What are Patients to do? Early Physical Activity Progression in the Acute Coronary Syndrome Population.

L. Avery, RN, PhD, CNCC(C) ; E. Estrella-Holder, RN, MScA, MN, CCN (C) ; K. Thondson, RN, MN ; S. Rapko, BMR, PT ; D. Kent, MSc, CSEP-CEP ; D. Fitch, RN, MN

1 Winnipeg Regional Health Authority, Cardiac Sciences Program
2 St. Boniface Hospital, Cardiac Sciences Program
3 Health Sciences Centre, Cardiac Sciences Program
4 St. Boniface Hospital, Department of Rehabilitation Services
5 University of Manitoba, Faculty of Kinesiology
6 Winnipeg Regional Health Authority, Primary Care

Many patients may be fearful to begin exercise training following hospitalization for acute coronary syndromes. Patient concerns around “how much exercise” is safe can result in a state of in-activity that has long-term detrimental effects to their health. Exercise training (ET) is physical activity performed for the purpose of satisfying a long term goal such as improved cardiovascular function. Evidence suggests that ET, in low risk acute coronary syndrome (ACS) patients, is safe and leads to improvements in morbidity and mortality. However, the benefits of early ET go beyond decreased morbidity and mortality to include: improved hemodynamics, decreased LV remodeling, enhanced endothelial function, improved functional capacity and increased quality of life.

In spite of these benefits enrollment and completion rates in Cardiac Rehabilitation Programs (CRPs) remains low. Automatic referrals for CRPs has helped to addressed low referral rates from health care facilities but ACS patients continue to choose not to enroll in these programs for a variety of reasons. Therefore, alternative strategies need to be developed and implemented to increase exercise training in the post-ACS population.

Despite research emphasizing the importance of patient education and exercise, the most effective means of delivering education related to ET remains unknown. Exercise prescriptions and improved linkages to community resources could be one means of providing exercise progression while providing support following hospital discharge. Technology also offers opportunities to increase patient access while offering assistance and encouragement for exercise training.

Research suggests that knowledge is necessary for behaviour change but not sufficient in itself. A critical factor may be establishing key linkages between acute care and community based programs to support physical activity behavior following hospitalization. Cardiovascular nurses, working with other professional team members, have an integral role to play in educating patients about the importance and benefits of ET and providing information about community resources to explore post hospital
discharge. Further research is needed to determine educational and community based interventions that are most likely to succeed in AMI patients adhering to ET recommendations.

References


For more information, contact:
Lorraine Avery, Regional Clinical Nurse Specialist at lavery@sbgh.mb.ca