

Self-delivered cardiac rehabilitation programmes could benefit harder to reach communities

February 16 2018, by Alistair Keely



Researchers also say cardiac rehabilitation should be individualised. Credit: University of York

Self-delivered cardiac rehabilitation (CR) programmes could benefit some "harder to reach" members of society, new research by the

University of York reveals.

Researchers also say CR should be "individualised" and organised in accordance with the patient's [everyday life](#) - for some patients it could include new technologies like mobile phone apps.

CR programmes are aimed at reducing [lifestyle risk factors](#) and promoting health in patients post cardiovascular disease.

The programmes are either supervised by health professionals, or self-delivered at home, with patients following set plans such as the Heart Manual or Angina Plan.

Little evidence

However, little evidence exists evaluating the association between mode of delivery and outcomes.

Now, researchers from the University of York's Department of Health Sciences analysed data from more than 120,000 patients collected from the British Heart Foundation (BHF) National Audit of Cardiac Rehabilitation from 2012 to 2016.

The study looked at four psychosocial [health](#) outcomes pre and post CR and changes in anxiety, depression and quality of life following intervention.

Harder to reach

The analysis suggests that facilitated self-delivered CR was appealing to females, the employed and older patients who are traditionally harder to reach.

The findings are published in the *International Journal of Cardiology*, with an accompanying editorial promoting the benefit of the research.

The editorial went on to say that cardiac rehabilitation should be "individualised" and organised in accordance with the patient's everyday life, with patients possibly using mobile phone apps.

Quality of life

Professor Patrick Doherty, Chair in Cardiovascular Health at the University of York, added: "Our research shows that a 'one size fits all' version of rehabilitation fails to meet the expectations and preferences of [patients](#) following a heart event.

"Innovative ways of planning and organising [rehabilitation](#) is happening in some services but not all.

"Our research shows that variation in the mode of delivery of [cardiac rehabilitation](#), including tailoring towards age and gender, will help improve uptake thus saving lives and improving the quality of life of those that attend."

Provided by University of York

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