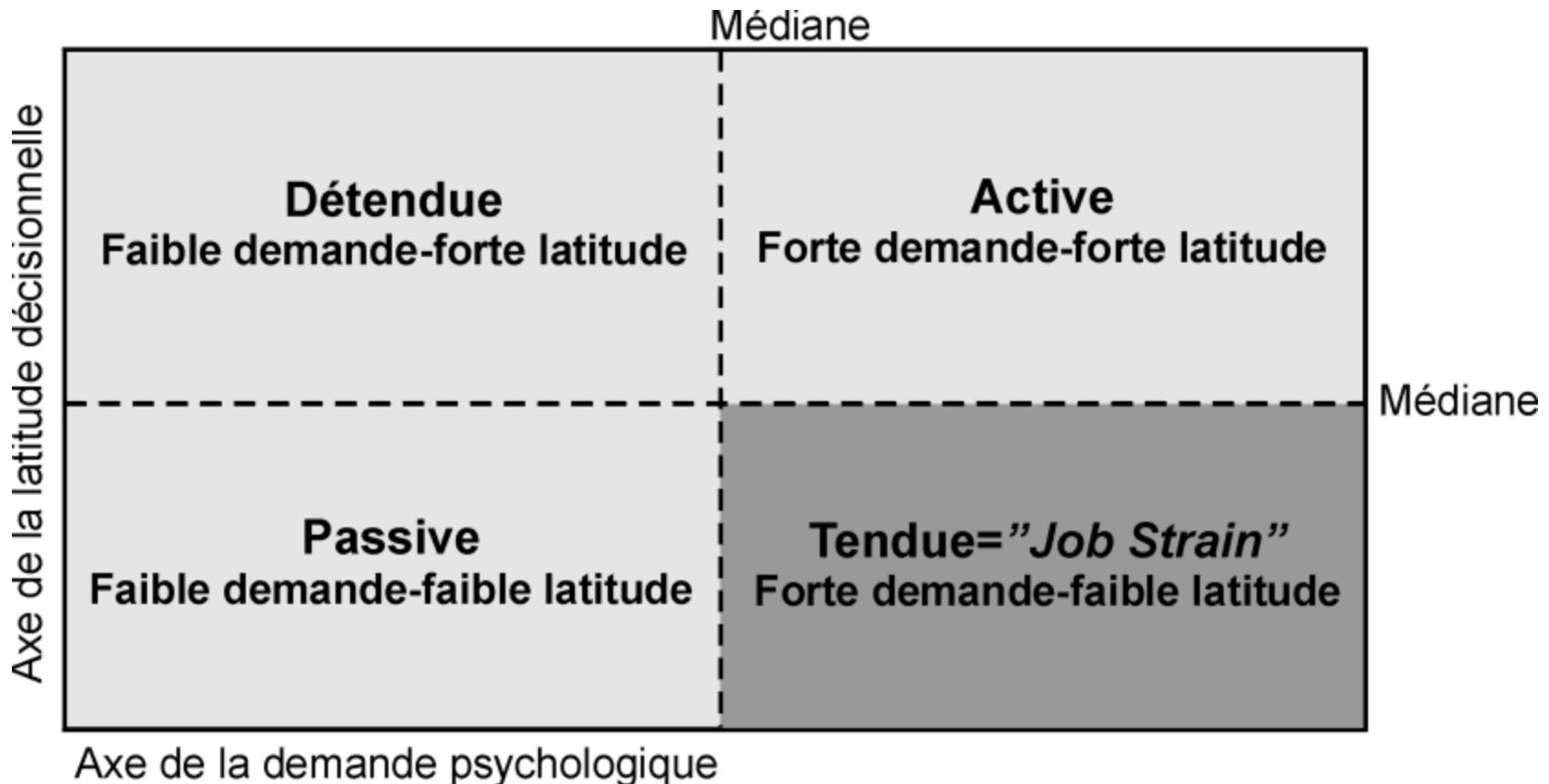


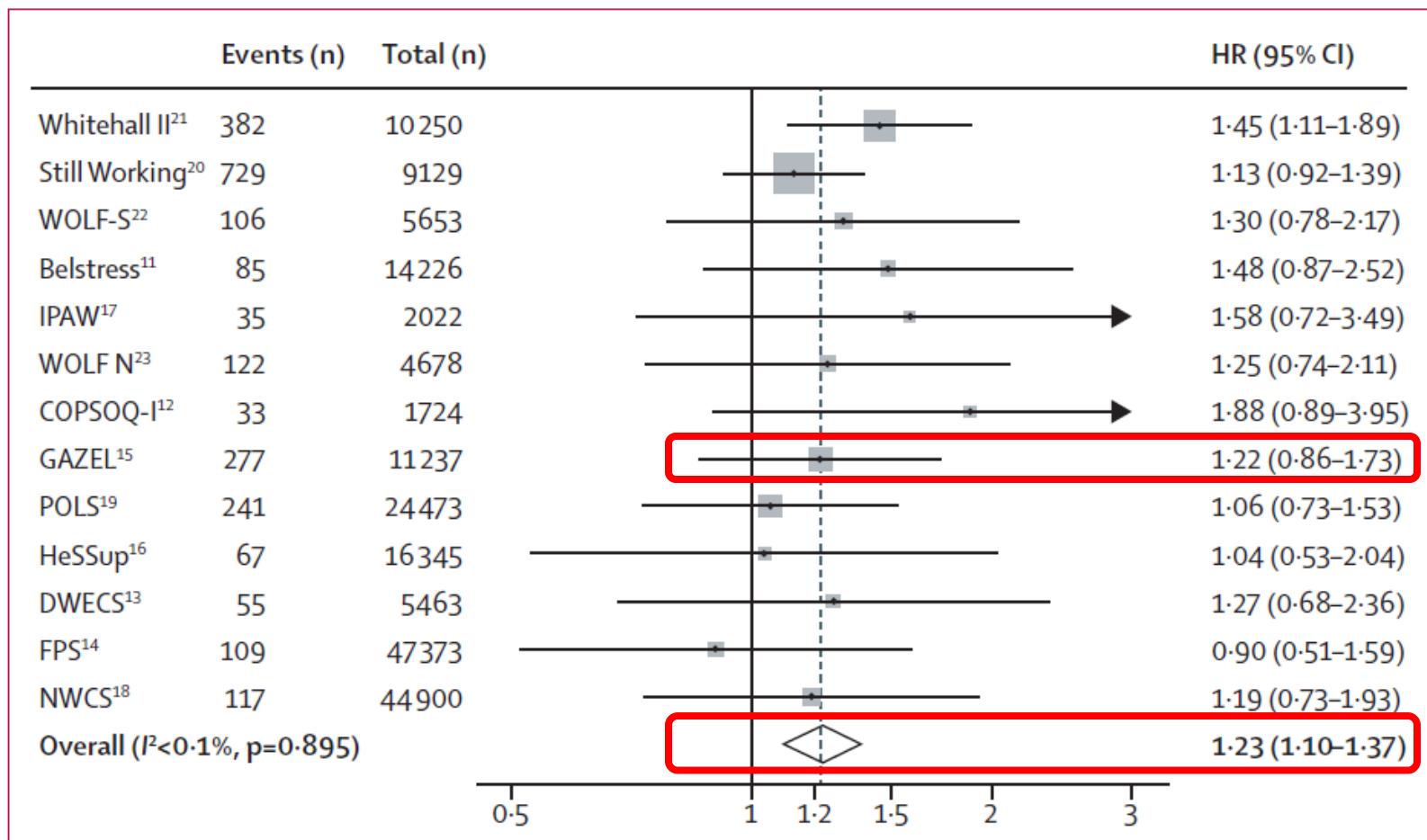


# Hypothèses explicatives

- Stratégies d'ajustement au stress :
  - Comportements de santé non mesurés (p.ex. alimentation)
  - Confusion résiduelle
- Sources de stress de nature différente :
  - Stress professionnel

# Stress professionnel : modèle de Karasek





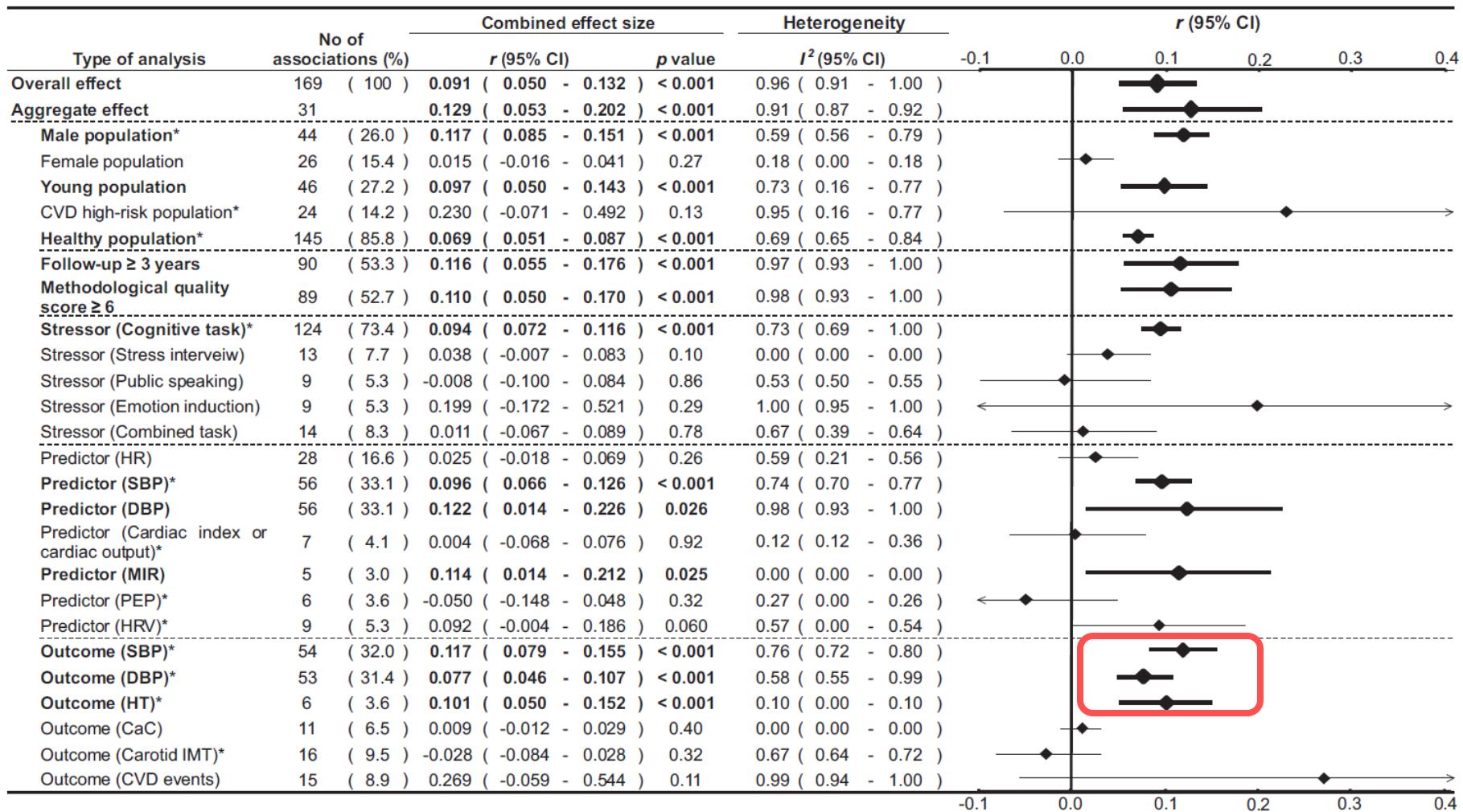
**Figure 1: Random-effects meta-analysis of the association between job strain and incident coronary heart disease**

Estimates are adjusted for age and sex. WOLF-S=Work, Lipids, Fibrinogen-Stockholm. IPAW=Intervention Project on Absence and Well-being. WOLF-N=Work, Lipids, Fibrinogen-Norrland. COPSOQ-I=Copenhagen Psychosocial Questionnaire version I. GAZEL=Electricité De France-Gaz De France. POLS=Permanent Onderzoek Leefsituatie. HeSSup=Health and Social Support. DWECS=Danish Work Environment Cohort Study. FPS=Finnish Public Sector Study. NWCS=Netherlands Working Conditions Survey.

