

Exercise and exercise based cardiac rehabilitation in patients with cardiac diseases

Exercise And The Coronary Patient

David R. Thompson, Rosemary A. Webster

Exercise And The Coronary Patient:

Exercise Prescription for the High-risk Cardiac Patient Ray White Squires, 1998 Exercise Prescription for the High Risk Cardiac Patient is the first book to provide comprehensive coverage of exercise prescription for chronic heart failure and myocardial ischemia Dr Ray W Squires director of the Cardiovascular Health Clinic at the Mayo Clinic reviews the disease processes basic treatment exercise physiology and outpatient exercise rehabilitation of patients with chronic left ventricular dysfunction myocardial ischemia or both Specific case examples are included to illustrate the practical aspects of assessment and formulation of rehabilitation plans Exercise training provides critical benefits for most cardiac patients Exercise Prescription for the High Risk Cardiac Patient offers in depth information to help high risk patients see improvement in areas such as aerobic exercise capacity symptoms and morbidity and mortality Exercise Prescription for the High Risk Cardiac Patient is organized into five chapters defining the high risk patient pathophysiology and treatment options responses to acute exercise and exercise testing benefits of exercise training and suggestions for exercise programming Complete with dozens of helpful figures and tables this book is specifically designed for cardiac rehabilitation specialists MDs nurses physical therapists and exercise physiologists Exercise Cardiopulmonary Function in Cardiac Patients Michael S. Sagiv, 2012-05-08 The textbook will describe the relationship between human cardiopulmonary system and exercise in a format that is related to the mode of exercise health status and aging It will include data regarding exercise training principles and the adaptations of the cardiopulmonary following anaerobic resistance and aerobic training A more in depth presentation of the cardiopulmonary system adaptations in pressing environments such as warm cold and altitude Therefore students will experience a depth and extent of content balanced with unique and effective learning features It will help students find the way by both the text and subject matter Knowing cardiopulmonary exercise function in health and disease will allow understand new research and findings relevant to cardiovascular status as assessed by cardiopulmonary exercise indices It will bring together investigational exercise physiologists cardiologists and scientists who share a wealth of experience needed to judge the cardiovascular status and function and the impairments of patients with a variety of cardiac dysfunction This book will provide a comprehensive updated presentation of the information of the cardiovascular system as a whole and its individual components Exercise-Based Cardiac Rehabilitation in Patients with Coronary Artery Disease Sabina Borg, 2021-08-16 Background Coronary artery disease CAD is the leading global cause of death After an index event related to CAD exercise based cardiac rehabilitation exCR is strongly recommended as part of the secondary prevention Despite the well established beneficial effects of exCR in patients with CAD attendance at and adherence to the programme are low and remain a matter of major concern One strategy that may increase adherence and rehabilitation outcomes in patients with CAD is to add a behavioural medicine intervention to routine exCR care The added value of such interventions needs to be further explored Although several factors associated with non attendance at exCR appear to be similar between

