



Rehabilitación cardiaca

una disciplina multidisciplinar

Curso teórico-práctico
8ª Jomadas de SORECAR



Hospital Universitario
La Paz
Comunidad de Madrid

¿Por qué la rehabilitación cardiaca en el hospital?

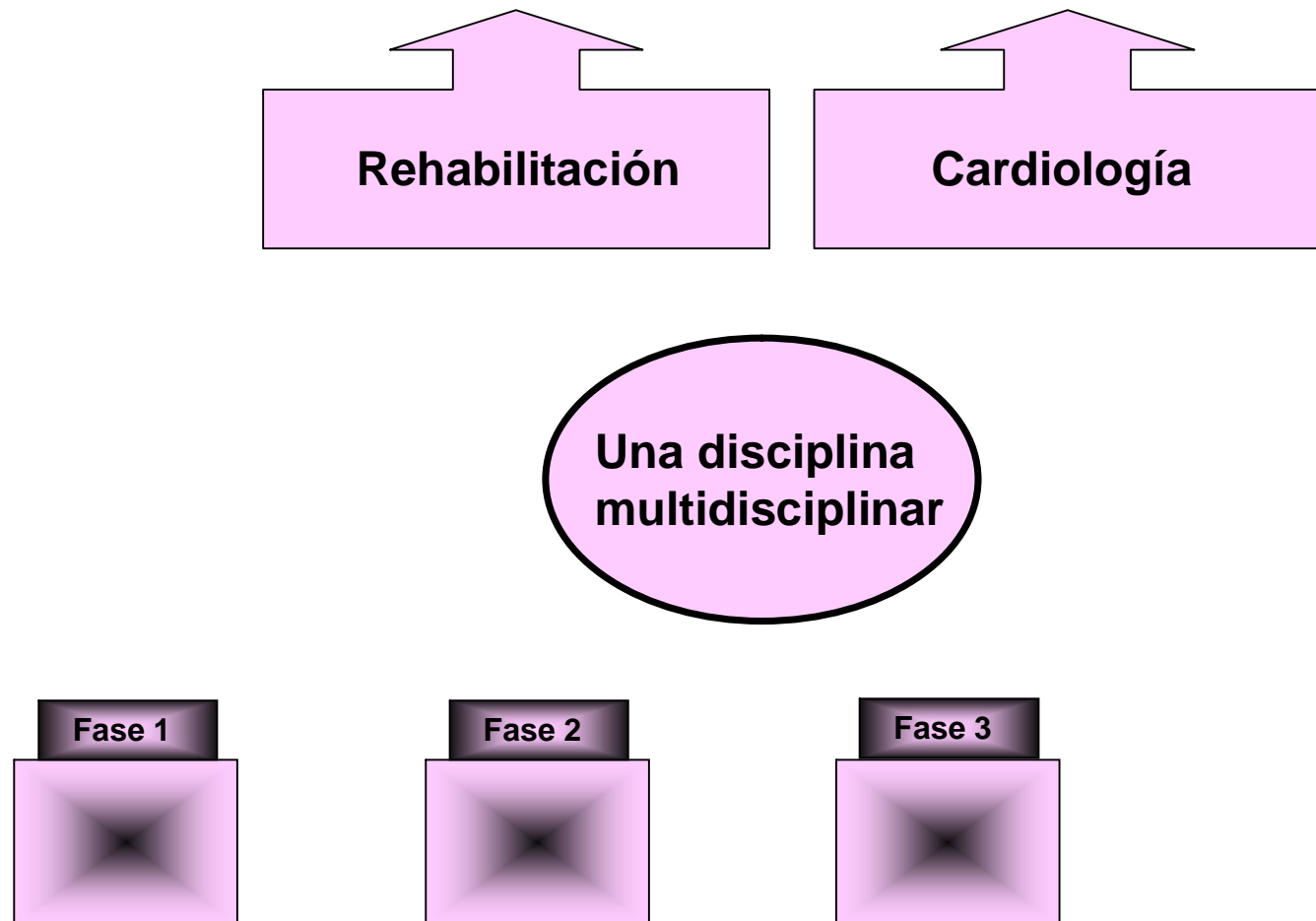
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29, 30 y 31 de enero de 2009 - MADRID

HOSPITAL UNIVERSITARIO LA PAZ
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National Health Service, NHS centre for reviews and dissemination. Cardiac rehabilitation, Eff Health Care Bull 4 (4) (1998).

