

Virtual cardiac rehabilitation produces similar results as in-person treatment

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Cardiac rehabilitation (CR) reduces hospitalization and mortality and improves quality of life for patients with cardiovascular disease. Despite its benefits, only 24 percent of eligible patients in the U.S. participate in CR due to financial and logistical barriers.

When the COVID-19 pandemic limited in-person treatment options for CR, cardiovascular rehabilitation centers, including UC San Francisco, added virtual and hybrid options. In a study published in the most recent issue of *The Journal of Cardiopulmonary Rehabilitation and Prevention*, UC San Francisco researchers looked at the efficacy of hybrid and virtual delivery of CR. They found that virtual and hybrid CR services produced similar improvements in patient function as in-person CR.

"Our primary objectives were to compare the association of in-person, hybrid and virtual CR with functional changes in patients between enrollment in the program through completion," said Alexis Beatty, MD, MAS, a UCSF cardiologist and associate professor of Epidemiology & Biostatistics. "Not only did we find similar outcomes for virtual and hybrid CR as in-person CR, but we also found that virtual and hybrid CR have the potential to expand availability without compromising outcomes."

Patients enrolled in CR between October 2019 and May 2021, and were categorized into in-person, hybrid, or virtual groups by number of in-person and virtual visits. All patients received individualized exercise training and health behavior counseling. Cardiac rehabilitation was delivered to patients in the hybrid and virtual groups using synchronous video exercise and/or asynchronous telephone visits. Measurements at CR enrollment and completion included a six-minute walk test, blood pressure, depression, anxiety, waist-to-hip ratio, and cardiac self-efficacy.

Hybrid and virtual patients experienced similar improvements in blood pressure control, a 6-minute walk test and anxiety. While virtual patients experienced less improvement in depression symptoms, they generally had positive perceptions of hybrid and virtual CR.

Cardiac rehabilitation holds tremendous promise but is underutilized and

often unavailable according to heart experts. These results provide evidence that hybrid and virtual CR programs are practical options for increasing CR capacity and flexibility to meet patients' needs.

More information: Smitha Ganeshan et al, Clinical Outcomes and Qualitative Perceptions of In-person, Hybrid, and Virtual Cardiac Rehabilitation, *Journal of Cardiopulmonary Rehabilitation and Prevention* (2022). [DOI: 10.1097/HCR.0000000000000688](https://doi.org/10.1097/HCR.0000000000000688)

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