Cardiac Rehabilitation in Hong Kong 2006: The Way Forward

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LAU: ***Cardiac Rehabilitation in Hong Kong 2006: The Way Forward.*** *To combat the burden of cardiovascular disease, primary and secondary prevention should be emphasized. In Hong Kong, the development of cardiac rehabilitation and prevention programs since 12 years ago had resulted in various structured programs in the private and public sector. However, the provision of service is limited in volume and scope and participation remained low. The healthcare professionals should work together to enhance the preventive measures to control the epidemic of cardiovascular diseases in Hong Kong. (J HK Coll Cardiol 2006;14(Suppl 2):B36-B38)*

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摘要

為了減輕心血管疾病的負擔，應當強調初級和二級預防。在香港地區，心臟病的復康治療和預防計劃早在12 年前就開始實施了，在私立和公立醫療機構有著不同的架構計劃。然而，服務提供的數量和範圍依然有限，且參與程度低。健康保健專業人士應當共同參與，增強預防措施，以控制心血管疾病在香港的流行。

關鍵詞：心臟病復康　香港

Cardiovascular Disease in Hong Kong

Cardiac diseases cause about 5,000 deaths per year in the past five years and continued to be the second leading cause of death in Hong Kong. The other leading cause of death cerebral vascular disease is causing another 3,000 deaths yearly.[1] With the progressive ageing population, cardiovascular diseases continue to escalate and account for more than 75,000 annual hospital admissions. Primary and secondary prevention of cardiovascular diseases is an eminent target for intervention to combat this disease burden.

The History of Development

Cardiac rehabilitation and secondary prevention, an essential and integral part of heart disease management had developed to cater for the need. In the 1980s, scattered cardiac rehabilitation services had been provided in both private and public hospitals in Hong Kong. Structured cardiac rehabilitation programs had developed after the white paper for rehabilitation deliberating the government policies in rehabilitation in 1992. The programs though limited in volume, spectrum and access had been set up in the public hospitals under Hospital Authority and in the community by the Community

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Rehabilitation Network, Hong Kong Society for Rehabilitation in the past 12 years.

Cardiac Rehabilitation Programs

Various programs for rehabilitation of different patient categories including coronary heart disease patients manifesting as acute myocardial infarction, angina, following revascularization procedures with coronary artery bypass graft surgery (CABG) or percutaneous transluminal coronary angioplasty (PTCA) and stenting; patients with heart failure, cardiac transplantation, valvular surgery and other procedures including implantable devices had been established in various hospitals. The majority were comprehensive rehabilitation programs utilizing exercise training; education; counseling; behavioral modifications; psychosocial assessments and interventions; occupational assessment and vocational counseling.[2]

In public hospitals, hospital-based program with in-patient Phase I rehabilitation to facilitate early discharge and coping at home were available in many hospitals. Outpatient Phase II program in different formats have been created. Comprehensive programs comprising supervised exercise, walking, relaxation therapy, counseling, Tai Chi and reinforcement of the knowledge and life style modification for secondary prevention were utilized. Case management model and home care had been provided to patients with special needs in pilot programs. From April 2001 to March 2002, 18, 11, 7 and 5 hospitals of the Hospital Authority provide Phase 1, II, II and IV services. The number of patients who had participated in rehabilitation was still limited for the 4 phases, amounting to 4225, 1391, 396 and 428 respectively. In addition, the Phase III and IV community based rehabilitation were provided by the Community Rehabilitation Network and the patient self-help groups with limited access.[3]

Survey of service provision in public hospital in the year 2005 from 10 hospitals with cardiac rehabilitation service showed that the development has not gone further especially in the service volume. Amongst the 10 hospitals with cardiac rehabilitation service, only 2025 patients had participated. The majority 1490 (73.6%) are having coronary heart disease. The numbers participated in the 4 phases of rehabilitation are 1088, 499, 206 and 222 respectively (personal communication).

A recent survey also demonstrated that the service provision in the private sector was of a small scale in the year 2005. Seventeen (80.9%) of the responded cardiologist considered cardiac rehabilitation useful and 15 (71.4%) would consider referral of patients for cardiac rehabilitation (personal communication). The situation may change in the future if more private hospitals have the service established.

The Way Forward

The proportion of patients that had participated in cardiac rehabilitation programs remained low. In order to address this service gap, we must overcome the barriers to cardiac rehabilitation including availability, access, referral and adherence.

Hospital based phase 1 program should be consolidated to promote participation and facilitate recruitment into structured phase 2 programs in both the private and public sector. Structured phase 2 programs have to be enhanced and further developed. The community partnership in collaborating to help patients maintain their healthy lifestyle and secondary prevention remain a challenge to our healthcare providers. Innovative and effective models of service delivery are waiting to be developed to improve the participation and adherence. In Hong Kong, the Community Rehabilitation Network, a non-government organization and the patient support groups such as Care for Your Heart, The Heart Club and hospital based patient self help groups had been taking the important roles in community rehabilitation and their service can be further enhanced.

To improve access, structured programs should be set up in public and private hospitals that are still not providing the service. The cardiovascular

specialist should be a champion for prevention which should be taught in medical schools.[4] Primary care physicians should play a more definite role in providing and reinforcing the primary and secondary prevention services. The training of specialized personnel, designated staff and teams, clinical paths for management and collaboration between the providers and awareness of the public are prerequisite for success. We have got to augment prevention and rehabilitation which is the key to control the epidemic of cardiovascular disease of the twenty-first century in Hong Kong.

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