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Letter to the Editor

## "Acceptance and Commitment Therapy for Patients with Cardiovascular Disease": the Role of Group Dynamics Integration, Digitalization, and Follow-up

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# ”Acceptance and Commitment Therapy for Patients with Cardiovascular Disease”: the Role of Group Dynamics Integration, Digitalization, and Follow-up

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I appreciate the article written by Fattahi et al.[1] on the effectiveness of Acceptance and Commitment Therapy (ACT) in reducing psychological distress and improving emotional regulation and self-compassion in patients with cardiovascular disease (CVD). This study is very relevant to current challenges, considering that psychological distress is an independent risk factor that worsens the prognosis of CVD, increases mortality, and exacerbates inflammation through activation of the sympathetic nervous system[2,3]. These valuable findings provide a strong basis for the development of ACT in CVD patients.

Good psychological health, including the ability to regulate emotions and practice self-compassion, is a key factor in improving quality of life and patient adherence to medical therapy[4,5]. The core concept of ACT, which focuses on increasing psychological flexibility and resilience, allows patients to accept their condition more calmly and continue to act in accordance with personal values despite the limitations of the disease[6]. The relevance of this approach is further strengthened when associated with the finding that poor psychological health can worsen physical health through biological and behavioral pathways[7].

Although the study by Fattahi et al.[1] shows significant progress, there is an important aspect that can be further explored, namely, the role of group dynamics in the success of ACT interventions. Group cohesion, support between members, and therapeutic alliance have been shown to increase participant engagement and strengthen psychological intervention outcomes[8,9]. Furthermore, considering that many CVD patients have limited mobility and access to healthcare facilities, the development of online or hybrid ACT formats is worth considering. Studies have shown that digital ACT is efficacious in improving psychological health in populations with chronic conditions, but attention to participant engagement and cultural adaptation is still needed[10].

As a roadmap for the future, we propose the integration of more structured group dynamics factors, the development of an inclusive digital ACT intervention, and long-term monitoring through booster sessions to maintain the psychological benefits achieved. The finding that psychological interventions can reduce hospitalization rates and improve quality of life also supports the importance of long-term maintenance programs[11]. Public health policy support for the integration of biopsychosocial approaches at the health care level is essential to ensure the sustainability of the benefits of these interventions.

Considering these additional factors has broad implications for clinical practice and health policy in general. Integrating group-based ACT with attention to interpersonal dynamics, developing inclusive digital formats, and providing long-term follow-up will help improve both physical and mental health outcomes for CVD patients. I hope these reflections can enrich academic discussions and clinical practice in

comprehensive chronic disease care, in line with the evidence that psychological health has a significant impact on CVD prognosis[12].

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## Disclosure

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## Handling Editor

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