REHABILITACION CARDIACA = FUNCIONALIDAD+CALIDAD VIDA+PREVENCION SECUNDARIA



Home-based cardiac rehabilitation compared with centre-based rehabilitation and usual care: A systematic review and meta-analysis

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Home-based cardiac rehabilitation compared with supervised centre-based rehabilitation: characteristics of included studies

Study	Participants	Home intervention	Centre-based intervention	Outcome measures						Follow-up	Quality score	
				SBP	Cholesterol	Exercise	Smoking	Mortality	Health service use			HRQoL/psychological
Bell [9]	Post-MI 199 M and F <75 years	Comprehensive CR 6 weeks duration	Varied with hospital studied 1–2 sessions/weeks	X	X	X	X		X	HADS	1 year	4
DeBusk et al. [17–19]	Post-MI 97 men <70 years	Exercise programme Short/long programmes 8 or 23 weeks	Trained in a group with clinical supervision for 8 or 23 weeks			X				State anxiety	23 weeks	2
Carlson [29]	Post-MI or revascularisation 66 M and 14 F <75 years	Comprehensive CR at hospital with weaning to home exercise	Hospital: 3x/week	X	X	X					6 months	2
Sparks [28]	Post-MI or revascularisation 20 M	Comprehensive CR cycle ergometer x 3/week	Comprehensive CR			X					12 weeks	2
Arthur [30]	Post-CABG 197 M and 45 F	Exercise intervention x 3/week Duration: 6 months	Exercise intervention x 3/week Duration: 6 months			X				SF-36 ISEL	3 and 6 months	5
Marchionni [8]	Post-MI 180 M and F	Comprehensive CR Cycle ergometer x 3/week Duration: 2 months	Comprehensive CR x 5/week Duration: 8 weeks			X			X	SIP	2, 8 and 14 months	4

Conclusions: Current evidence does not show home-based cardiac rehabilitation to be significantly inferior to centre-based rehabilitation for low-risk cardiac patients. However, the numbers of patients included are less than 750 and ongoing trials will contribute to the debate on the acceptability, effectiveness and cost-effectiveness of home-based cardiac rehabilitation.

Home-based versus hospital-based rehabilitation after myocardial infarction: A randomized trial with preference arms — Cornwall Heart Attack Rehabilitation Management Study (CHARMS)[☆]

H.M. Dalal^{a,*}, P.H. Evans^b, J.L. Campbell^b, R.S. Taylor^b, A. Watt^a, K.L.Q. Read^c,
A.J. Mourant^a, J. Wingham^a, D.R. Thompson^d, D.J. Pereira Gray^c

Outcome characteristic	Hospital-based group (n=44) ^a			Home-based group (n=60) ^a			95% confidence interval for difference in means between home and hospital groups	p Value for analysis of covariance ^b
	Baseline	Mean (SD) value at 9 months	Mean change within group	Baseline	Mean (SD) value at 9 months	Mean change within group		
HADS								
Anxiety	5.67 (3.83)	4.74 (4.01)	-0.93 (-1.78 to -0.08)	7.27 (4.39)	6.27 (4.34)	-1.00 (-2.07 to 0.071)	-0.07 (-1.42 to 1.28)	0.50
Depression	2.84 (2.25)	2.61 (2.29)	-0.23 (-0.89 to 0.43)	4.05 (3.41)	3.82 (3.5)	-0.23 (-1.16 to 0.69)	0 (-1.12 to 1.12)	0.26
MacNew								
Emotional	5.14 (1.29)	5.78 (1.05)	0.64 (0.36 to 0.93)	4.77 (1.11)	5.48 (1.22)	0.71 (0.37 to 1.04)	0.07 (-0.37 to 0.50)	0.63
Physical	4.68 (1.33)	5.46 (1.22)	0.79 (0.43 to 1.14)	4.58 (1.08)	5.54 (1.12)	0.96 (0.59 to 1.32)	0.17 (-0.33 to 0.67)	0.68
Social	4.79 (1.45)	5.77 (1.23)	0.98 (0.60 to 1.36)	4.63 (1.21)	5.78 (1.14)	1.15 (0.77 to 1.54)	0.17 (-0.36 to 0.71)	0.79
Global	4.87 (1.30)	5.67 (1.12)	0.80 (0.48 to 1.12)	4.66 (1.06)	5.60 (1.12)	0.94 (0.60 to 1.28)	0.14 (-0.35 to 0.62)	0.94
Total	5.38 (1.22)	4.45 (1.01)	-0.93 (-1.26 to -0.61)	5.72 (1.24)	4.60 (1.12)	-1.11 (-1.42 to -0.80)	-0.18 (-0.62 to 0.27)	0.66
cholesterol (mmol/l)								

