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AVAILABILITY AND QUALITY OF CARDIAC REHABILITATION AROUND THE GLOBE: PATIENTS SERVED, PROVIDERS, AND CORE COMPONENTS

Poster Contributions
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Background: We conducted the first-ever global survey of cardiac rehabilitation (CR) programs, to assess the type of patients served, professionals on the team and components delivered.

Methods: In this cross-sectional study, an online survey was administered to CR programs globally. National cardiac associations facilitated program identification where available, or local champions. Results were compared by WHO regions using Generalized Estimating Equations.

Results: 111/203 (54.7%; n=54, 26.6% low or middle-income) countries in the world offer CR, of which data were collected in 93 (83.7% response rate; N=1081 surveys). The most commonly-accepted CR indications were: myocardial infarction (n=832, 97.4%), percutaneous coronary intervention (n=820, 96.2%) and bypass surgery (n=816, 95.8%); the latter 2 varied significantly by region (p=0.02 and p<0.001; Africa lowest).Only 1/2 of CR programs globally accept patients with rheumatic heart disease, ventricular assist devices, or transplant. The most common providers (mean=4.9±3.1/program) were: nurses (n=571, 61.8%; p <.001; low in Africa and South-East Asia), exercise specialists (n=476,52.1%;p=.01; high in Africa) and physiotherapists (n=460, 49.7%; p <.001; low in Eastern Mediterranean). Physicians were in 415 (44.5%) programs. Mental healthcare providers, pharmacists or community health workers were least common (<20%). The most commonly-offered core components (mean=6.6±2.9 program; n=74, .8% had all 10) were: patient education (n=862, 96.9%), initial assessment (n=882, 92.6%; most commonly for hypertension, tobacco use and physical inactivity) and risk factor management (n=858, 90.5%); the first 2 varied significantly by region (plt0.01; lower in Western-Pacific). Exercise training was offered in 82.0% and nutrition counselling in 75.2%. Only 1/3 of programs offered vocational counselling to facilitate return-to-work, with <1/2 offering smoking cessation sessions.

Conclusion: Despite overwhelming evidence of the clinical and economic benefit of CR, only half of countries have it available. There is significant variation in CR program quality globally, which may impact patient outcomes.