# Hypothèses explicatives

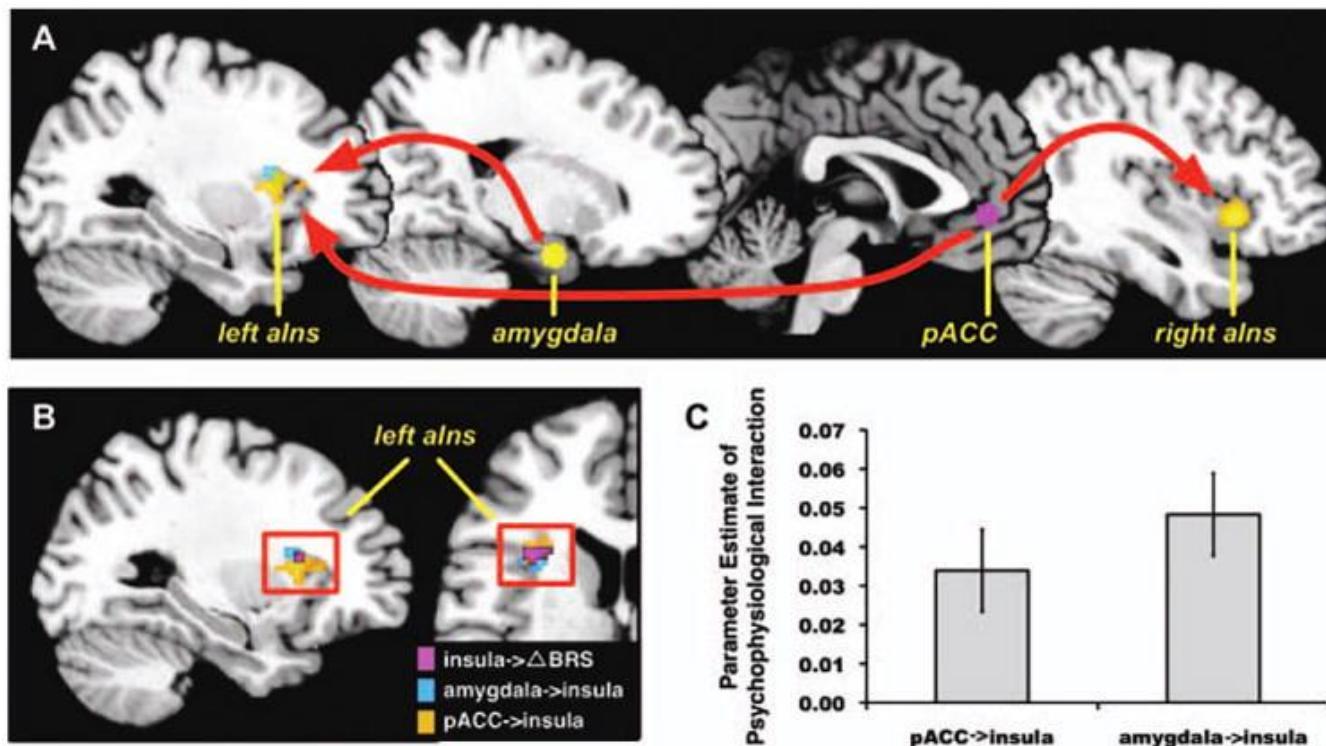
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  - Stress non professionnel

