Cardiac Rehabilitation in Patients after Acute Myocardial Infarction

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Editorial

Cardiac rehabilitation (CR) for patients with acute myocardial infarction (AMI) is recommended by practise guidelines and includes multifaceted interventions to improve atherosclerotic risk markers, lifestyle, exercise capacity, and quality of life. It also increases life expectancy, reduces hospitalisation frequency, and has been shown to be cost-effective. Individualized exercise regimens, organised support aimed at lowering cardiovascular risk, health education, nutrition counselling, psychosocial and vocational support, and medication adherence are all part of CR programmes. The exercise test determines the appropriate training intensity by heart rate reserve (40 percent –80 percent of peak), oxygen reserve (40 percent –80 percent of peak), percent of peak exercise heart rate achieved (65 percent – 80 percent), and rating perceived exertion (11–16 on a 6-to-20 Borg scale). Endurance activities, balance, coordination, flexibility, and stretching should all be included in the CR.

Patients typically attend 2 to 5 30-minute sessions per week, for a total of 36 to 40 sessions. Each session should include 5 to 10 minute heating and cooling periods, as well as field or treadmill walking. Strengthening exercises can be done 2 to 3 times per week with 6 to 15 repetitions per muscle group at intervals of 30 seconds to one minute, with an intensity of 40-70 percent of maximal voluntary contraction, up to 5 series of 10 repetitions with 70-80 percent of maximum voluntary contraction. Individualized exercise prescriptions should be made based on the patient's health condition and individual restrictions or comorbidities (orthopaedic, neurological, respiratory, nephrology, infectious, among others). The CR program's adherence measures should be adopted in this population to reduce morbidity and mortality, as well as hospitalisation spending.

Acute myocardial infarction (AMI) is one of the most common causes of death and disability around the world. The development of community-based cardiac rehabilitation (CR) in AMI patients, on the other hand, is hysterical. The goal of this study was to assess the safety and efficacy of community-based CR in AMI patients who had undergone percutaneous coronary intervention (PCI). Acute myocardial infarction (AMI) is a kind of coronary heart disease (CHD) that is not only severe, but also one of the main causes of death and physical impairment, especially among the constantly rising older population. Despite the fact that percutaneous coronary intervention (PCI) lowered mortality, allowing released patients to regain their health and return to society, there is still a public health issue to be resolved in the current circumstances. Community-based cardiac rehabilitation (CR) has been shown to be a cost-effective intervention and an important part of conventional rehabilitation. CR is still the short board in the total treatment of CHD at the moment. The development of community-based CR in AMI patients is still poor; 25% of outpatients have been reported to enrol in CR, with 10% of senior patients. Within this small group of patients, 30% to 40% of patients dropped out after 6 months, with up to 50% dropping out after a year. The goal of this study was to look at the safety, effectiveness, and practicality of an exercise rehabilitation programme, as well as to develop a simple and easy-to-use technology that may be used by general practitioners (GPs) in AMI patients.

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