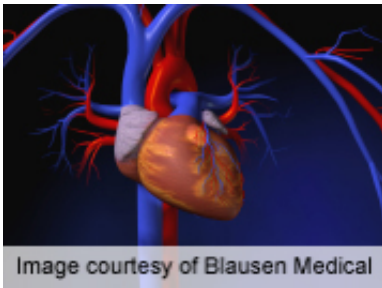


Outcomes best for early enrollment in cardiac rehab

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Early enrollment may improve outcomes in cardiac rehabilitation, according to research published in the Dec. 15 issue of *The American Journal of Cardiology*.

(HealthDay)—Early enrollment may improve outcomes in cardiac rehabilitation (CR), according to research published in the Dec. 15 issue of *The American Journal of Cardiology*.

Dominic A. Johnson, M.D., of the Wake Forest School of Medicine in Winston-Salem, N.C., and colleagues analyzed data from 1,241 patients who were consecutively enrolled in CR less than one year after treatment of [cardiac events](#) or [cardiac surgery](#). The effects of delayed enrollment in CR on patient outcomes were assessed.

The researchers found that the mean delay time for CR was 34 days. Factors associated with delay times greater than 30 days included older age, female gender, nonwhite race, unemployed status, and increased

length of hospital stay before CR after index cardiac event. Although significant improvements in metrics were observed in patients in CR, smaller changes were observed in peak metabolic equivalent levels (METs) and weight in patients with delay times greater than 30 days compared to those with delay times of 0 to 15 days and 16 to 30 days. Delay time to CR greater than 30 days, compared with 0 to 15 days, remained an independent predictor of decreased MET improvement, after multivariable adjustment (P

"Although all patients showed improvements in key metrics regardless of delay time, CR was of greatest benefit, particularly for weight and exercise capacity, when initiated within 15 days of the index event," the authors write.

More information: [Abstract](#)
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