

Study: Sticking with heart rehab boosts survival

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(PhysOrg.com) -- Medicare beneficiaries with heart disease who attended more cardiac rehabilitation sessions had fewer heart attacks and were less likely to die within four years than those who went to rehab less, researchers report in *Circulation: Journal of the American Heart Association*.

Researchers analyzed data from 5 percent of the nation's Medicare beneficiaries that included more than 30,000 patients age 65 and older who had gone to at least one cardiac rehabilitation session between the 2000 and 2005. When examining those who went to cardiac rehab, investigators learned: The more sessions, the better.

“We were not surprised that patients who attended more rehabilitation had better outcomes,” said Bradley G. Hammill, M.S., lead author of the study. “We need to encourage physicians to recommend cardiac rehabilitation to eligible patients, and we need to encourage those patients to attend and stay with it.”

Medicare reimburses 36 sessions, yet about half of these Medicare-enrolled patients attended 24 or fewer, said Hammill, senior biostatistician at the Center for Clinical and Genetic Economics at Duke Clinical Research Institute in Durham, N.C.

Researchers found:

- Patients who attended all 36 sessions lowered their risk of heart attack

and death when compared to patients who went to fewer sessions.

Those who attended 36 sessions had a 14 percent lower risk of death and a 12 percent lower risk of heart attack compared to those who attended 24 sessions.

Those who attended 36 sessions had 22 percent lower risk of death and 23 percent lower risk of heart attack compared to those who went to 12 sessions.

Those who attended 36 sessions had a 47 percent lower risk of death and a 31 percent lower risk of heart attack than those who went to only one session.

Hammill and his colleagues conducted the study to determine if there was a best “dose” of cardiac rehab that would help patients the most.

Typically, people attend cardiac rehab two to three times per week for six to eight weeks, he said. The program is designed to fit each patient’s abilities and needs and typically includes counseling about cardiovascular disease, nutrition, reducing stress, how to properly use medications and any emotional concerns. A physician supervises an exercise plan, and a rehab program can also include:

- Counseling on understanding and managing the disease process, good nutrition, modifying risk factors and appropriate use of prescribed medications
- Vocational guidance to enable the patient to return to work
- Information on physical limitations
- Emotional support
- Patients are usually referred to a cardiac rehabilitation facility after a heart attack, coronary bypass surgery, heart transplant or other cardiac interventions. Rehab is also used for the long-term management of angina, which is chest pain caused by clogged or narrowed arteries.

“Unfortunately, use of cardiac rehab is very low,” Hammill said. “Under

20 percent of those eligible ever go and women and minorities go less often than white men. We need to promote cardiac rehab for everyone.”

Hammill said he will continue studying the use of cardiac rehab.

“An important point about cardiac rehabilitation is that each visit involves interaction with a healthcare provider,” he said. “And there is benefit to having contact with the medical system.”

More information: On the Net: Circulation: www.circ.ahajournals.org

Provided by American Heart Association

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