



## Service Priorities and Programmes Electronic Presentations

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### **Evaluation of a Pilot study of 4-week phase II cardiac rehabilitation program from a physiotherapy aspect**

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#### **Introduction**

At the Alice Ho Miu Ling Nethersole Hospital, a multidisciplinary pilot study comprising 4 weeks of 8 sessions of phase II cardiac rehabilitation program was conducted between January and August 2015. Participants were AHNH patients with a diagnosis of acute coronary syndrome (ACS) who had undergone percutaneous coronary intervention (PCI).

#### **Objectives**

To evaluate physical fitness changes, health-related quality of life changes and unplanned readmission rate of patients who have undergone the cardiac rehabilitation programme

#### **Methodology**

25 patients who were treated for acute coronary syndrome (ACS) were recruited for phase II CRP. Pre- and post- assessment of 6 minute walking test (6MWT), maximal exercise tolerance test (ETT) measured by metabolic equivalent (MET), QoL questionnaire SF36, NYHA class, patient's knowledge and satisfaction, and Prochaska's stage of change to regular exercise habit were measured by Physiotherapist, Cardiac nurse, and EMDU. Untoward event were monitored.

#### **Result**

25 patients were initially recruited. Two dropped out after the first visit. The remaining participants (n=23) completed the program and with over 90% attendance rate. They were divided into 5 classes. Overall utilization of the program was 82.6%. Mean age was 59 (SD\*=11), of whom 19 (82%) were male. 5 (22%) had diabetes mellitus, 8 (35%) had hypertension, 7 (30%) were smokers. Mean TIMI score was 3.1. Significant improvements were noted in 6MWT ( $p < 0.001$ , 95% CI = 74-131m), ETT

( $p < 0.001$ , 95% CI = 1.3 – 2.7MET), NYHA class ( $p < 0.001$ ), and exercise habit ( $p < 0.001$ ). Mortality and readmission end-points were compared with age- and sex-matched cases from a historical cohort of patients. No mortality was recorded in either group up to 270 days. Unplanned all-cause readmissions up to 270 days were reduced (4 vs. 25,  $p = 0.06$ ). Unplanned cardiac-cause admissions were also lower (1 vs. 4,  $p = 0.15$ ). No serious untoward events were noted during and post program.