

## **The aim of cardiac rehabilitation is to;**

- Provide educational, emotional, physical and psychological support to those patients having had an Myocardial Infarction (M.I) or Coronary Artery By-pass Graft (C.A.B.G.) and assist with reducing the risk of further cardiac events
- Ensure that partners/family/carers also receive education and support.
- Ensure the use of a multi-disciplinary team approach to achieve optimum results.
- Use appropriate materials to reinforce health promotion and encourage long-term lifestyle changes.
- Identify and correct adverse risk factors where possible.
- Be available to all areas within the trust for advice and support regarding coronary heart disease.

## **What is cardiac rehabilitation?**

Cardiac rehabilitation consists of seven core components. These synchronized activities aim to “influence favourably the underlying cause of cardiovascular disease as well as to provide the best possible physical, mental and social conditions, so that patients may, by their own efforts, preserve or resume optimal functioning in their community and through improved health behaviour, slow or reverse progression of the disease” (WHO, 1993; Feigenham and Carter, 1998; Goble and Worchester, 1999)

## The core components of cardiac rehabilitation

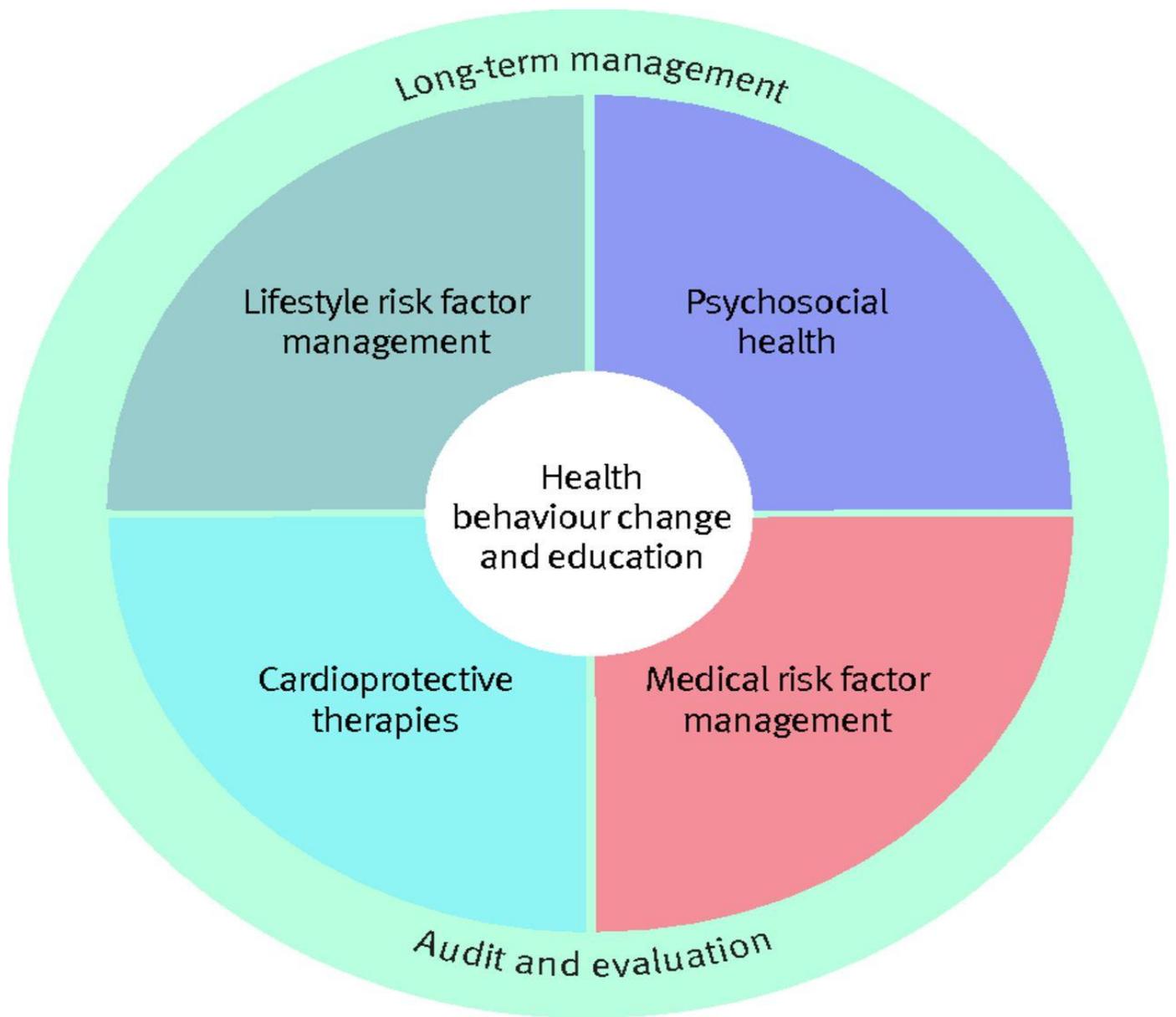


Figure 1: The BACPR core components of cardiac rehabilitation. The BACPR model represents health behaviour change and education as central and integral to all of the other components. There is equal importance on the provision of lifestyle risk factor management and cardio protective therapies. On conclusion of the programme it is important that each core has a long term defined pathway, enabling and facilitating self-management. The need for audit and evaluation are of major importance.

## **Evidence base for cardiac rehabilitation**

There is overwhelming evidence for comprehensive cardiac rehabilitation programmes.

- \* Cardiac mortality reduction of 26-36%
- \* Total mortality reduction of 11-26% (Taylor,2012; Heran et al.,2011; Lawler et al.,2011;

There is emerging evidence that cardiac rehabilitation is also associated with:

- \* Reduced morbidity (repeat MI) (Lawler et al., 2011; Clark et al.,2005)
- \* Readmission rate reduced by 28-56% (Lam et al.,2011; Davies et al., 2010)
- \* Cardiac rehabilitation is one of the most cost effective therapeutic interventions in cardiovascular disease management (Unal et al., 2005; DH 2010., NICE, 2013)
- \* Increasing uptake of cardiac rehabilitation by 15% could release £30 million of NHS money ( Kaiser et al., 2013)
- \* More cost effective than most other cardio logical or surgical treatments (Fidan., 2007)