# Réactivité au stress mental et risque cardiovasculaire

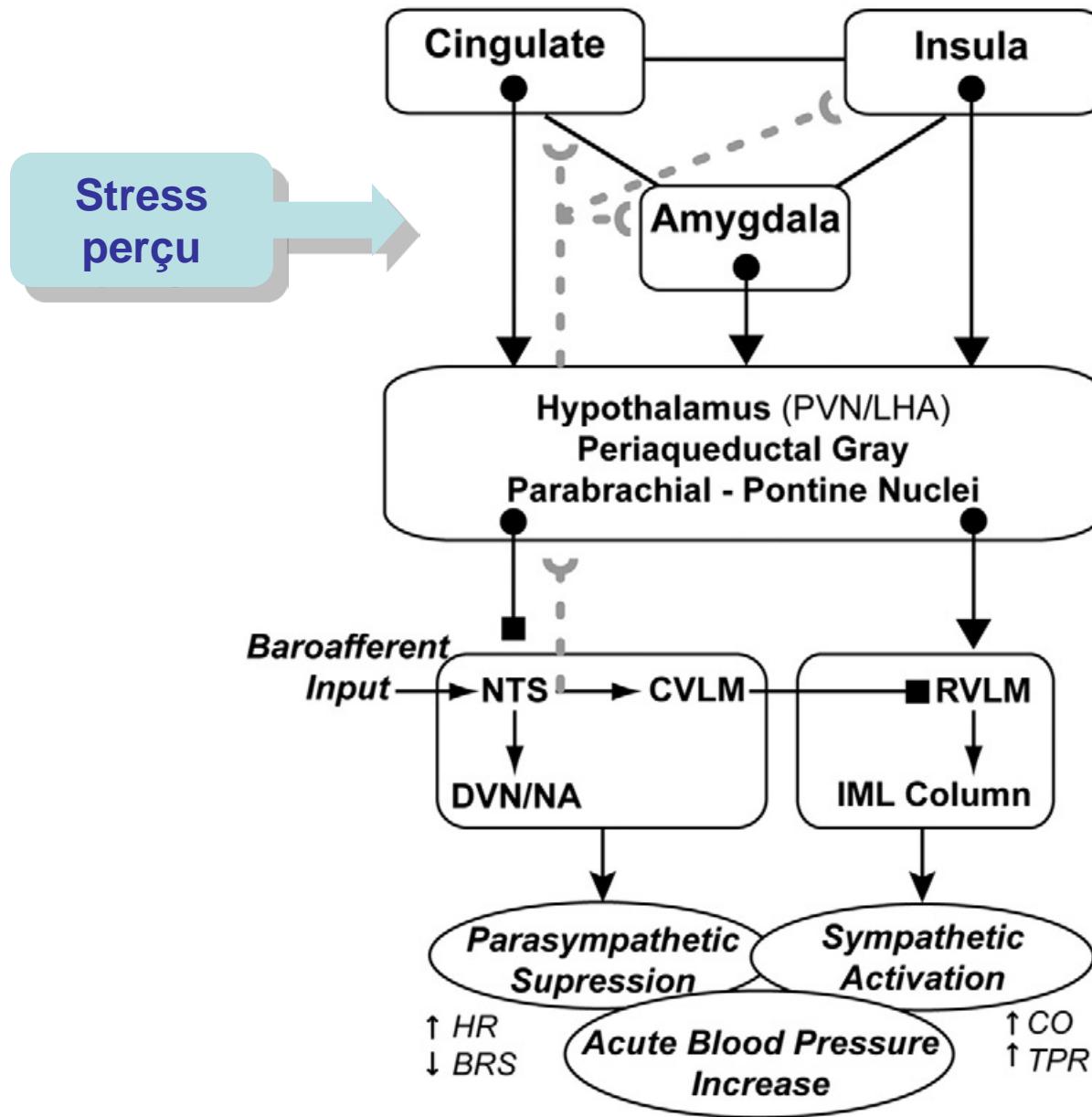


(Chida & Steptoe, Hypertension 2010)

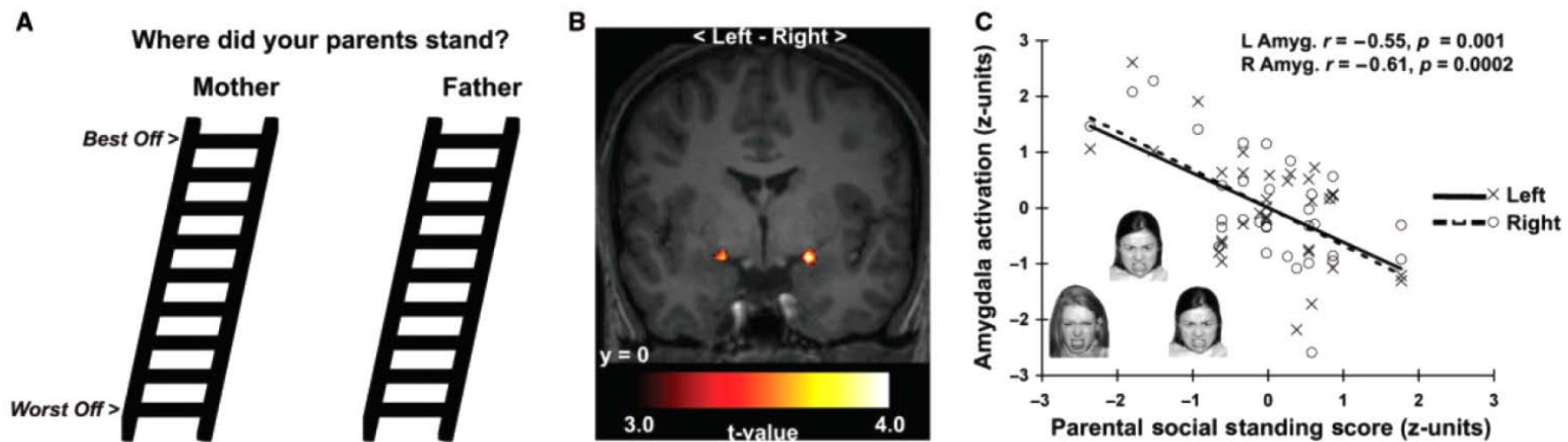
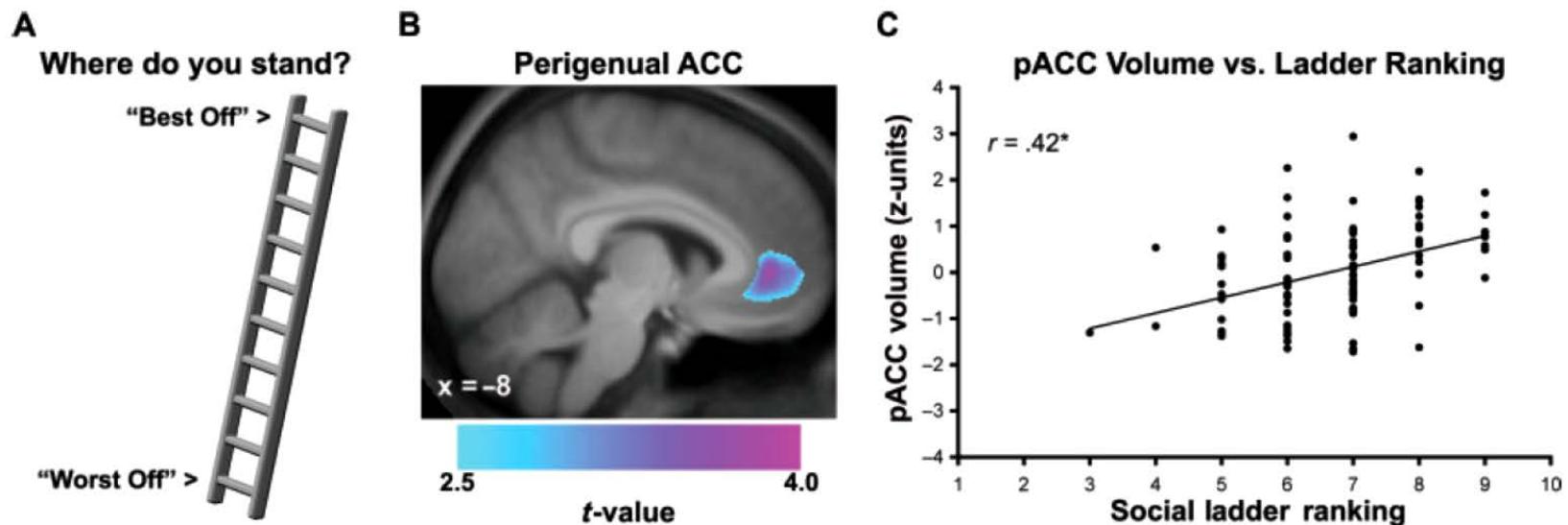
# Stress mental & baro-réflexe

