

Preface



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Virtually all cardiovascular and most pulmonary diseases are chronic in nature. Chronic cardiac or pulmonary diseases comprise three of the top four causes of death (ie, heart disease, cancers, stroke, and chronic lower respiratory diseases). Worldwide, cardiovascular disease (CVD) is the most common cause of death and morbidity, and in most developed countries is the single largest health care expenditure [1,2]. At least one in three Americans lives with chronic CVD; this percentage increases with age, and, ultimately, one in two dies of CVD, usually after living for years with the challenge of engaging in self-management of the chronic condition [1,2]. The World Health Organization estimates that chronic lower respiratory diseases share fourth and fifth places with HIV/AIDS as causes of death worldwide. In 2005, there were more than 3 million deaths worldwide from chronic obstructive pulmonary disease, which corresponds to 5% of all deaths globally [3].

The appropriate and effective management of cardiovascular and pulmonary diseases requires that nurses understand the complex interactions among the underlying pathophysiology, psychological responses to the disease processes, and the behaviors that can improve or worsen illness trajectory. Current statistics elaborating the impact of chronic cardiovascular and pulmonary conditions [1,4] illustrate the importance of understanding these interactions. This issue of *Nursing Clinics of North America* provides an in-depth discussion of the physiologic cardiac and lung interactions in both cardiovascular and pulmonary diseases, the impact of psychological and

behavioral factors on cardiovascular disease, and the interplay among these factors. The specific topics covered in this issue have relevance across most chronic cardiovascular and pulmonary diseases. Collectively the articles provide a comprehensive understanding of the biologic, psychologic, and behavioral components that will be useful in the management of a variety of complex patient populations.

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