

Cardiac rehabilitation in women

AKADEMISK AVHANDLING

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ABSTRACT

The overall aim of this thesis has been to investigate the prognostic value of exercise capacity and whether a multifactorial rehabilitation program could affect traditional cardiac risk factors as well as self-rated health, quality of life, depression, anxiety, hospital utilization and sickness absenteeism in women younger than 66 years with coronary artery disease (CAD).

Study I

Evaluation of the role of exercise capacity and how physical capacity, leisure time and physical activity influence long term all-cause and cardiovascular mortality. A follow-up nine years after the coronary event showed that sedentary lifestyle, low physical fitness, inadequate blood pressure and heart rate response during exercise test were independent predictors for all-cause mortality as well as cardiovascular mortality.

Study II

To evaluate whether a five-year long randomized controlled trial (RCT) rehabilitation program for women <66 years with CAD had effect on the use of hospital care (official data) and self-reported sick leave. After 5 years the intervention group had reduced their visits at emergency wards significantly more than the control group. There were no differences in sick leave rates between the groups.

Study III

In the same RCT population as in study II, exercise capacity and psychosocial factors were measured yearly during five years. Exercise capacity remained unchanged during the five years and no differences between the intervention and control group was found. Additionally, no differences between the groups were seen in psychosocial factors, however, several of these factors were improved in both groups. In a 10-14 years follow-up questionnaire both groups reported improved quality of life compared with baseline, but not compared with five years. A better trust in future quality of life was seen in the intervention group compared to controls. Depressive symptoms were equally decreased in both groups while symptoms of anxiety were unchanged.

Study IV

Occurrence of baseline depressive symptoms and its relation to angina pectoris (AP) in the women included in study II were investigated. Moderate to severe depression (BDI >19) were strongly correlated to established AP ($p < 0.01$) and higher rates of anxiety, indicating that anxiety is a noteworthy symptom in depressed CAD women. Depressed women were also more likely to have a family history of heart disease and were less likely to care about their future health.