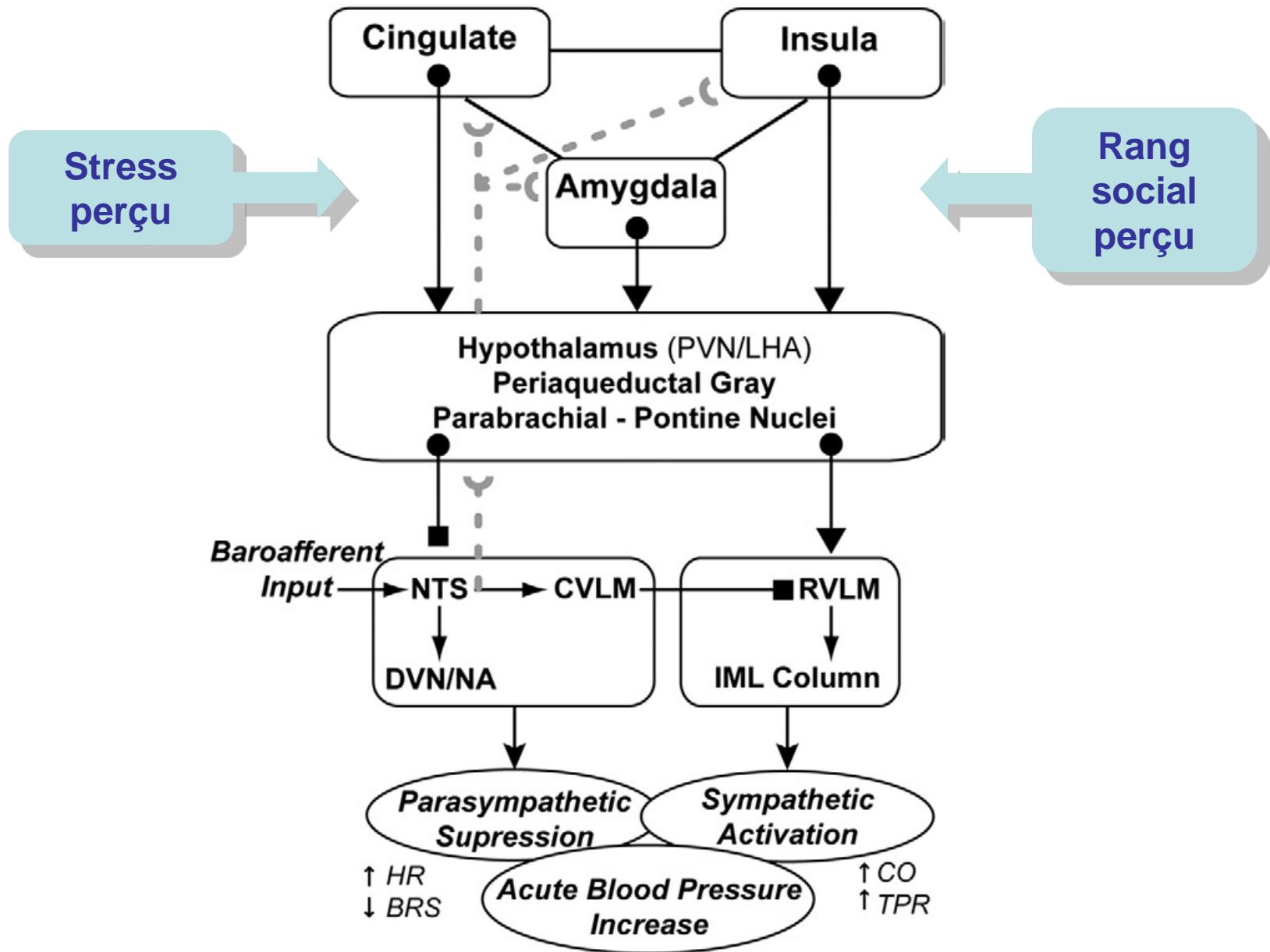


(Gianaros et al., *Hum Brain Mapp* 2012)



(Gianaros & Sheu, *Neuroimage* 2009)





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# Hypothèses explicatives

- Stratégies d'ajustement au stress :
  - Comportements de santé non mesurés (p.ex. alimentation)
  - Confusion résiduelle
- Sources de stress de nature différente :
  - Stress professionnel
  - Stress non professionnel
  - Exclusion sociale

