**EFFECTS OF CARDIAC REHABILITATION ON QUALITY OF LIFE: ROLE OF EXERCISE, CULTURAL AND SOCIAL FACTORS; A QUALITATIVE STUDY**

1Amal Albatini*, 2Sherill Seagrove, 3Darren Edwards, 2Tessa Watts. 1Cardiac rehabilitation centre, Chest diseases hospital, Shuwaikh Industrial, Kuwait; 2Faculty of Medicine, Health and Life Science, Swansea University, Singleton Park, Swansea, SA2 8PP, UK; 3School of Healthcare Sciences, Cardiff University, Eastgate House, Cardiff, CF24 0AB, UK

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**Background**

In Kuwait, coronary artery disease (CAD) has a mortality rate of 30% (World life Expectancy, 2020). In Kuwait, weather, food, cultural and social norms can act as influencing factors in developing CAD.

**Aim**

This study aims to explore the perceptions of CAD patients regarding their disease, and their experience in cardiac rehabilitation programme (CR). It also aims to investigate the role of culture in improving quality of life (QoL) and to investigate the facilitators and barriers that may affect improvement in QoL.

**Methods**

A one-to-one semi-structured interviews were used to explore in depth the perception of CAD patients. Twenty participants were interviewed; patients who joined CR constituted the CR group and those who declined constituted the standard medical care group. Interviews were conducted eight weeks from the baseline follow-up for the standard medical care group and upon completion of the CR programme for the CR group. Data were analysed using thematic analysis resulting in well-defined themes which included responses from both groups.

**Results**

Twenty participants were interviewed; ten from each of the two study groups. Thematic analysis produced six main themes with their associated subthemes: conception of life before and after the cardiac event (sub-themes; ‘I was free’, life before CAD, and Impact of CAD); lifestyle modification (sub-themes; the aftermath of CAD, activity level, physical activity, habit change, the influence of others, and living in Kuwait); visiting the cardiologist (standard medical care); experiences of attending CR programme (sub-themes; benefits of the CR programme, facilitators to the adhering to the CR programme, and understanding limits); barriers to lifestyle modification (sub-themes; lack of social support, work commitment, cultural barriers, lack of self-efficacy, and anxiety and fear of reoccurrence); and future health (sub-themes; no concern, supporting self, need for more knowledge, and losing weight).

**Conclusion**

Appropriate information regarding exercise can increase awareness of the importance of behavioural change and being physically active, leading to improvement in QoL. In addition, some cultural, social, and religious factors may act as barriers against wider use of CR. These findings show that more innovative, individualistic and culturally sensitive strategies are needed in Kuwait.

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**EXPLORING MIND-BODY DETACHMENT FOLLOWING A CARDIAC EVENT – THROUGH A BOURDIEUSIAN LENS**

1Joanna Bunn*, 2Hannah Henderson, 3Adam Evans, 1Jacquelyn Allen-Collinson, 1Alison Bunn, 1School of Sport and Exercise Science, University of Lincoln, Brayford Pool, Lincoln LN6 7TS UK; 2Department of Nutrition, Exercise, and Sport, University of Copenhagen, Nørre Allé 51, 2200 Copenhagen, Denmark; 3Lincolnshire Community Health Services NHS Trust, Beech House, Lincoln, LN5 7JH, UK

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**Background**

Cardiac events can be serious and life-changing. Whilst the physical or bodily (corpooreal) effects of a cardiac event are well-researched, little research investigates psychosocial impacts, especially when the two recovery trajectories differ.

**Aim**

Using findings from a study of socio-cultural influences on exercise and health along the cardiac patient journey, this paper explores corporeal and psychosocial recovery and experiences of mind-body detachment.

**Methods**

Ethnographic research, undertaken with people having experienced a cardiac event and their significant others (n=17), explored the cardiac patient journey through participant observation, repeated semi-structured interviews, and reflexive journaling. Bourdieu’s sociological theoretical framework provided a powerful lens through which to analyse data. Written informed consent was obtained from all research participants and from non-participants present during observations. Ethical approval was obtained from NHS Research Ethics Committee and Health Research Authority (Ref: 19/YH/0183).

**Results**

Whilst the NHS cardiac rehabilitation model includes exercise and psychosocial support, these sub-fields of health care are often only accessed by those whose habitus (dispositions, attitudes, values that shape perceptions and actions) and capital (different resources) support their participation. This is made more difficult by the habitus-shaking effect of ill-health; thus, recovery journeys can be highly complex. Notably, prevailing societal discourses post ageing-as-decline, making serious ill-health particularly psychosocially difficult to reconcile.

**Conclusion**

Physical and psychosocial recovery support are already core components of cardiac rehabilitation. However, it is important to acknowledge the complexity of support. This requires health professionals to discuss with patients personalised, socio-culturally informed, flexible approaches to exploring a multitude of interventions and agreeing care plans.

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**CARDIO-ONCOLOGY AND HOME-BASED, MULTIMODAL REHABILITATION PROGRAMMES: A SCOPING REVIEW**

Anna Talty*, Roseanne Morris, Carolyn Deighan, Sharon Cameron, Louise Taylor. The Heart Manual Department, Astley Ainslie Hospital, Grange Loan, Edinburgh, EH9 2HL

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**Background**

Home-based, multimodal, self-management interventions (HMSIs) have been evidenced to effectively promote recovery for cardiac rehabilitation (CR) patients. Given the cardiotoxic effects of certain cancer treatment, research and guidelines have increasingly recommended that HMSIs based on models of CR are adapted for cancer patients. Yet, it is unclear if empirically-based, cardio-oncology-informed HMSIs are available.

**Aim**

This scoping review investigates cancer-related HMSIs by assessing their remit, evidence-base, degree of implementation and integration of CR principles.

**Methods**

The review was conducted in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines. AMED, Cochrane Library, CINAHL, Embase, MEDLINE and PsycInfo databases were searched for articles from January 2010 to January 2023. Inclusion criteria comprised articles based on interventions meeting the criteria: (a) home-/web-based (b) self-management (c) multimodal (targeting two or more modalities such as exercise, nutrition, or psychological...