Clinical Cardiac Rehabilitation: A Cardiologist’s Guide, 2nd Ed


Cardiac rehabilitation has long been prescribed after acute myocardial infarction and coronary artery bypass graft surgery. The objectives of cardiac rehabilitation have always been to help patients achieve optimal physical working capacity and to reduce the likelihood of recurrent cardiovascular events. The process usually involves exercise testing, exercise prescription, monitored exercise sessions, and education about nutrition, physical activity, smoking cessation, and stress management. When physicians could offer patients little beyond supervision and support during recovery from acute events, an exercise and education program was greatly superior to nothing at all. Indeed, many reports have shown the benefits of cardiac rehabilitation, including lower morbidity and mortality after rehabilitation compared with patients not participating in cardiac rehabilitation programs.

During the last 10 years, the treatment of patients with cardiovascular disease has changed substantially. Many new drugs are available to treat patients with cardiovascular disease, and the number of interventions performed annually to reduce symptoms caused by myocardial ischemia or acute myocardial infarction has increased enormously.

Antihypertensive drugs, antiplatelet drugs, drugs to control lipid metabolism, drugs to inhibit angiotensin-converting enzyme, drugs to enhance insulin sensitivity, and drugs to safely control mood disorders have all strengthened our capabilities to reduce morbidity and mortality among patients with cardiovascular disease. Revascularization procedures greatly reduce the symptoms of myocardial ischemia and may also reduce the subsequent incidence of morbidity and fatal events. It has indeed been a remarkable decade of progress in treating patients with cardiovascular disease!

Now, if we can just succeed in helping patients stop smoking, control weight, exercise regularly, and take all medications prescribed, the burden of illness from cardiovascular diseases will fall even more dramatically! That is to say, there is still a lot to do before cardiac rehabilitation is optimally effective.

At the same time we began using new drugs and new procedures, the healthcare system changed all around us. In Europe, the United Kingdom, and Canada, the costs of universal health care escalated beyond original expectations, and medical services have been reduced everywhere. In the United States, the Health Care Finance Administration and managed care organizations have reduced the lengths of stay in hospitals and reduced patient participation in outpatient programs such as cardiac rehabilitation. Just when we have learned how to reduce morbidity and mortality among patients with cardiovascular disease, the resources needed to do so are disappearing.

This book, Clinical Cardiac Rehabilitation: A Cardiologist’s Guide, which is edited by F.J. Pashkow and W.A. Dafoe, presents the state of the science underlying multifactorial treatment and the rehabilitation of patients with cardiopulmonary and peripheral arterial disease. It provides basic information about exercise testing, exercise prescription, and exercise monitoring. It also provides comprehensive information about complications from revascularization procedures, the assessment of cardiovascular function, and the treatment of lipid disorders, hypertension, and diabetes, as well as the management of psychosocial and behavioral factors influencing recovery from cardiovascular disease. It truly covers the subject of cardiac rehabilitation from the perspectives of specialists who assess and treat patients with cardiovascular disease. It provides both the basic information needed to get a cardiac rehabilitation program started and the comprehensive information needed to answer questions that arise when patients present with something unusual.

The chapters “Rehabilitation of Patients With Heart Failure,” “Management of Depression and Anxiety in the Cardiac Patient,” and “Smoking Cessation as a Critical Element of Cardiac Rehabilitation” are examples of the topics covered, with excellent organization, accurate information, and practical perspectives on implementation in a cardiac rehabilitation program. Rodkey and Young provide a rationale for selecting the workload for regular exercise that will most likely benefit patients with heart failure. Swenson and Abbey describe the use of antidepressant drugs in patients recovering from acute cardiac events. Rosal, Okene, and Okene present a thorough plan for smoking cessation, including nicotine replacement therapy in patients with coronary heart disease.

Many other examples could be selected from other chapters, but these 3 topics (heart failure, mood disorders, and smoking cessation) represent medical conditions and situations that are difficult to manage. The principles and suggestions presented by all the authors are excellent.

Chapters also include a description of program models in hospital outpatient clinics, community recreational facilities, industry, and individual homes. These examples illustrate the wide variety of settings for cardiac rehabilitation and provide useful suggestions for getting a program started almost anywhere.

Probably nobody knows how to implement cardiac rehabilitation programs where outpatient, community, and corporate resources do not exist and where hospitals are managing resources under diagnosis-related groups. All too often, the budget for personnel and equipment is too small, space is too limited, and the durations of stay in the hospital are too brief for cardiac rehabilitation programs to succeed in improving physical and psychological function while reducing the risks of subsequent cardiovascular events.

This book presents information from experts who are successful in the medical management of patients with cardiovascular disease. The editors and authors are also well informed and experienced in clinical cardiac rehabilitation. These experts are those most likely to help us guide our patients with cardiovascular disease through the next few years of evolution in health care. Reading their chapters in this book is a good way to get to know them.

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