

The effect of Phase II Cardiac Rehabilitation Frequency On Compliance for Regular Home-Based Exercise and Re-Hospitalization In Patients Post Coronary Artery Bypass Graft Surgery.

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Abstract

Background: Participation in a cardiac rehabilitation (CR) program can reduce the risk of death in people who have heart disease. No data regarding the effect of exercise frequency during phase II CR on home based exercise compliance, so further investigation is required. This study aims to investigate the patients' outcomes (compliance for regular home-based exercise, re-hospitalization) after completion of phase II CR.

Methods: This is a retrospective descriptive analytic study of 30 post CABG patients participated in phase II CR at Dr. Hasan Sadikin Hospital from September-December 2016. Seven patients were excluded because of their absence in assigned training. The program scheduled for four weeks. It involves aerobic exercise, moderate intensity and continuous training. The patients were divided into two groups, 12 patients had 3x/week and remaining patients had 2x/week. The patients who completed the assigned program were prescribed a home-based exercise program. This particular home-based exercise program was monitored after three-six months. Participants were then divided into two groups; regular exercise of 30 minutes/day at least 3x/week was classified as good compliance and less than that was classified as poor compliance. Influence of phase II CR on compliance home based exercise was calculated using Fisher Exact Test method.

Result: Most participants are male (n=17;73.9%) and have mean age 60.17±7.30 years. Patients who had 2x/week phase II CR with good, poor compliance home-based exercise are 3(27.3%), 8(72.7%) respectively and they who had 3x/week are 9(75.0%), 3(2.5%) respectively (p=0.039). There was no re-hospitalized patient in three months after completion of phase II CR.

Conclusion: The patients with 3x/week program of phase II CR have a better compliance (more often home-based exercise). The result of this study could be a consideration of policy changes in daily routine practice.

Keywords: Cardiac rehabilitation; Compliance; Phase II cardiac rehabilitation