Depression (Figure 1). Patients were less likely to be screened in the period April 2020-March 2021 compared to the previous years with an odds-ratio of 0.40 (CI 0.38-0.43, p<0.001). The following year showed an odds-ratio of 0.58 (CI 0.55-0.61, p<0.001). Furthermore, being female, living alone, non-white ethnicity, living in deprived areas, current smoking and low level of physical activity were negatively associated with screening while revascularisation, functional capacity testing and CR certification were positively associated with screening. Regarding comorbidities, history of anxiety, depression, angina pectoris, arthritis, rheumatism, osteoporosis, and chronic back pain were positively associated with screening, while diabetes, hyperlipidaemia, stroke, and chronic obstructive pulmonary disease were negatively associated with screening.

Conclusion We found a substantial drop in screening for anxiety and depression in CR during the first year of the COVID-19 pandemic. Screening practice seems to be improving in the following year but is still far from pre-COVID-19.

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management. 86% were recommended to attend a CR programme. 57% reported starting a CR programme 6 weeks post event. Although 69% stated they completed a CR programme, only 40% attended an exercise programme and a subsequent 20% completed a discharge assessment. According to SCAD patients only 39% of CR professionals had perceived knowledge of SCAD. 67% patients were ‘very likely’ to recommend CR to their peers.

Conclusion CR HCPs are ideally placed to support those diagnosed with SCAD but improvements need to be made to increase the knowledge and rehabilitation needs for this bespoke population.

REAL-WORLD EVALUATION OF A TECHNOLOGY-ENABLED SYSTEM FOR THE AUGMENTATION OF PHYSICAL ACTIVITY BEHAVIOUR CHANGE IN CARDIAC REHABILITATION

Background Cardiac rehabilitation (CR) is effective in reducing premature death, and improves physical and psychosocial health and quality of life (QoL). Unfortunately, participation in CR is sub-optimal, with only 35-50% of eligible individuals completing CR.

Aim To test the hypothesis that a technology-enabled service incorporating accurate physical activity data from a wearable, personalised online feedback and remote mentor support, in addition to CR, leads to increases in physical activity (PA).

Methods Patients referred for CR between September 2020 and April 2021 eligible for inclusion were commenced on the KiActiv® Health 12-week CR programme (n=17) in addition to a pandemic-limited conventional CR service. Baseline characteristics were assessed. Area under the curve (AUC) and incremental AUC calculations determined average total PA and additional PA achieved over multiple domains. QoL and mental health questionnaires completed before and after CR were compared using paired t-tests.

Results Eighty-two percent of patients completed the programme (n=14). The mean age for the cohort was 58 and 82% were male. Clients wore the PA monitor and visited the online platform on 95% and 31% of days during the programme, respectively. Improvements in PA were seen in one or more, three or more and four or more domains for 92.9%, 78.6% and 64.3% of participants, respectively. There were increases in non-sedentary time, moderate activity, calorie burn and moderate bouts in patients on the programme (figure 1). All patients reported an improvement in at least one domain of QoL, with statistically significant improvements in physical fitness and overall health (p<0.05). Symptom scores for questionnaire-reported depression and anxiety decreased, though not statistically significantly.

Conclusion Engagement with the KiActiv® Health CR programme was excellent, and was associated with improvements in PA, self-reported mental health and QoL. Randomised data is required to compare this intervention to usual practice and provide evidence of causation.