Improving Cardiac Rehab for Women with Heart Disease

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(PhysOrg.com) -- USF Health researcher shows motivational "women-only" cardiac rehab improves symptoms of depression.

Depressive symptoms improved among women with coronary heart disease who participated in a motivationally-enhanced cardiac rehabilitation program exclusively for women, according to research presented at the American Heart Association's Scientific Sessions 2009.

Depression often co-occurs with heart disease and is found more often in women with heart disease than in men. Depression also interferes with adherence to lifestyle modifications and the willingness to attend

rehabilitation.

“Women often don’t have the motivation to attend cardiac rehab particularly if they’re depressed,” said Theresa Beckie, Ph.D., lead investigator and author of the study and professor at the University of South Florida’s College of Nursing in Tampa, FL. “Historically women have not been socialized to exercise and their attendance in cardiac rehabilitation programs has been consistently poor over the last several decades. This poor attendance may be partly due to mismatches in stages of readiness for behavior change with the health professional approaching from an action-oriented perspective and the women merely contemplating change -- this is destined to evoke resistance.”

Cardiac rehabilitation programs tailored to the needs of women and to their current level of readiness to change may improve adherence to such programs and potentially improve outcomes for women, she said.

The primary goals of the 5-year randomized clinical trial were to compare multiple physiological and psychosocial outcomes of women who participated in a 12-week stage-of-change matched, motivationally enhanced, gender-tailored cardiac rehabilitation program exclusively for women compared to women attending a 12-week traditional cardiac rehabilitation program comprised of education and exercise. Depressive symptoms of 225 women (average age 63) who completed this trial were examined after the interventions as well as after a 6-month follow-up period.

Participants completed the 20-item Center for Epidemiological Studies Depression Scale prior to beginning the intervention, one week after completing the intervention, and again six months later. The questionnaire asked them about how often in the past week they felt depressed, hopeful, lonely, happy and fearful.

Depression scores for the women participating in the traditional cardiac rehab dropped from 16.5 to 14.3 in 12 weeks, while scores in the augmented group dropped from 17.3 to 11.0 - “a significant decline compared to the traditional group,” said Beckie.

After a six-month follow-up, the traditional rehab group had an average score of 15.2 and those in the women-specific program had a mean score of 13. Beckie said “we found that improvements in depressive symptoms were sustained at the 6-month follow-up in the augmented group while those in traditional cardiac rehab were essentially unchanged. This intervention also led to significantly better attendance and completion rates than those in the traditional cardiac rehabilitation program.”

The intervention was guided by the transtheoretical model of behavior change and was delivered with motivational interviewing clinical methods. The motivationally-enhanced intervention began with an assessment of their stage of motivational readiness to change regarding three behaviors: healthy eating, physical activity, and stress management. The investigators then applied appropriate stage-matched strategies to promote the uptake of health behaviors.

“The stage-matched intervention used in conjunction with motivational interviewing applied the patient-centered principles of expressing empathy, rolling with resistance to change, respecting patient autonomy and supporting self-efficacy for change” Beckie said.

“We didn’t push them if they weren’t ready to make the changes,” Beckie said. “We have found that if some patients receive long lists of behaviors they are expected to change immediately — such as quitting smoking, eating healthier, exercising regularly — they are overwhelmed. Pushing such patients who are not ready can lead them to tune out or drop out. Instead, for these women, we acknowledged their ambivalence about change and gave them strategies to move toward being ready by

reinforcing their own motivations for changing. It's unrealistic to expect all patients to change their lifestyle all at once, right now in front of you."

The woman-centered program is a more individualized approach to rehabilitation.

"You can't treat everyone the same when it comes to changing health behaviors," she said.

Beckie hopes these results will lead to symptoms of depression being assessed more often in women suffering from heart disease and to more motivationally augmented, women-specific rehabilitation options. The participants may not be completely representative of the national population because they all had health insurance.

Beckie's co-author is Jason Beckstead, PhD. The National Institute of Nursing Research funded the 5-year study.

Provided by University of South Florida