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Abstract Information

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Title: Clinical and psychosocial outcomes after cardiac rehabilitation in Europe: results from the European Cardiac Rehabilitation Database

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Acronym Abbreviation: EuroCaReD

Acronym: European Cardiac Rehabilitation Database

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Abstract Authors

W. Benzer¹, B. Rauch², AD. Zwisler³, NV. Pogosova⁴, E. Koudi⁵, P. Dendale⁶, JP. Schmid⁷, EG. Porrero⁸, CH. Davos⁹, H. Mc Gee¹⁰ - (1) Department of Interventional Cardiology, Academic Hospital, Feldkirch, Austria (2) Center for Outpatient Rehabilitation at the Hospital, Ludwigshafen, Germany (3) Rigshospitalet - Copenhagen University Hospital, Heart Centre, Copenhagen, Denmark (4) National Research Center for Preventive Medicine, Moscow, Russian Federation (5) Sports Medicine Laboratory, Aristotle University, Thessaloniki, Greece (6) Heart Centre, University, Hasselt, Belgium (7) Bern University Hospital, Cardiovascular Prevention and Rehabilitation, Bern, Switzerland (8) Cardiac Rehabilitation Centre, City Hospital, Leon, Spain (9) Biomedical Research Foundation, Academy of Athens, Athens, Greece (10) Royal College of Surgeons in Ireland, Dublin, Ireland

Abstract Content

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Background: In Europe cardiac rehabilitation (CR) outcomes are systematically collected only at national level. The purpose for introducing the European Cardiac Rehabilitation Database (EuroCaReD) was to get a simultaneous overview of CR outcomes across Europe **Methods:** In the EuroCaReD project, patients undergoing CR, independent of age, gender, and indication for CR were enrolled during a snap shot period between October and November 2010. All patients recruited at baseline were followed until the regular end or early termination of their individual CR program. Data were collected online. The eCRF has previously been developed following the Cardiology Audit and Registration Data Standards (CARDS) for CR. **Results:** 1,236 patients from 8 European countries (mean age: 62 years; gender: 76% male; indication for CR: 85% ischemic heart disease, 7% heart failure, 8% others) could be enrolled into the study. CR program duration was 3 months in average. ¾ of the study sites offered outpatient and ¼ inpatient programs. 70% of patients admitted for CR completed their program as prescribed, 30% did not. Reasons for program interruption were patient non-compliance (26%) recurrent events (6%) and others not specified (68%). At the regular end of the program, in the European average, patients experienced an improvement in exercise capacity (+12±28 watts), CV risk factors (BP sys: -2.7±39 mmHg; LDL-C: -17±34 mg/dl; fasting glucose: -6.0±39 mg/dl). Only little improvement could be observed in BMI (-0.2±1.5 kg/m²). Depression and anxiety, and health-related quality of life did also improve (HADS-A scores: -1.1±2.7; HADS-D scores: -0.9±2.6; MacNew global scores: +0.6±0.8). **Conclusion:** EuroCaReD first clinical use demonstrates that an international European CR database is feasible. EuroCaReD first results show that patient characteristics correspond to previous reports, particularly the underrepresentation of women and the prevalence of ischemic heart disease. About 30% of the patients did not complete their CR programs by any reason. At the end of the CR program, in the European average, an improvement of exercise capacity, CV risk burden, anxiety and depression, and health-related quality of life could be observed. The first data derived from EuroCaReD are not suitable to make any final conclusion about the treatment effects and quality of CR programs in Europe. More countries and more patients have to be enrolled to give the results the potential for improving European CR standards.

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