Evidence to support your case for improved cardiac rehabilitation

We need to help Queenslanders to stay productive and out of hospital after they have had a heart attack. It is important people with heart disease understand they are living with a chronic condition that needs to be actively managed to improve their health and wellbeing and reduce their risk of another heart attack.

There is overwhelming evidence that cardiac rehabilitation is an important part of recovery after a heart attack and benefits people of all ages. However, such programs are only effective if they are accessible and suitable to people’s needs and people participate in them.

What are the benefits?

Health and clinical benefits of cardiac rehabilitation

- better knowledge of risk factors
- accelerated recovery
- improved clinical outcomes (e.g., improved cholesterol, blood pressure)
- improved behavioural outcomes (e.g., exercise tolerance, smoking cessation)
- reduced repeat cardiovascular events and hospital readmissions
- strengthened adherence to medication
- enhanced mental health and overall quality of life
- improved symptom management
- increased 5 year survival and reduced all cause mortality

Economic benefits

The United Kingdom modelled the potential impact of significantly increasing uptake of cardiac rehabilitation from 25% to 65% on unplanned cardiac readmissions. The result was delivering a potential reduction in emergency cardiac admissions of 30%, equating to potential savings of nearly AUD $55 million (taking into account the increased costs to deliver a complete service to 65% of patients). Of concern, 25% of their cardiac readmissions occurred within the first 30 days following discharge.

What is the issue?

- In Australia, the number of hospitalisations for heart attack increased by 80% from 1993-94 to 2007-08 and by 33% for unstable angina. More than 30 per cent of hospital admissions for heart attack are repeat events.
- The total economic cost of just one heart attack is $281,000 including the direct and in-direct health care system costs, individual’s productivity losses, private costs associated with treatments, medication and rehabilitation.
- Repeat heart attacks are costing Queensland $1.6 billion.
- Repeat heart attacks are projected to increase by over 40% by 2020 which will require an extra 4000 hospital beds and cause an extra 1400 deaths each year.
How are we doing?

Despite all of our best efforts to improve access to cardiac rehabilitation, patients are simply not getting the support they need following discharge. Some of the reasons include non-systematic referral, not enough services, and failure of services to remain contemporary to meet patient needs and preferences, especially people at the highest risk of cardiac events (e.g. Aboriginal and Torres Strait Islander, and people living in rural, regional and remote areas)7.

**Referral and attendance rates in Queensland are low**

- More than half of patients are leaving hospital without a referral to cardiac rehabilitation or access to quality self-management tools to support their lifestyle changes, medication compliance, cardiac rehabilitation process, and a chest pain action plan8.
- The two-week Acute Coronary Syndrome (ACS) Snapshot audit in 2012 showed that the proportion of patients referred to cardiac rehabilitation in Queensland varied significantly - 85% for ST elevation myocardial infarction (STEMI), 72% for non-STEMI and 43% for unstable angina patients9.
- In 2003, 70% of eligible patients in Queensland did not attend cardiac rehabilitation and this has not improved over time5,9.
- The recent Heart Foundation Heart Attack Survivor Survey (2013) confirmed that patients aren’t receiving the support they need after a heart attack10:
  - Two in three heart attack survivors were not advised by medical staff to attend cardiac rehabilitation. If advised they were significantly more likely to attend.
  - As a result, only two in five attended cardiac rehabilitation.

**Clinical and behavioural outcomes**

- The Heart Attack Survivor Survey (2013)10 confirmed that:
  - One in four patients had not been able to return back to the workforce.
  - More than half continued to smoke after their event.
  - One in six were not regularly taking their medication.
  - 29% of patients who have previously had a heart attack have unmanaged or uncontrolled high blood pressure.
  - More than 30% of hospital admissions for heart attack are repeat events9.
- There is high prevalence of depression in patients with heart disease (~15%) which impacts on their adherence to medication and lifestyle management strategies, quality of life and prognosis11. Despite this, there are poor levels of screening to help recognise depression and refer patients for further evaluation within the health system. To download and print a copy of a screening tool (PHQ-2) for depression in patients with CHD go to: www.heartfoundation.org.au.

**References**