different countries patterns of attendance may differ due to differences in contextual aspects. The factors that affect attendance at exCR in a Swedish context remain to be explored Overall aim To investigate barriers for exCR attendance and to evaluate the added value of a behavioural medicine intervention in physiotherapy on exercise adherence and rehabilitation outcomes in patients with CAD Methods The three papers in this thesis are based on two studies of patients with CAD one registrybased cohort study of 31 297 patients included from the SWEDEHEART registry Paper I and one randomised controlled trial of 170 patients included at a Swedish university hospital Papers II and III In the first paper several individual and structural variables were compared for attenders and nonattenders using multivariable analysis in a logistic regression model In Papers II and III patients were randomised 1.1 either to a behavioural medicine intervention in physiotherapy in addition to routine exCR care or to routine exCR care alone for four months The behaviour change techniques used in the behavioural medicine intervention specific goal setting re evaluation of the goals and selfmonitoring and feedback were based on control theory Outcome assessment took place at baseline four and 12 months and included physical fitness psychological outcomes and health related quality of life Exercise adherence was evaluated at the end of the four month intervention An intention to treat and a per protocol analysis were performed Results Individual and structural factors associated with non attendance at exCR in a Swedish context were identified as having a distance greater than 16 km to the hospital belonging to a county hospital having a higher burden of comorbidities being male and being retired Exercise adherence was higher for patients who received the behavioural medicine intervention in physiotherapy together with routine exCR 31% than it was for those who received routine exCR care alone 19% Rehabilitation outcomes did not differ significantly between the two groups either between baseline and four months or between four and 12 months Both groups improved significantly in all measures of physical fitness and in several measures of health related quality of life and anxiety at the four month follow up Sufficient enablement remained for patients in both groups at the 12 months follow up Conclusions Distance to the hospital was the strongest predictor for non attendance at exCR in a Swedish context The individual factors associated with non attendance at exCR identified in this thesis confirm previous results with the exception that female gender was associated with a higher attendance at exCR The results of this thesis confirm what others have pointed out it is challenging to achieve behavioural change in patients with the aim to improve rehabilitation outcomes Even though adherence was higher when a behavioural medicine intervention was added it was low in both groups The current behavioural medicine intervention in physiotherapy did not give any improvements over routine exCR care alone in physical fitness psychological outcomes or health related quality of life As such there is still room for further development and evaluation of behavioural medicine interventions within the context of exCR A greater tailoring of these interventions to individual needs in a broader population of patients with CAD is suggested Bakgrund Kransk rlssjukdom r den ledande d dsorsaken i v rlden Efter en hj rth ndelse till f ljd av kransk rlssjukdom r tr ningsbaserad hj rtrehabilitering h gt

rekommenderad som en del av sekund rpreventionen Trots att tr ningsbaserad hj rtrehabilitering har v letablerade positiva effekter hos patienter med kransk rlssjukdom r deltagande och f ljsamhet till behandlingen l g och ett fortsatt stort bekymmer En beteendemedicinsk intervention i till gg till sedvanlig tr ningsbaserad hj rtrehabilitering kan vara en strategi f r att ka f ljsamheten och f rb ttra rehabiliteringsutfallet hos patienter med kransk rlssjukdom Betydelsen av s dana interventioner beh ver dock unders kas ytterligare ven om det finns faktorer associerade med icke deltagande i tr ningsbaserad hj rtrehabilitering som r likartade mellan olika l nder kan m nster f r deltagande ocks skilja sig t p grund av skillnader i kontextuella aspekter Faktorer som p verkar deltagande i tr ningsbaserad hj rtrehabilitering i en svensk kontext r understuderat vergripande syfte Att unders ka barri rer f r deltagande i tr ningsbaserad hj rtrehabilitering samt utv rdera mery rdet av en beteendemedicinsk intervention inom tr ningsbaserad hj rtrehabilitering avseende f ljsamhet samt rehabiliteringsutfall hos patienter med kransk rlssjukdom Metod De tre delarbeten som ing r i den h r avhandlingen baseras p tv studier innefattande patienter med kransk rlssjukdom en registerbaserad kohortstudie med 31 297 patienter inkluderade fr n SWEDEHEART registret delarbete I och en randomiserad kontrollerad studie med 170 patienter inkluderade p ett svenskt universitetssjukhus delarbete II och III I det f rsta delarbetet j mf rdes deltagare och icke deltagare i tr ningsbaserad hj rtrehabilitering avseende samtliga inkluderade individuella och strukturella variabler och en multivariabel analys med logistisk regressionsmodell utf rdes I delarbete II och III randomiserades patienterna 1 1 till en beteendemedicinsk intervention i till gg till sedvanlig tr ningsbaserad hj rtrehabilitering eller till enbart sedvanlig tr ningsbaserad hj rtrehabilitering under fyra m nader De beteendef r ndringstekniker som anv ndes i den beteendemedicinska interventionen innefattade specifik m ls ttning omv rdering av m len sj lymonitorering och feedback och baserades p kontrollteorin Test av utfallsm tt gde rum vid baslinjen och efter fyra och 12 m nader och inkluderade fysisk kapacitet psykologiska utfallsm tt samt h Isorelaterad livskvalitet F ljsamhet till det tr ningsbaserade hj rtrehabiliteringsprogrammet utv rderades efter avslutad intervention vid fyra m nader En intention to treat och en per protokoll analys utf rdes Resultat Individuella och strukturella faktorer associerade med icke deltagande i tr ningsbaserad hj rtrehabilitering i en svensk kontext var ett avst nd l ngre n 16 km till sjukhuset att tillh ra ett l nssjukhus ha en h gre grad av komorbiditet vara av manligt k n samt att vara pension r F ljsamheten till tr ningsprogrammet var b ttre f r de patienter som erh ll en beteendemedicinsk intervention i till gg till sedvanlig tr ningsbaserad hj rtrehabilitering 31% j mf rt med de som enbart erh ll sedvanlig tr ningsbaserad hj rtrehabilitering 19% Utfallsm tten skilde sig inte signifikant mellan de tv grupperna varken mellan baslinjen och fyra m nader eller mellan fyra och 12 m nader B da grupperna f rb ttrades dock signifikant i samtliga utfallsm tt f r fysisk kapacitet ngest samt i flera m tt av h Isorelaterad livskvalitet mellan baslinjen och fyra m nader Patienterna i b da grupperna uppvisade en kvarst ende frm ga att frst och hantera sin sjukdom enablement vid 12 m nadersuppf liningen Konklusion Avst nd till sjukhuset var den starkaste prediktorn fricke deltagande i triningsbaserad hjirtrehabilitering Individuella faktorer som