# Cyberball game



**Marcel**



**Cédric**



**Marie**

# Cyberball game



**Marcel**



**Cédric**



**Marie**

# Cyberball game



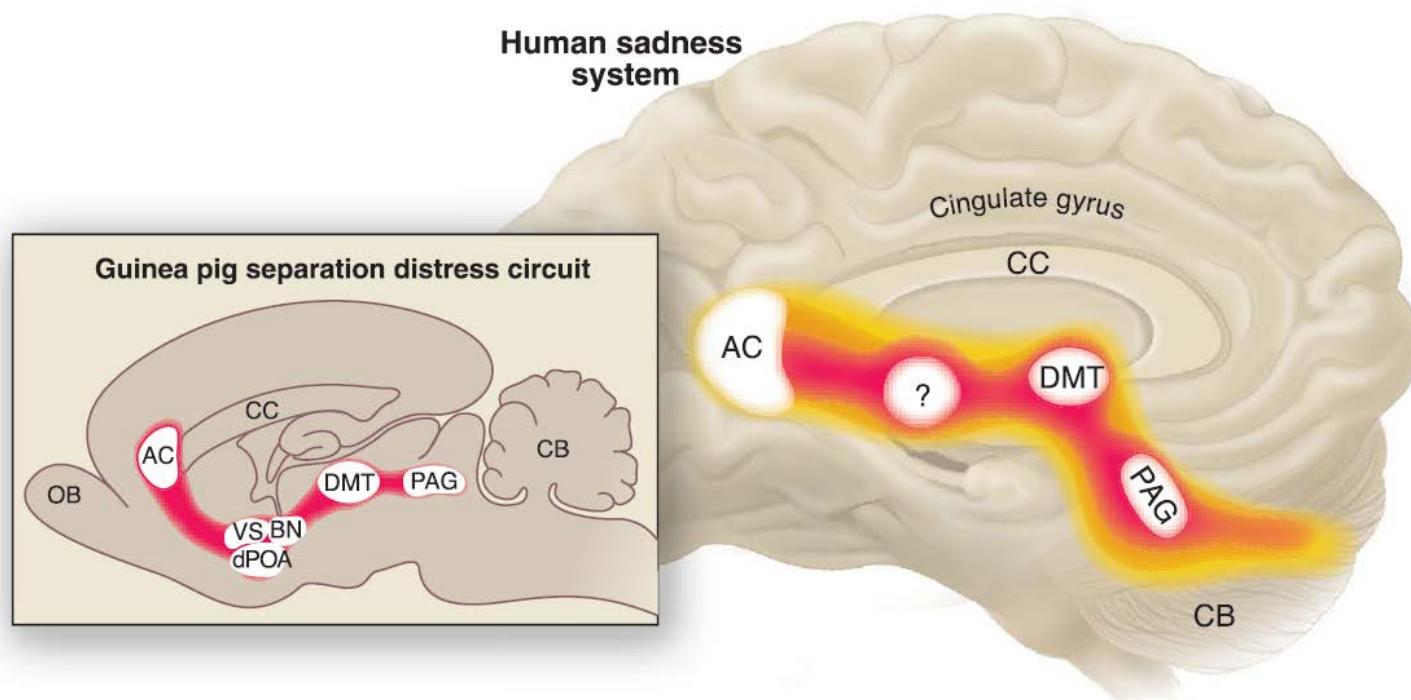
**Marcel**



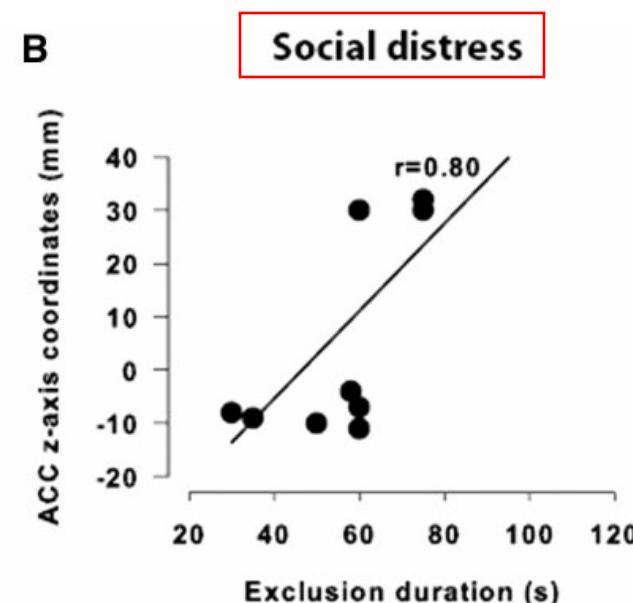
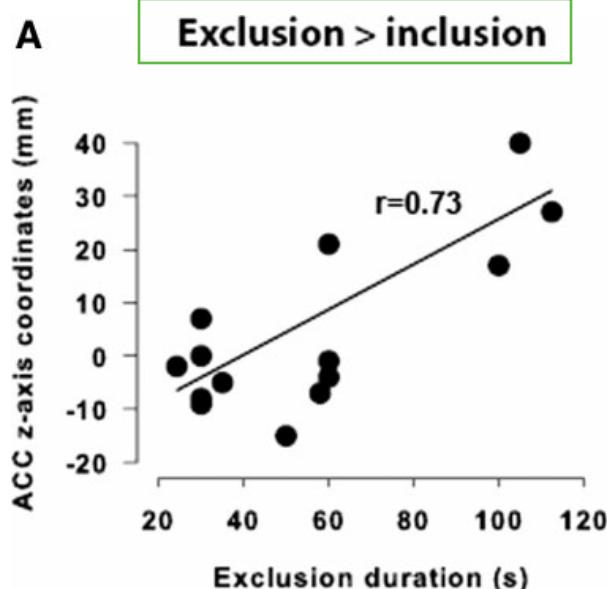
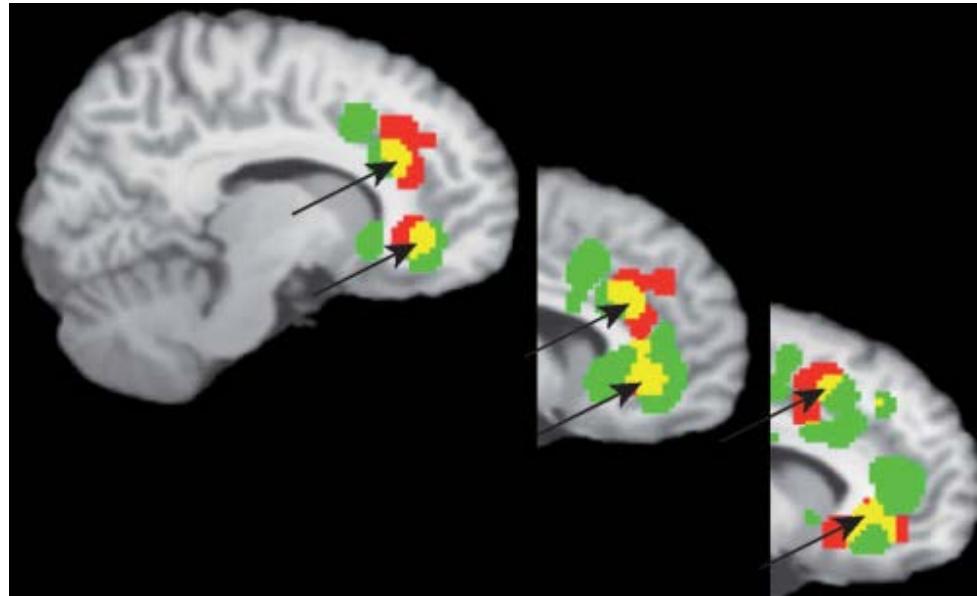
**Cédric**

