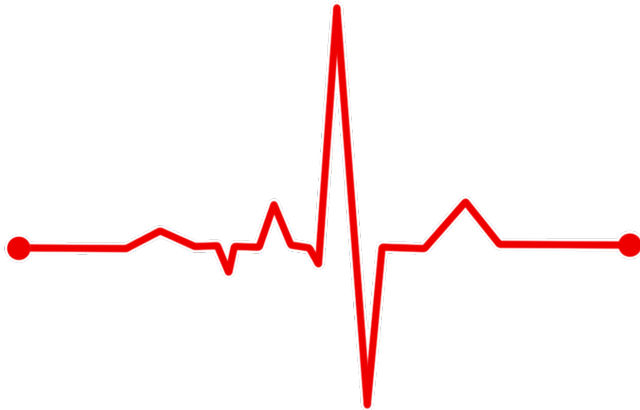


Just one-third of Chinese acute coronary syndrome patients receive rehabilitation guidance

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Just one-third of Chinese patients with acute coronary syndromes including heart attack receive cardiac rehabilitation guidance before discharge from hospital, according to research presented at the 29th Great Wall International Congress of Cardiology (GW-ICC). Only one in ten receive personalised advice.

GW-ICC 2018 is being held 11 to 14 October in Beijing, China. Visiting experts from the European Society of Cardiology (ESC) will present key messages from ESC guidelines.

Heart attacks are on the rise in China, and the World Bank estimates that around 16 million will occur in 2020. Cardiac [rehabilitation](#) can improve quality of life and help prevent second heart attacks, rehospitalisation, and premature death. Programmes should include advice on smoking cessation, exercise, diet, weight control, blood pressure control, stress management, and

psychological support.

This study examined the proportion of patients in China with acute coronary syndromes including myocardial infarction (heart attack) and unstable angina who received [cardiac rehabilitation](#) guidance before discharge from hospital. It was conducted within the Improving Care for Cardiovascular Disease in China – Acute Coronary Syndrome (CCC-ACS) project, a nationwide registry and quality improvement programme of the Chinese Society of Cardiology and American Heart Association.

After excluding patients with incomplete demographic information (191) and those who died during hospitalisation (1,223), the study enrolled 62,227 patients with [acute coronary syndromes](#) from 150 hospitals across China between November 2014 and June 2017. Cardiac rehabilitation guidance was defined as providing a health brochure or personalised rehabilitation plan.

Just one-third (32.8 percent) of patients received guidance before discharge, and only one in ten (9.7 percent) were given an individualised plan. Men were more likely to receive advice (33.6 percent) than women (30.6 percent). The rate of guidance provision declined with increasing age, with 34.0 percent of under-45s receiving advice, compared to 32.9 percent of 45–74 year-olds, and 31.9 percent of those aged 75 years and above.

Study author, Dr. Guoliang Hu, of the Beijing Institute of Heart, Lung and Blood Vessel Diseases, said: "Prior research has suggested that women and older patients may benefit most from rehabilitation. In our study, these groups were even less likely to receive advice and therefore targeted efforts are needed."

Contrary to expectations, patients with a history of [coronary heart disease](#) (CHD) received advice less often (30.5 percent) than those with no CHD history (33.1 percent). However, patients who had a stent implanted to open clogged arteries after their [heart attack](#) received advice more often (35.1 percent) than those who did not get a stent (27.5 percent).

unhealthy lifestyles, including poor quality diet, physical inactivity, and smoking, and often require medication to treat high blood pressure and cholesterol, and aspirin to prevent clot formation."

Provided by European Society of Cardiology

Dr. Hu said: "All [heart attack patients](#) need cardiac rehabilitation and talking to them before discharge is an effective way to encourage participation, but this is an emerging field in China. The first step towards improving provision is to increase clinician awareness about the benefits of discussing cardiac rehabilitation before patients go home, just as they prescribe discharge medications. China also needs a cardiac rehabilitation referral system, evidence-based programmes, and dedicated centres and teams."

Professor Dong Zhao, Chairperson of the Scientific Committee of GW-ICC 2018 and an author of the study, said: "The low proportion of [acute coronary syndrome](#) patients who receive cardiac rehabilitation guidance, based on findings of this project, may reflect the fact that it is still not integrated into routine hospital-based care for these [patients](#) in China. Adding cardiac rehabilitation guidance as an indicator of quality of care and providing more effective training for cardiologists may improve the situation."

Professor Jian'an Wang, Deputy President, Chinese Society of Cardiology, said: "Although cardiac rehabilitation in China started late, it has entered a period of rapid evolution. Nearly 500 cardiac rehabilitation centres have been established in the past five years. On the basis of traditional dietetics, nutrition and kinematics such as Tai Chi, we are learning from the experience in developed countries and providing training. With the creation of professional rehabilitation teams and the support of medical insurance policies, cardiac rehabilitation in China will flourish in the future."

Professor Michel Komajda, a Past President of the ESC and course director of the ESC programme at GW-ICC 2018, said: "Patients who have a [heart attack](#) or unstable angina are at very high risk of another event. They need intensive advice to tackle

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