



University of Dundee

Intention, beliefs and mood assessed using electronic diaries predicts attendance at cardiac rehabilitation

Jones, Martyn; Smith, Karen; Herber, Oliver; White, Myra; Steele, Fiona; Johnston, Derek W.

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The form of CR in the United Kingdom, National Health Service

Cardiac Rehabilitation (CR) is defined by British Association for Cardiovascular Prevention and Rehabilitation (BACPR 2017, p1) as *“the co-ordinated sum of activities required to influence favourably the underlying cause of cardiovascular disease, as well as to provide the best possible physical, mental and social conditions, so that the patients may, by their own efforts, preserve or resume optimal functioning in their community and through improved health behaviour, slow or reverse progression of disease”*. The core components of CR aim to provide guidance to patients in areas of lifestyle risk factor management, medical risk factor management, cardio-protective therapies, long term management and health behaviour change. At present, there is little consensus in terms of how best to deliver cardiac rehabilitation and as such variations in duration (8-12 weeks), frequency (1-3 times per week) and location (in patient, community and hospital) occur nationally and internationally .

In the UK and majority of Europe, CR provision has been traditionally divided into 4 phases. Phase 1 focused on in-patient intervention where the CR specialist nurse provided information and education about patients’ cardiac conditions, carried out comprehensive assessment of patients to identify and correct cardiac misconceptions, individual cardiovascular risks and their psychological, vocational and social status to guide future CR intervention. Phase 2 provided ongoing practitioner support in the immediate post discharge period to reinforce the pre-discharge information, complete psychological assessment provide advice on lifestyle modification and the increase of physical activity to support adaption to and self-management of their cardiac condition. A central component of phase 3 CR is exercise training (Piepoli 2010), often in supervised sessions, which lasted usually between 8-12 weeks and is delivered in a

hospital, community or home setting. These class-based programmes aim to provide a structured, graduated exercise regime, integrated alongside a series of educational sessions providing lifestyle education on CHD risk factor and medication management plus counselling and psychological support (Corra, 2005). Phase 4 CR offers long term support through structured, community-based programmes to facilitate the maintenance of exercise and lifestyle changes. (Bethel et al, 2009; McKee et al, 2015). Recent developments in CR in the UK are to a more individualised, menu based intervention and less emphasis on phases (BACPR 2017).

References

- Astin F., Closs S. J., Mclenachan I., Hunter S. & Priestley C. (2008) Primary angioplasty for heart attack: mismatch between expectations and reality? *Journal of Advanced Nursing*, **65**(1):72-83.
- British Association for Cardiovascular Prevention and Rehabilitation (BACPR). (2017). *Cardiovascular disease prevention and rehabilitation 2017*. London.
- Bethell, H., et al. (2009). "Cardiac Rehabilitation in the UK." *Heart* **95**: 271-275.
- Corra U, Piepoli MF, Carre F, et al., Secondary prevention through cardiac rehabilitation: physical activity counselling and exercise training: Key components of the position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation, *European Heart Journal*, 2010; **31**:1967–74.
- McKee, G., et al. (2014). "Cardiac rehabilitation after myocardial infarction: What influences patients' intentions to attend?" *European Journal of Cardiovascular Nursing* **13**(4): 329-337.

Piepoli MF1, Corrà U, Benzer W, Bjarnason-Wehrens B, Dendale P, Gaita D, McGee H, Mendes M, Niebauer J, Zwisler AD, Schmid JP; Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation. Secondary prevention through cardiac rehabilitation: from knowledge to implementation. A position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation. *European Journal of Cardiovascular Prevention and Rehabilitation*. 2010 Feb;17(1):1-17. doi: 10.1097/HJR.0b013e3283313592.