Conclusions: Home-based cardiac rehabilitation with the Heart Manual was as effective as hospital-based rehabilitation for patients after myocardial infarction. Choosing a rehabilitation programme did not significantly affect clinical outcomes.

The Heart Manuals

Post Myocardial Infarction Edition & Revascularisation Edition

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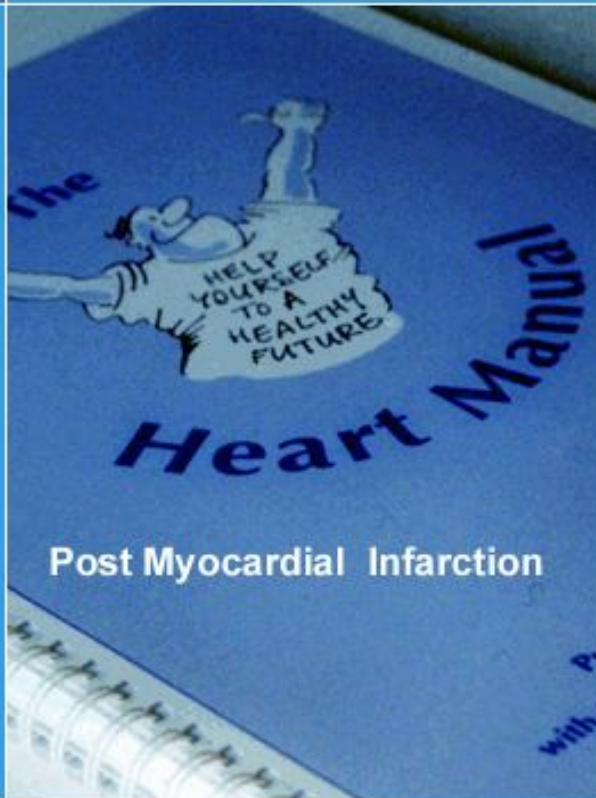
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ISBN 0 905142 03 9

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Home-based cardiac rehabilitation versus hospital-based rehabilitation: A cost effectiveness analysis[☆]

R.S. Taylor^{a,*}, A. Watt^b, H.M. Dalal^b, P.H. Evans^a, J.L. Campbell^a, K.L.Q. Read^c,
A.J. Mourant^b, Jenny Wingham^b, D.R. Thompson^d, D.J. Pereira Gray^c

Mean healthcare costs per patient in the home-based and hospital-based groups

Healthcare resource utilization	Mean (S.D.) (£)		Mean difference (£) (95% CI*)	P value†
	Home-based group	Hospital-based group		
Rehospitalisation:	378 (153) (n=60)	202 (107) (n=44)	176 (-151 to 552)	0.383
Revascularization:	1915 (271) (n=60)	1539 (305) (n=44)	377 (-385 to 1207)	0.360
Secondary prevention medication	267 (15) (n=53)	247 (19) (n=37)	19 (-£29 to 69)	0.420
Investigations:	973 (71) (n=60)	778 (93) (n=44)	164 (-61 to 395)	0.115
Primary care consultations:	94 (9) (n=51)	104 (13) (n=33)	-10 (-41 to 21)	0.764
Total healthcare costs ‡	3279 (374) (n=48)**	3201 (443) (n=32)	78 (-1103 to 1191)	0.894

Cost	Mean (S.D.) total healthcare costs (£)
Home	3279 (374) (n=48)*
Hospital	3201 (442) (n=32)*
Difference	78 (-1103 to 1191)
P value	0.894

