



## Cardiac rehabilitation and secondary prevention programs

The words "cardiac rehabilitation" are used to describe programs of education, support, and exercise to help recovery following a heart attack or heart operation.

Up until 40 to 50 years ago, it was usual for patients to be told to "take it easy" following a heart attack. Rest was thought to be good; therefore much rest would be very good. Patients were kept in bed for weeks. They were restricted for months, and many thereafter remained inactive. Many abandoned work; others were advised to stop work. Unemployment led to poverty and damaged families.

Personal losses (financial, social, marital and other) led to profound unhappiness, then called "reactive depression," now called "adjustment disorder with depressed mood." Fear of activities led to anxiety, then recognised as "cardiac neurosis." All of this was based on professional error and wrong advice, much worsened by incorrect folklore fears about the causes of heart disease and the causes of heart attacks. Some of these attitudes persist today.

It was learned many years ago that to become mobile and active led to better outcomes with increased:

- **Fitness**
- **Muscle strength**
- **Confidence**
- **Sense of well being**
- **Work resumption**
- **Work performance**

This early mobility and the introduction of formal group exercise programs after heart attacks or heart surgery also reduced:

- **Dependency**
- **Unemployment**
- **Poverty**
- **Family disagreement**
- **Anxiety and depression**

For these reasons authoritative bodies around the world have endorsed the view that all patients with heart disease should be offered exercise programs. Several studies showed that the benefits of low to moderate exercise training were similar in effect to moderate to high intensity exercise programs,

making the introduction of cardiac rehabilitation exercise programs much simpler and less costly.

The need for education of patients and families was also recognised. Thus, in addition to an exercise program, patients are offered an explanation of their condition, what coronary heart disease is, what causes it, and how it can be reversed. They learn about their medication, the side effect of drugs and the need to report problems to their doctor. They also discuss in groups the usual mood changes (anxiety and depression) that occur after heart attack (as with any major threatening health crisis). They are taught also the risk factors leading to heart disease and how they may be controlled by changing their lifestyles and taking prescribed medication.

Cardiac rehabilitation programs in Australia usually start within two weeks of the acute cardiac illness or operation and last for four to eight weeks, with either twice weekly or weekly attendance. The aims of relatively rapid physical, social and psychological recovery are usually achieved. Programs of this sort have been shown to prolong life and to assist in that longer life being enjoyable.

Patients need more than advice; they need support in how to make changes (how to cease smoking or to remain a non-smoker; how to eat less fat, to lose weight, to be active daily for the rest of their lives; how to ensure they continue to take any prescribed medication and to visit their doctor on a regular and continuing basis).

Their families also need similar help because the family members of patients with heart disease are also at risk of heart disease. They require "primary prevention" while those with known heart disease require prevention from further attacks or operations – "secondary prevention." Research continues into how both secondary and primary prevention can be made more effective. In 1999, the Heart Research Centre produced Australia's first Best Practice Guidelines for Cardiac Rehabilitation and Secondary Prevention on behalf of the Victorian Department of Human Services to help health professionals to deliver high quality services for cardiac patients.

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