
CONFERENCE REPORT

Cardiac rehabilitation session at BCS meeting

The British Association for Cardiac Rehabilitation session, held on 25 May at the Annual Meeting of the British Cardiac Society in Harrogate, was chaired jointly by Dr Hugh Bethell and Dr Jane Flint and was well attended. Dr David Thompson, Professor of the School of Nursing at the University of Hull, spoke about the present state of cardiac rehabilitation in the UK. He concluded that there is variety in range and content and that we still have few records on the attendance, staffing, and cost of the different setups. Audit is non-existent.

Three different models were then described (classified according to location): in hospital, in the community, and at home. Ms Helen Stokes, research nurse for National Institute of Health, presented her previous personal experience in a district general hospital with the "standard" setup of an individualised exercise program for patients after myocardial infarction: three sessions a week for a minimum of 6 weeks with suitable graduates being encouraged to enrol in the local gym afterwards.

Dr Douglas Watts presented cardiac rehabilitation in the community using his own long experience as consultant cardiologist in Preston. He described with great eloquence the joint efforts with the tutor of physical

education in the local university which resulted in the birth of the first "pilot" program in 1967 and how it gradually expanded because of its popularity to the current major form with daily sessions in three different locations. The classes are now mixed for men and women with various cardiac conditions, including a few heart transplant recipients, and there is no age limit.

The "at home" cardiac rehabilitation model is a newer concept and was presented by Dr Bob Lewin from Edinburgh: patients who have had acute myocardial infarction are supplied with the "Heart Manual", consisting of one book and two audio-tapes to use at home, with general advice for the patient and spouse, on exercise and relaxation. The cost of each pack is £10. A hospital-based "human facilitator" supplies a hot-line telephone service. A questionnaire survey showed subjective improvement in quality of life and the confidence of patients in the scheme. This cheap and efficient method has understandably become popular among hospital trusts.

Dr Andrew McLeod from Poole summarised current evidence for the effectiveness of cardiac rehabilitation. Meta-analyses of randomised trials from 1972 to 1985 showed a reduction in cardiovascular deaths, sudden deaths, and fatal myocardial infarctions in patients who had had cardiac rehabilitation compared with those who had not. New end points are improved exercise capacity and early return to work. Angiographic evidence of disease regression is also receiving attention. Cardiac rehabilitation is part of the complex and still unresolved problem of secondary prevention of coronary artery disease by life-style modification.

Although the concepts and methods

under discussion were not new, the clear and unanimous messages were:

- Need for more resources and continuing audit
- Aim to include more women and elderly patients
- New models may be better suited to contemporary needs

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NOTICES

The 1996 Annual Meeting of the **British Cardiac Society** will take place at the Scottish Exhibition & Conference Centre, Glasgow from 7 to 9 May.

The **1996 Annual Meeting of the Society of Cardiothoracic Surgeons of Great Britain & Ireland** will take place from 20 to 22 March 1996 at the North Wales Conference Centre, Llandudno. For further information please contact the Society of Cardiothoracic Surgeons, c/o Concorde Services, 10 Wendell Road, London W12 9RT (tel: +44 181 743 3106; fax: +44 181 743 1010).

The **European Association of Nuclear Medicine Congress** will take place from 14 to 18 September 1996 in Copenhagen, Denmark. For further information please contact EANM Congress Secretariat, Congrex Holland b.v., Keizersgracht 782, 1017 EC Amsterdam, The Netherlands (tel: +31 20 626 1372; fax: +31 20 625 9574).