

To Marry or Not



In their interesting study, Isiozor et al¹ analyzed a population of Finnish subjects, and found that men who are dissatisfied with their marriages have about 86% higher risk of sudden cardiac death when compared with those that are very satisfied, even after adjustment for conventional and emerging cardiovascular (CV) risk factors. An evident relationship between marital status and CV disease has been known since the early 1980s, when an adjusted in-hospital case fatality rate for acute myocardial infarction of 20% and 27% was found for married and unmarried men, respectively.² In a meta-analysis of 53 prospective observational studies, Manzoli et al³ found that marriage or support from the partner was a significant and independent predictor of survival, with an overall reduction in mortality risk for married versus non-married individuals ranging between 9% and 15%, without differences by gender. All nonmarried conditions (widowed, divorced and/or separated and never married) were associated with a significantly greater risk of death, as compared with married individuals.³ The impact of marital status is present even when focusing attention on subjects with or at risk of CV disease. Results from a study on patients who underwent cardiac catheterization, showed that, compared with married participants, being unmarried was associated with higher risk of all-cause mortality (hazard ratio [HR] 1.24), CV death (HR 1.45), and CV death or acute myocardial infarction (HR 1.52).⁴ Recent meta-analysis results showed that, compared with married participants, being unmarried (never married, divorced or widowed) was associated with increased odds of CV disease (odds ratio [OR] 1.42), coronary heart disease (OR 1.16), coronary heart disease death (OR 1.43) and stroke death (OR 1.55).⁵ We reviewed the evidence between marital status and CV disease, in terms of mortality and survival, and CV risk factors, that is, smoking, blood pressure (BP), obesity, dietary habits,

physical activity, fitness, and health behavior. Most studies showed better outcomes for married persons, and men who were single generally had the poorest results.⁶ Limiting to say that married people exhibit better CV risk may be simplistic, and additional factors, such as quality of marriage, deserve attention. In fact, marital relationship quality may have independent effects on CV health outcomes. A prospective study investigated, in men, the association between changes in marital relationship quality and CV disease risk factors, that is, BP, resting heart rate (HR), body mass index, lipid profile, and fasting glucose.⁷ Improvement and deterioration of longitudinal relationship quality was associated with a range of CV disease risk factors. In particular, improving relationships were associated with lower levels of low-density lipoprotein, relative body mass index reduction, total cholesterol and diastolic BP compared with consistently good relationships. Deteriorating relationships were associated with worsening diastolic BP.⁷ Stress from marital strain and familiar hostility could be potential increased risk of both sympathetic and parasympathetic responses, with increase in BP and HR, and decrease HR variability.⁸⁻⁹ Moreover, especially in men, alcoholism, unhealthy diets, and smoking could also play a role.¹⁰ Many positive items could be related, in general, to being married versus loneliness: healthier meals, better sleep, less stress, financial benefits, and better mood. It is possible that persons who are married may have lower mortality because of protective effects of marriage or even selection of healthy individuals into marriage. In fact, people who have a spouse exhibit higher compliance with medical controls, medications, and screening programs.⁶ Thus, as for CV disease, on one hand being married seems to be better than being unmarried. In contrast, being married, exposes to highest risk of poor outcome. In both cases, men are more affected. . . marry or not to get marry, it seems that is the question.

Disclosures

The authors have not conflict of interests to disclose.

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