

OPTICARE trial enhanced cardiac rehab programs help heart attack patients, but do not decrease cardiovascular risk

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Enhanced cardiac rehabilitation (CR) programs that include a year of group or personal lifestyle and fitness coaching did not improve cardiovascular risk scores more than a standard 3-month program in patients recovering from a heart attack.

But, findings from the OPTimal CArdiac REhabilitation (OPTICARE) trial, presented in a Hot Line session at ESC Congress 2016, and showed that motivated patients who stuck with the year-long protocol were "happier, healthier and more active," than those in the regular program, said investigator Ron van Domburg, PhD, from Erasmus Medical Center Rotterdam, the Netherlands.

"Although we were not able to show any greater improvement in metabolic parameters such as cholesterol, blood pressure, BMI, or waist circumference associated with the enhanced protocol overall, there were some initial indications that a firm commitment to a year-long program might encourage more permanent lifestyle improvements," said Professor van Domburg.

The study randomised 914 patients with [acute coronary syndrome](#) (ACS) to 3 different CR programs:

- Standard CR, which involved 3 months of bi-weekly supervised exercise and educational sessions (CR-only);

- Standard CR plus an additional 9 months of group sessions on lifestyle and fitness training (CR+G);
- Standard CR plus an additional 9 months of personal telephone coaching on lifestyle (CR+T).

The primary outcome of the study, measured at 18 months, was the Systematic COronary Risk Evaluation (SCORE) - a 10-year cardiovascular mortality risk score based on 3 modifiable risk factors: systolic blood pressure; total cholesterol; and smoking behavior.

In an intention-to-treat analysis, the study found no difference between the groups for the SCORE outcomes.

However, since compliance to the enhanced programs was lower than for the standard program (61% and 57% in CR+G and CR+T, compared with 83% in CR-only), a per-protocol analysis was done that included only those participants who completed at least 75% of their CR program.

Among these motivated individuals both smoking cessation and total cholesterol were significantly better in the CR+G compared with the CR-only group (13.4% vs 21.3%; P

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