key points

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While post-MI and surgical patients still make up the majority of patients attending cardiac rehabilitation, any patient with heart disease may be referred. Data from the National Audit of Cardiac Rehabilitation show that 50% of eligible MI, PCI, and CABG patients do attend cardiac rehabilitation and that figure continues to rise, but the rates for stable angina and heart failure remain low. These patients are known to general practice and improving referral pathways into cardiac rehabilitation from GPs would seem an obvious way of improving uptake among these groups.

Cardiac rehabilitation programmes incorporate six core components: changing health behaviour and patient education; lifestyle and risk factor management; medical risk factor management; psychosocial health; long-term strategies; and audit and evaluation. At the centre of the process is patient education and changing health behaviour while the overall aim is to provide the patient with knowledge and strategies to help them self-manage their long-term condition.

At entry to cardiac rehabilitation, assessing the patient's knowledge and understanding of their condition, and treatment, while identifying any misconceptions which could be barriers to progress is key. Understanding the importance of titrating drugs and adherence to prescribed medication is also crucial as is self-management. Cardiac rehabilitation programmes usually include a presentation on cardiac medication aimed at improving knowledge in the expectation that this will improve concordance. Lifestyle risk factors are discussed ensuring that equal importance is placed on smoking cessation, exercise and diet.

The majority of cardiac rehabilitation programmes follow a group format with patients attending for around 8-10 weeks. While a frequency of twice weekly was previously recommended on the basis of supervised exercise, there is an increasing trend to once weekly input. There is evidence that programmes which have a basis in psychoeducation (goal setting, self-monitoring, relapse prevention) are more likely to achieve long-term behaviour change than those based simply on delivering a fixed agenda of exercise and education. A recent Cochrane review of exercise-based cardiac rehabilitation continues to show the benefit of exercise prescription in terms of cardiovascular mortality, hospital readmission rates, and quality of life.

Anxiety and depression are common among cardiac patients, the latter estimated to affect 30% of these patients. Cognitive behaviour therapy is the psychological intervention of choice for anxiety and depression. Cardiac rehabilitation should not be seen as a one-off opportunity for support after an acute event, and should the patient require further support then cardiac rehabilitation teams are happy to review the patient for additional input if required.