Coronary Artery Disease Club – One of the Experience of Cardiac Rehabilitation in Guangdong

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Introduction

Cardiac rehabilitation (CR) programs are designed to limit the physiologic and psychological effects of cardiac illness, reduce the risk for sudden death or re-infarction, control cardiac symptoms, stabilize or reverse the atherosclerotic process and enhance the psychosocial and vocational status of the patients. Very few Chinese patients attend the programs because of various reasons. How to motivate patients to participate in the programs is a real problem. Coronary artery disease (CAD) Club is a way to recruit patients and attract them to keep participating in the CR programs. We evaluated the effects of cardiac rehabilitation exercise therapy on quality of life (QOL) in the CAD patients. The psychological and physiological status, the social adaptation ability and knowledge and practices in CHD prevention/control were also studied.

Methods

A CAD Club was set up to recruit patients. A staff performed initial and follow-up patient assessment. Cardiac rehabilitation sessions include a combination of telemetry-monitored exercise, individual counseling, and small and large group education classes. Letters and telephone were used to improve the CR compliance. During follow up of patients in clinics, patients were encouraged to comply with comprehensive second prevention and lifestyle changes (such as stop smoking, regular exercise and dieting). Typical program involves prescribed exercise sessions using THR and RPE. Exercise time is 30 minutes, 3-5 times a week. The follow-up post-CR included 1, 3, 6 months and 1 year post program assessment. 109 CAD patients after percutaneous transluminal coronary angioplasty (PTCA) were randomized. 78 of them were set in the rehabilitation exercise group and 31 in the control group. All patients were tested with the CAD QOL questionnaire. The questionnaire was filled by the patients or assisted by the staffs without any guidance. SPSS 10.0 was use to analyze the data.

Results

125 questionnaires were distributed and 109 were returned, the participating rate was 87%. There was no significant difference between the two groups in sex, age, education, marriage status and occupation. The results showed significant difference in total score ($t=2.63$, $p=0.01$) and sub-score of knowledge/practices in CHD prevention/control ($t=4.74$, $p<0.001$). The rehabilitation exercise group had higher score than the control. No difference was observed in the scores of psychological and physiological status, of social adaptation ability and social supports.

Conclusion

The total QOL score in CAD patients after PTCA in the CAD Club could be improved by cardiac rehabilitation exercise therapy particularly in knowledge and practices in CHD prevention/control. CAD Club is a useful way to improve the secondary prevention of CAD in China.

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