

Maintaining exercise when the cardiac rehab is complete

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Researchers from The Miriam Hospital have found that patients who have completed cardiac rehabilitation and who receive telephone counseling that supports exercise are more likely to adhere to an exercise program. Results of the study, funded by the National Heart, Lung and Blood Institute, are published in the *American Journal of Preventive Medicine*.

Traditionally, patients who complete Phase II [cardiac rehabilitation](#) often have low rates of maintaining exercise after program completion. If patients who have completed cardiac rehabilitation do not maintain regular exercise, they are at risk for repeated [cardiac events](#) and hospitalizations. [Lifestyle changes](#) such as staying regularly active, along with [prescribed medications](#), are important for preventing future hospitalizations in this high risk population.

With that in mind, researchers at The Miriam Hospital developed a [randomized controlled trial](#) to determine the efficacy of a home-based intervention to support exercise maintenance. Patients who completed cardiac rehabilitation were randomly chosen to receive phone interventions with exercise counseling (maintenance counseling group) or to receive only telephone support (contact [control group](#)) that did not focus on exercise. Data was collected over a period of five years and included 130 patients.

Bernardine Pinto, Ph.D., a researcher at The Miriam Hospital and a professor at The Warren Alpert Medical School of Brown University,

led the study. She reports that when the data was analyzed, they found that the maintenance counseling group reported they were exercising at or above the weekly recommendations, were more motivated to stay active, and had better physical functioning than the control group at 12 months. There was a significant drop in weekly exercise in the control group over time. The researchers found that at six months, the counseling group's weekly exercise was approximately 32 minutes more than that of the control group. By 12 months, patients in the counseling group reported an average difference of 80 minutes of exercise per week compared to those in the control group.

Pinto explains that both groups received the same number of support calls; however, the patients in the control group did not receive focused exercise phone support. She adds, "It was also very encouraging to find that even patients with lower levels of exercise at the time of cardiac rehab discharge were particularly helped by the telephone counseling.

The researchers are greatly encouraged by the positive findings of the study. Pinto says, "While patients benefit from taking part in cardiac rehabilitation programs, six months after discharge, only 30 to 60 percent of patients report regular exercise. Our study shows that specific support for exercise is important if we want cardiac patients to stay active over the long-term and can easily be delivered through a telephone-based intervention. In the absence of such support, gains in exercise that patients have achieved while participating in cardiac rehabilitation may be lost with time."

Provided by Lifespan

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