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

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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.

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

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Background Cardiac events can be serious and life-changing. Whilst the physical or bodily (corporeal) 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 posit 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.

4 CARDIO-ONCOLOGY AND HOME-BASED, MULTIModal REHABILITATION PROGRAMMES: A SCOPING REVIEW

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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
wellbeing). The literature search and data extraction were conducted independently by two reviewers. Results (cross-referenced to ensure inter-rater consistency) were verified by a third reviewer.

**Results** The initial search produced 302 articles, screened and assessed for eligibility. Thirty-eight articles, representing 28 interventions, were included in the scoping review. Thirteen were based in the US and Canada, only 2 in the UK. There was significant variation in the research underpinning the interventions: while 25% had associated randomised controlled trials, 57% were only outlined in protocols and pilot feasibility studies. Few were generalisable to all cancer patients, as many focused on one specific cancer type or topic. No intervention targeted the effects of cardio-toxicity recommended by cardio-oncology literature and guidelines.

**Conclusion** With increasing risks of cardiotoxicity and a lack of evidence-based HMSIs available for cancer patients (particularly in the UK), there is an opportunity for CR to expand to meet the needs of those living with and beyond cancer.

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**Abstract 4 Figure 1  Results flow chart**

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**5 TO EXAMINE THE EFFECTIVENESS OF PHYSICAL ACTIVITY OUTCOMES IN CARDIOVASCULAR PATIENTS USING AN INTERNET-BASED CARDIAC REHABILITATION APPLICATION COMPARED WITH A CONVENTIONAL CARDIAC REHABILITATION PROGRAMME OR A COMBINATION OF BOTH**

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**Background** Cardiac Rehabilitation (CR) is pivotal in preventing recurring cardiac events, yet many eligible people are not participating. Offering alternative forms of CR, such as web-based options, may improve uptake, whilst maintaining the same clinical outcomes that Traditional CR (TCR) programmes deliver.