Reduced anxiety and depression for women participating in women-only cardiac rehab programs

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Cardiovascular disease is the leading cause of death for women globally. Women who have an acute coronary heart event may be more likely to die or to suffer complications during the initial recovery period than men, but are less likely to make use of cardiac rehabilitation programs. Although all models of cardiac rehab significantly improve heart health, investigators found that participating in women-only cardiac rehab resulted in significantly lower symptoms of anxiety and depression and improvements in diet. Their findings are published in the *Canadian Journal of Cardiology*.

Earlier studies have shown that participating in an outpatient cardiac rehab program, comprised of structured exercise training and comprehensive education and counseling, may reduce deaths by 25%, as well as reduce re-hospitalization and the need for further heart treatments. Participating in a cardiac rehab program is also associated with heart health behavior changes such as increased exercise, improved diet, smoking cessation, as well as improvements in psychosocial well-being.

Despite these benefits and clinical practice guideline recommendations for referring women to cardiac rehabilitation, a recent analysis showed what while 45% of men enroll in these programs, only 39% of women do. Accordingly, the authors of this research have been looking at ways to engage more women in cardiac rehab so they also reap the many

benefits.

Investigators from York University and University Health Network, Toronto, Ontario, Canada compared health behaviors and psychosocial outcomes of women randomly allocated to women's-only cardiac rehabilitation programs with women allocated to participation in traditional mixed-sex (co-ed) or home-based programs. After a few sessions at the cardiac rehab program, participants were supported in their rehab regularly by phone and email.

Self-reported physical activity increased and quality of life improved among women who attended the supervised programs. At the end of rehab, women who had attended mixed-sex programs exhibited higher levels of anxious and depressive symptoms than patients in women-only programs. Diet improved among women attending women-only programs. Patients who had participated in either mixed-sex or women-only programs reported increased physical activity, but overall women were not getting the recommended 150 minutes per week.

"Diet improved and depressive and anxious symptoms were lower with women-only cardiac rehabilitation participation. Nevertheless, physical activity and quality of life improved with all supervised cardiac rehabilitation participation and the overall adjusted results of this trial suggest that women's outcomes are equivalent regardless of participation in women-only, mixed-sex or home-based cardiac rehabilitation," explained lead investigator Sherry L. Grace, PhD, of the School of Kinesiology and Health Science, Faculty of Health, York University, Toronto, and Senior Scientist with the Toronto Rehabilitation Institute of the University Health Network. "Therefore, we need to get more women to cardiac rehab, and let them choose the type of program they will be most likely to stick with."

More information: "Women's Health Behaviors and Psychosocial

Well-Being by Cardiac Rehabilitation Program Model: A Randomized Controlled Trial," by Liz Midence, MSc; Heather M Arthur, PhD; Paul Oh, MD; Donna E Stewart, MD; and Sherry Lynn Grace, PhD (DOI: dx.doi.org/10.1016/j.cjca.2015.10.007), which appears online in the *Canadian Journal of Cardiology*.

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