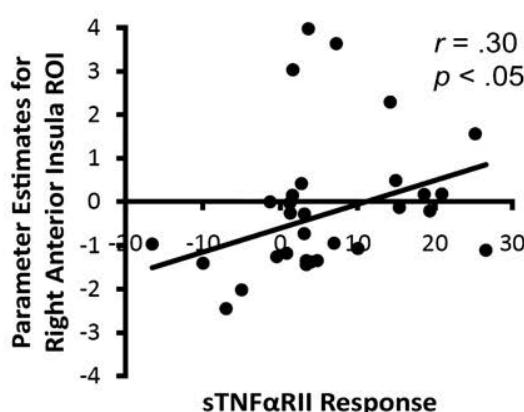
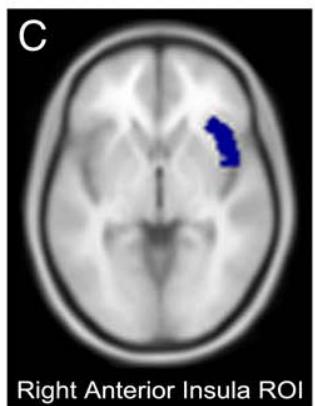
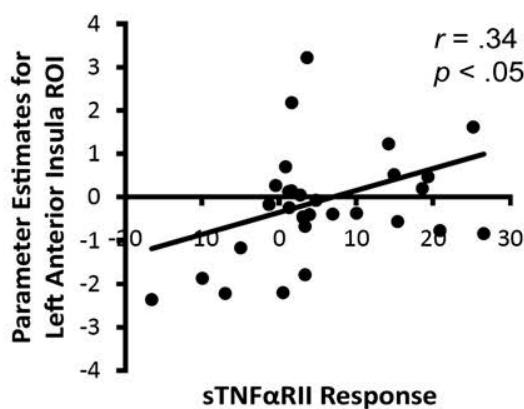
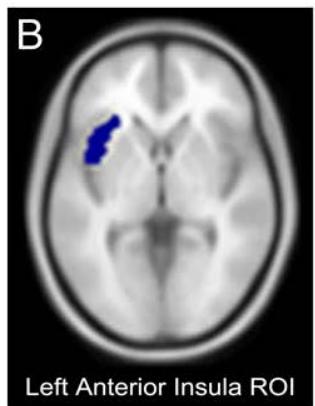
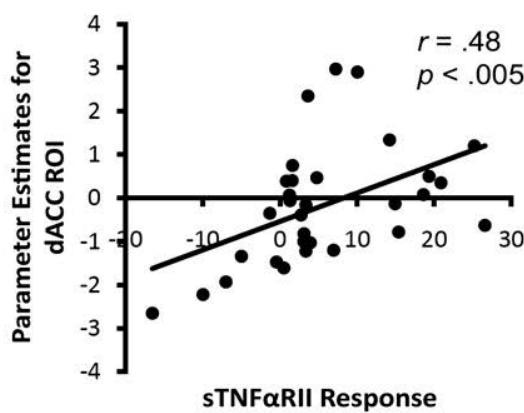
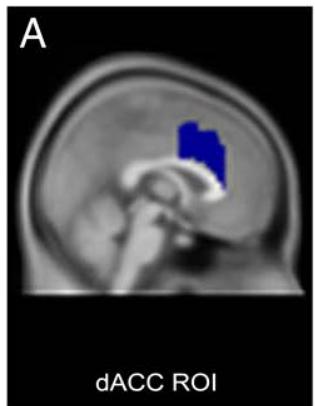


**Marie**



(Panksepp, *Science* 2003)

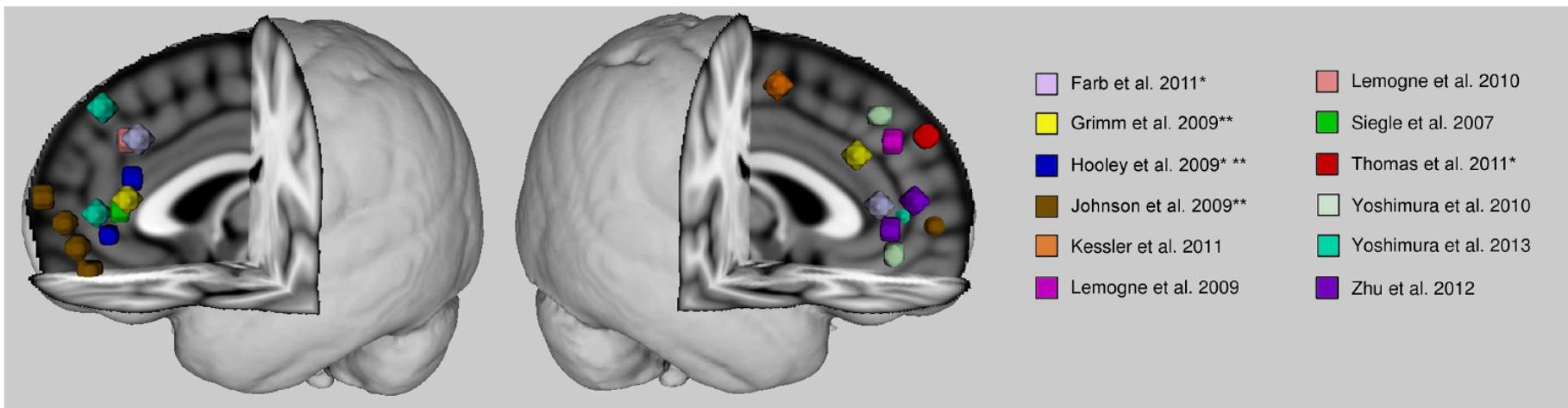




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  - Comportements de santé non mesurés (p.ex. alimentation)
  - Confusion résiduelle
- Sources de stress de nature différente :
  - Stress professionnel
  - Stress non professionnel
  - Exclusion sociale
- Corrélats de la dépression
  - Facteurs de risque cardio-métabolique
  - Réactivité cardiovasculaire
  - Inflammation