associerades med icke deltagande i en svensk kontext var i linje med resultat fr n tidigare studier med undantaget att kvinnligt k n var associerat med h gre deltagande i tr ningsbaserad hj rtrehabilitering Resultaten av denna avhandling bekr ftar tidigare rapporterade utmaningar med att lyckas uppn beteendef r ndringar hos patienter i syfte att f rb ttra rehabiliteringsutfall Trots att f ljsamheten var b ttre med ett till gg av en beteendemedicinsk intervention s var den l g i b da grupperna Den aktuella beteendemedicinska interventionen gav inget merv rde avseende effekter av fysisk kapacitet psykologiska utfallsm tt och h lsorelaterad livskvalitet j mf rt med enbart sedvanlig tr ningsbaserad hj rtrehabilitering S ledes finns det fortfarande utrymme fr vidareutveckling och utv rdering av beteendemedicinska interventioner inom ramen fr tr ningsbaserad hj rtrehabilitering En st rre anpassning av dessa interventioner utifr n individuella behov i en bredare population av patienter med kransk rlssjukdom f resl s **Exercise in Rehabilitation Medicine** Walter R. Frontera, David M. Slovik, David Michael Dawson, 2006 In this book recognised experts Walter Frontera David Slovik and David Dawson discuss the latest research in exercise rehabilitation medicine *Physical Activity and Cardiovascular Health Arthur S.* Leon, 1997 This reference presents the Consensus Statement from the 1995 Conference on Physical Activity and Cardiovascular Health and the supporting papers presented by the experts assembled there Rehabilitation of the Coronary Patient Nanette Kass Wenger, Herman K. Hellerstein, 1984 Exploration of the Physiological Effects of Exercise in Cardiovascular Diseases Markos Klonizakis, Helena Lenasi, Ines Drenjančević, 2020-11-18 This eBook is a collection of articles from a Frontiers Research Topic Frontiers Research Topics are very popular trademarks of the Frontiers Journals Series they are collections of at least ten articles all centered on a particular subject With their unique mix of varied contributions from Original Research to Review Articles Frontiers Research Topics unify the most influential researchers the latest key findings and historical advances in a hot research area Find out more on how to host your own Frontiers Research Topic or contribute to one as an author by contacting the Frontiers Editorial Office frontiers in org about contact

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Current Concepts in Clinical Cardiology J. H. K. Vogel, 1980-08-26

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