Patients' experience of home and hospital based cardiac rehabilitation: A focus group study

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Received 13 February 2006; received in revised form 21 July 2006; accepted 29 July 2006

Available online 7 November 2006

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Review

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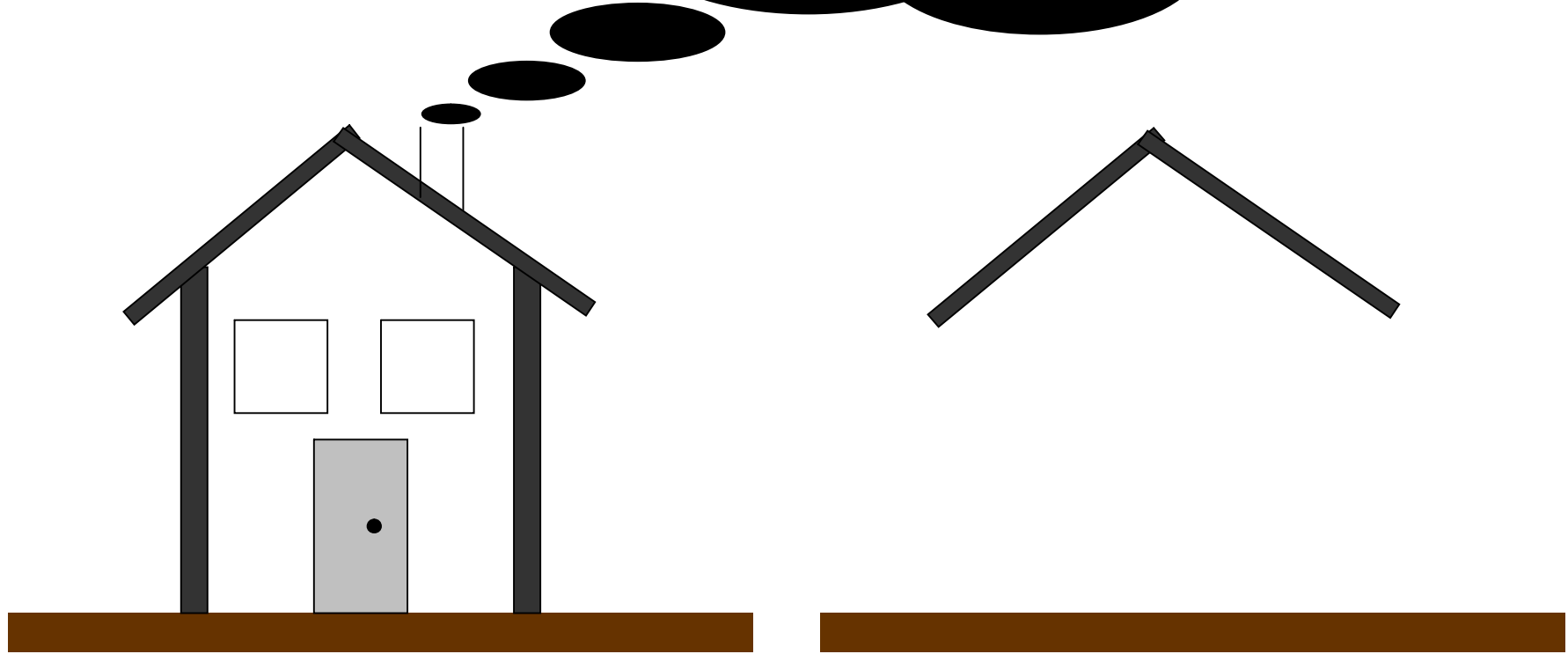
^b University Department of Medicine, City Hospital, Dudley Road, Birmingham, B18 7QH, UK

Received 5 May 2005; received in revised form 28 September 2005; accepted 5 November 2005

Available online 28 November 2005



DeBusk RF, Haskell WL, Miller NH. Medically directed at-home rehabilitation soon after clinically uncomplicated acute myocardial infarction: a new model for patient care. *Am J Cardiol.* 1985 Feb 1;55(4):251-7



Motivación

Debemos consolidar



La rehabilitación
cardiaca es algo
más que ejercicio.

La evidencia
puede ser
criticable.