

# Many women missing out on the benefits of cardiac rehab

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Cardiac rehabilitation is considered the pillar of preventing a second cardiac event yet those who stand to benefit the most – women and the elderly – are often missing out, Dr. Billie Jean Martin told the Canadian Cardiovascular Congress 2010, co-hosted by the Heart and Stroke Foundation and the Canadian Cardiovascular Society.

"These two high-risk but universally undertreated groups are less likely attend cardiac rehab than their younger, male counterparts even when they are referred," says Dr. Martin, PhD(c) and surgical trainee at University Calgary/Libin Cardiovascular Institute, speaking on behalf of her co-authors at the Cardiac Wellness institute of Calgary and APPROACH. "And when [women](#) do attend cardiac rehab, they tend to present later and at a more serious stage of the disease."

The study of 6,000 people living with cardiovascular disease found that participation in cardiac rehab was associated with a decreased risk of emergency room visits and hospitalization and a significantly lower risk of death.

"Cardiac rehab had a greater impact on mortality in women and in the elderly," says Dr. Martin, who also noted that fewer hospital visits had an impact on reducing health costs. "It is very beneficial in these two difficult-to-reach and at-risk populations but we are not very successful with getting them to attend."

She says that greater attention should be placed on referring all eligible

patients to cardiac rehab irrespective of age and sex and that we should better address barriers to attendance.

## **Barriers for women entering cardiac rehab**

Why don't women enter cardiac rehab as often as men? There are multiple reasons.

The most common barriers to cardiac rehab for female [heart](#) patients include domestic care responsibilities, distance to the cardiac rehab facility, transportation problems, work responsibilities, lack of energy, time constraints, existing muscle and bone conditions, and pain.

"Cardiac rehab effectively reduces cardiac risk, decreases recurrence of cardiac events, and decreases mortality for both men and women," says Heart and Stroke Foundation spokesperson Dr. Beth Abramson. "Despite these benefits, the lower attendance rate of women compared to men is well documented."

Toronto researchers looked at the barriers and are calling for a structured, home-based, cardiac rehab program for women with heart disease.

Shamila Shanmugasegaram, A PhD student under the supervision of Dr. Sherry Grace at York University and her research team believe there may be a simple, effective solution: "Referral to a structured and monitored home-based cardiac rehab program could allow patients to overcome many of these barriers," she says. "Home settings are just as effective as hospital settings."

The biggest advantage, she says, is the flexibility structured home-based rehab offers in terms of hours and location.

"Any rehab program that is effective and attended, whether at home or in a hospital, will save lives," says Heart and Stroke Foundation researcher Dr. Beth Abramson. "We know that [cardiac rehabilitation](#) programs which address risk reduction strategies including heart healthy behaviour, risk factor modification, and medication compliance are effective for women. Unfortunately, women are not being referred to nor attending cardiac rehab as much as they should be."

She says that all women can learn about their risks and prevention tips at [thehearttruth.ca](http://thehearttruth.ca). "Although cardiac rehab programs are for patients who have heart disease, ALL women need to be aware of their risk." The Heart and Stroke Foundation's Heart Truth campaign educates women about identifying their risks and warning signs of heart disease and stroke. "It empowers them to take charge of their heart health by making lifestyle changes and taking action to improve their health that can reduce their risk by as much as 80 per cent."

Provided by Heart and Stroke Foundation of Canada

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