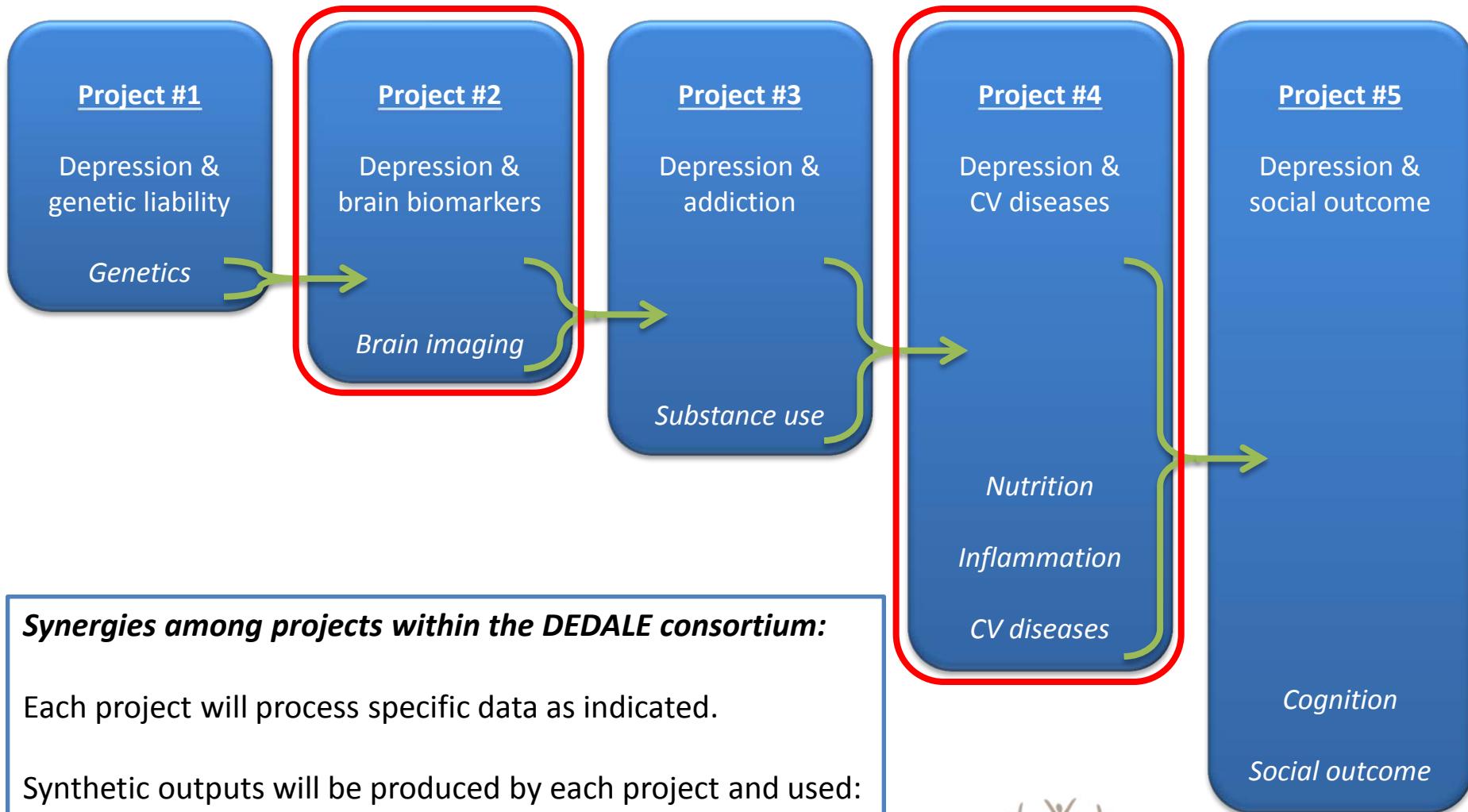
# Cortex médian préfrontal & dépression



**FIGURE 1 |** Anterior cortical midline findings of previous studies reporting self-related abnormalities in depression. Spheres are centered on peak voxel values of regions whose activities are reported significantly different in major depressive patients from healthy control subjects during self-referential processing, or during another paradigm (e.g., rest or emotional

face processing) where activity was associated with rumination scores. Talairach coordinates were converted into MNI space with BrainMap toolbox ([brainmap.org](http://brainmap.org)). Activity is greater in patients than control subjects unless otherwise indicated. \*With a remitted patient sample. \*\*Hypoactivity in patients.

# The *DEDALE* Research Consortium



## ***Synergies among projects within the DEDALE consortium:***

Each project will process specific data as indicated.

Synthetic outputs will be produced by each project and used:

- to achieve the main objectives of the project;
- to inform the analyses of the next projects.

No project will fully depend upon the previous one.



# Conclusions

- Pour les chercheurs, une invitation à ré-analyser leurs données ?
  - Stratification selon des indicateurs du SES
- Pour les cliniciens, une invitation à mieux considérer les facteurs psychologiques dans l'évaluation du risque cardiovasculaire des patients les moins favorisés.

# Remerciements



Emmanuel Wiernik



Pierre Meneton



Jean-Philippe Empana



GABS.

## JOURNÉE SCIENTIFIQUE DES COHORTES

Gazel



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