

Summary of Research Article
Outcomes and Research Committee
October 22, 2007

A scientific statement of the American Heart Association (AHA) and the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) was recently released in *Circulation* and published online May 18, 2007. Nebraska's own Mark William's co-chaired this important work which helps to continue to emphasize the role Cardiac Rehabilitation has in the treatment of patients with Coronary Artery Disease and heart failure.

As health care professionals, we've long believed in the benefits of Cardiac Rehabilitation. But to truly be effective, we must combine activity/resistance training with key "core components" that aim to reduce risk factors, promote heart healthy behaviors, and reinforce compliance with these newly learned behaviors. To maintain success in these modifications, we must develop partnerships with the patient's primary physician to ensure long-term adherence to the treatment plan.

These core components include baseline patient assessment, nutrition counseling, risk factor management (lipids, blood pressure, weight, diabetes and smoking), psychosocial interventions exercise and activity training. Focus on these components assist rehabilitation staff in program development to ensure the comprehensive nature of Cardiac Rehabilitation. They are also emphasized in the National program certification process established by AACVPR. Programs certified meet these standards of care.

The statement reflects the goal of NCVPRN that programs should continue to take steps to become certified. "AHA and AACVPR encourage all Cardiac Rehab. programs to meet the standard for AACVPR program certification". It was reinforced in this statement that insurers, policy makers and consumers will look for and recognize those programs that are certified, and that reimbursement is adequate to sustain those certified programs.

Changes in Components

Changes in components deal with lipid management and emphasis on ensuring patient's medication compliance to decrease the risk of future heart events. During patient assessment importance is placed on evaluation and documentation to ensure that patient is taking appropriate doses of Aspirin, Clopidogel, Beta Blockers, Lipid-lowering agents, ACE Inhibitors or Angiotensin Receptor Blockers and that patient has an annual flu shot.

For Lipid management repeat lipid profiles at 4-6 weeks after hospitalization and at 2 months after starting Lipid-lowering medicines. Recommendations include adding plant stanol/sterols, fiber, omega-3 fatty acids, as well as weight management. More stringent goals for LDL include <70mg/dl is considered reasonable and <100mg/dl for the non-HDL goal.

G. Balady, Chair; M. Williams, Co-Chair and et. Al. Core Components of Cardiac Rehabilitation/Secondary Prevention Programs: 2007

Update: *Circulation, May 2007; 115/20/2675-2682*

<http://circ.ahajournals.org/cgi/content/full/115/20/2675>