



## **Some evidence that interventions can increase uptake and adherence in cardiac rehabilitation**

### **Clinical question**

How effective are interventions to increase patient uptake of, and adherence to, cardiac rehabilitation?

### **Bottom line**

A small body of evidence suggests interventions involving motivational communication delivered through letters, telephone calls and home visits may be effective in increasing uptake of cardiac rehabilitation, as may the use of liaison nurses to support coordination of care. Two of 7 studies intended to increase adherence to exercise as part of cardiac rehabilitation had a significant effect (although 1 of these studies was of poor quality). Coping strategies targeting barriers to adherence may be helpful in improving adherence. Barriers to uptake and adherence in cardiac rehabilitation are many and varied, and reasons for non-participation may vary between individuals. Individually tailored approaches may increase the likelihood of success.

### **Caveat**

The quality of studies was generally low. Only 1 study reported the non-significant effects of the intervention on cardiovascular risk factors. No studies reported data on mortality, morbidity, costs or healthcare resource utilisation. Meta-analysis was not possible due to multiple sources of heterogeneity.

### **Context**

Cardiac rehabilitation is an important component of recovery from coronary events, but uptake, and adherence, to such programmes is below the recommended levels. Cardiac rehabilitation programmes vary, but usually include 1 or more of the following: exercise, education, and psychological counselling/support.

### **Cochrane Systematic Review**

Davies P et al. Promoting patient uptake and adherence in cardiac rehabilitation. Cochrane Reviews, 2010, Issue 7. Article No. CD007131. DOI: 10.1002/14651858.CD007131.pub2.  
*This review contains 10 studies involving 1361 participants.*

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