

# Home is best for cardiac rehabilitation

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Researchers from the NHS in Cornwall, the Peninsula Medical School, the Agency for Health Technology Assessment in Warsaw and the University of Birmingham have analysed 12 studies relating to cardiac rehabilitation and found no difference in health outcomes for patients who receive cardiac rehabilitation in a clinical setting or at home.

The research paper is published in [BMJ](#) on Wednesday 20th January 2010.

The study, which included data from 1938 participants, from several countries (UK, USA, Canada, Italy, China, Turkey and Iran) found that there was no difference between home based and centre based rehabilitation for a number of issues including mortality, [cardiac events](#), exercise capacity, risk factors that can be modified (such as smoking, [high blood pressure](#), total cholesterol) and quality of life in people at a low risk of further events after [myocardial infarction](#) or revascularisation.

The study also found some evidence that those who received and practised [cardiac rehabilitation](#) at home were more likely to stick to their rehabilitation regime. This is an important point, because poor participation is a weakness in some cardiac rehabilitation programmes delivered from centre based settings such as hospitals or gyms. The research team identified a number of reasons why people did not attend centre based rehabilitation classes including problems with accessibility and parking at their local hospital, a dislike of groups and work or domestic commitments.

The team found that these problems can be overcome by home based programmes and at a similar cost to health care services as centre based rehabilitation. National guidelines including NICE recommend that cardiac rehabilitation should be offered to people after a heart attack or [coronary artery bypass](#) surgery in order to aid recovery and prevent further cardiac illness. It has been shown to improve physical health and decrease subsequent morbidity and mortality in patients with [coronary heart disease](#). Cardiac rehabilitation programmes typically include exercise, education, behaviour change, counselling, support and strategies designed to tackle the risk factors associated with cardiovascular disease.

Unfortunately fewer than 40% of people who survive a heart attack in the UK participate in cardiac rehabilitation. This research confirms findings from earlier studies from the UK (Cornwall and Birmingham) and elsewhere that home based cardiac rehabilitation is as effective and efficient as centre based rehabilitation in improving clinical and health related quality of life outcomes. The choice of participating in a supervised centre based or home based programme should reflect the preference of the individual patient.

Lead author on the paper, Dr. Hasnain Dalal from the NHS in Cornwall/Peninsula Medical School, commented: "It is vital for patients recovering from cardiac illness to stick to a cardiac rehabilitation programme if they are to recover and prevent any future problems. Our research shows that not only does cardiac rehabilitation at home carry all the benefits of cardiac rehabilitation in a centre based setting and for the same cost (in fact, slightly cheaper) to health services, it also appears to encourage patients to more fully participate in their rehabilitation programme." He added: "Our results show clear positive outcomes from home based cardiac rehabilitation. It is easier for patients to access and in the UK has an established evidence based manual for health services to provide. Patients can now have a choice, which means that more

patients can reap the ultimate benefits of rehabilitation. It may even have a positive impact on CO<sub>2</sub> emissions, as fewer patients travel for cardiac rehabilitation to hospitals."

Provided by Peninsula College of Medicine and Dentistry

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