

Exercise-Based Rehabilitation for Coronary Heart Disease: What does the Evidence Show?

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Editorial

Coronary heart disease (CHD) is the most common cause of death globally. Cardiac rehabilitation (CR) for patients with cardiovascular disease is recommended by practice guidelines, and includes multifaceted interventions to improve atherosclerotic risk markers, lifestyle, exercise capacity, quality of life, increases life expectancy, suppresses hospitalization frequency and has been shown to be cost-effective [1-5].

Anderson and colleagues evaluated a total of 63 studies with 14,486 participants with median follow-up of 12 months were included. The authors included randomized controlled trials with at least 6 months of follow-up, comparing to the CR-exercise controls Following myocardial infarction or revascularization, or with a diagnosis of angina pectoris or CHD defined by angiography. Studies were pooled using random effects meta-analysis, and stratified analyzes were undertaken to examine potential treatment effect modifiers. Overall, CR led to a reduction in cardiovascular mortality (relative risk: 0.74; 95% confidence interval: 0.64 to 0.86) and the risk of hospital admissions (relative risk: 0.82; 95% confidence interval: 0.70 to 0.96). There was no significant effect on total mortality, myocardial infarction,

or revascularization. The majority of studies (14 of 20) showed higher levels of health-related quality of life in 1 or more domains following exercise-based CR compared with control subjects [6].

CR reduces cardiovascular mortality and provides important data showing reductions in hospital admissions and improvements in quality of life.

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