Aim To compare the exercise outcomes of a TCR programme, a web-based programme using the myHeart app (WB-CR), and a group using a combination of both (COMBI-CR).

Methods A three-way study was conducted via recruiting and randomising low-moderate risk Participants with CHD TCR, COMBI-CR and WB-CR groups. Measures of HRQOL, anxiety and depression using the Dartmouth Co-op and Hospital Anxiety and Depression Scale (HADS), were obtained in each group by a CR specialist at baseline and after 8 weeks of intervention. Outcomes were analysed within, and between groups using Statistical Package for the Social Sciences (Version 28).

Results A total of 57 participants were recruited and 54 completed the 8-weeks intervention. Significant improvements in HRQOL scores (Dartmouth Co-op) were reported in TCR (-5.5 points (Confidence Interval [CI], -8.3-2.87, p < .001), COMBI-CR (-4.4 points, CI, -6.9-1.9, p = .001) and WB-CR (-3.9 points, CI, -5.9-1.9, p = <.001); and anxiety scores significantly improved in WB-CR (-1.12 points (CI, -2.04-0.19, p = .021), compared to no significance in TCR or COMBI-CR. No significant changes were detected in depression scores across all three groups.

Conclusion This study observed significant improvements in HRQOL, with no difference between TCR, COMBI-CR and WB-CR. All three approaches may offer favourable options for CHD patients. Although small enhancements were reported in HADs, only WB-CR found significance; further supporting the use of digital health. Future studies with a broadened inclusion criterion to further analyse psychological differences in depression, anxiety and segmental HRQOL are required. TCR, COMBI-CR and WB-CR may offer comparable beneficial psychological outcomes for CHD patients.

Background Obesity is a key risk factor for atrial fibrillation (AF) and CHD patients with AF are normally older than those patients without AF. Ageing and body mass both have an impact on an individual’s aerobic functional capacity (aerobic power; VO2max/peak).

Aim The aim of the study was to evaluate the proportional influences of both age and body mass on VO2 peak in CHD rehabilitation (CR) participants with and without AF.

Methods Retrospective analysis of cardiopulmonary exercise test data from previous studies, involving CR participants with and without persistent AF, were analysed in relation to age, body mass, relative VO2peak (ml/kg/min) and absolute