

New study supports localised services for cardiac rehab

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New research at the University of York has found that smaller, more localised cardiac rehabilitation (CR) centres are equally as effective as their larger counterparts.

The study, funded by the British Heart Foundation (BHF) and published in *Open Heart*, found that similar patient outcomes were achieved at smaller, more localised CR schemes when compared with larger, centralised centres.

Cardiac rehabilitation offers behavioural advice and support, including diet and exercise, to help people living with heart disease to manage their condition and reduce the risk of associated heart events.

In the first study of its kind, researchers in our Cardiovascular Health Research Group based in the University's Department of Health Sciences looked at factors such as smoking rates, cholesterol levels and physical activity levels for [patients](#) and found measured improvements were regardless of the size of the CR scheme where the patient attended.

Previous research has shown that CR can improve patients' mortality rates and reduce the chance of a further heart event. Yet less than half of eligible heart patients attend CR following a major heart event.

The BHF says that accessibility to schemes is one of the main issues for the low uptake numbers of CR and more localised services could help improve patient uptake.

There has been pressure for localised CR services to merge into centralised schemes to reduce costs and it was thought that better patient outcomes could be achieved with larger volumes of patients using the same scheme.

The study's author Professor Patrick Doherty, from the Department of Health Sciences at York, said: "This study is important as it is based on routinely collected data, within the NHS, which means this is a real world effect that directly relates to patient care.

"One of the arguments for merging [cardiac rehabilitation](#) services was improved outcomes, but our study shows that the same outcomes are achieved at smaller, more localised rehabilitation centres."

Dr Mike Knapton, Associate Medical Director at the BHF, added: "Less than half of eligible patients receive cardiac rehabilitation following a heart attack or other serious [heart](#) problems, despite the clear benefits and better outcomes for patients.

"Cardiac rehabilitation schemes need to be made more accessible to patients if we are to see increases in the number of people benefitting from them.

"This evidence suggests that improving access through more localised services can be achieved without diminishing the outcomes for patients."

More information: P. Doherty et al. Observational study of the relationship between volume and outcomes using data from the National Audit of Cardiac Rehabilitation, *Open Heart* (2015). [DOI: 10.1136/openhrt-2015-000304](https://doi.org/10.1136/openhrt-2015-000304)

Provided by University of York

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