MAINTAINING ENGAGEMENT

R **Interventions to improve self efficacy should be considered for inclusion in a cardiac rehabilitation programme.**

PARTNER/CARER INVOLVEMENT

✓ Cardiac rehabilitation programmes should consider the contributions family members and carers can make to a patient's cardiac rehabilitation.

✓ Specific carer support groups could be considered to focus on the issues partners or carers may encounter in coping with their family member's cardiac condition.

✓ Cardiac rehabilitation programmes should be tailored to consider equality and diversity issues.

ASSESSMENT

✓ All patients referred to cardiac rehabilitation should undergo an individualised assessment leading to a care plan and interventions specific to their needs. Comorbidities should be taken into consideration.

LIFESTYLE RISK FACTOR MANAGEMENT

✓ Cardiac rehabilitation programmes should place equal emphasis on each of the lifestyle risk factors when supporting patients to make lifestyle changes.

Smoking cessation

R **Patients in cardiac rehabilitation who smoke should be offered smoking cessation interventions which include contact for more than four weeks.**

R **Smoking cessation interventions should include a combination of telephone contact, behavioural support, and self-help materials.**

Physical activity and reducing sedentary behaviour

R **Patients should be offered a cardiac rehabilitation programme which includes an exercise component to reduce cardiovascular mortality, reduce hospital readmissions and improve quality of life.**

R **Cardiac rehabilitation services should offer individualised exercise assessments, tailor the exercise component of their programmes to individual choice and deliver them in a range of settings.**

R **Aerobic and resistance exercises should be considered as part of exercise prescription for patients attending cardiac rehabilitation.**

R **Technology-based interventions should be considered for patients participating in cardiac rehabilitation.**

Diet

R **A range of strategies, including telephone follow up, educational tools, contracts, nutritional tools and feedback should be considered for patients in cardiac rehabilitation to enhance adherence to dietary advice.**

R **Referral to weight-loss programmes delivered by experts should be considered for patients requiring assistance with weight management.**

Long-term maintenance of behaviour change

R **Psychoeducation** (goal setting, self monitoring) **should be considered for patients in cardiac rehabilitation to facilitate adherence to physical activity.**

PSYCHOSOCIAL HEALTH

Models of psychological care

R **Cardiac rehabilitation should incorporate a stepped-care pathway to meet the psychological needs of patients.**

✓ To ensure clinical governance and quality, psychological therapies should be evidence based, and delivered by psychologically-trained and supervised healthcare professionals within the context of a locally-defined care pathway.

Measurement of psychological well-being

✓ Assessment tools for anxiety and depression should be repeated over the course of rehabilitation as part of a clinical pathway to ensure ongoing monitoring of symptoms and provide outcome measures of care.

Cognitive behavioural therapies

R **All patients should be offered a package of psychological care, based on a cognitive behavioural model** (eg stress management, cognitive restructuring, communication skills) **as an integral part of cardiac rehabilitation.**

R **Cognitive behavioural therapy should be the first choice of psychological intervention for patients in cardiac rehabilitation with clinical depression or anxiety.**

R **Cognitive behavioural therapy should be considered for patients assessed to have specific psychological needs such as support with symptom control.**

✓ Cognitive behavioural therapy should only be delivered by healthcare practitioners with accredited relevant competencies and approved clinical supervision.

R **A supervised course of full relaxation therapy should be considered for patients in cardiac rehabilitation to enhance recovery and contribute to secondary prevention.**

VOCATIONAL REHABILITATION

R **Vocational rehabilitation interventions designed to address illness perceptions relating to the likelihood of return to work should be considered for patients in cardiac rehabilitation who have the potential to continue in employment**

R **Exercise prescription that includes a range of physical activities designed to simulate those anticipated in the workplace should be considered for patients in cardiac rehabilitation who have the potential to continue in employment.**

✓ Cardiac rehabilitation services should enable appropriate patients to return to work while participating in their rehabilitation programme.

PRESCRIBING PRACTICES

R **Non-medical prescribing should be considered within a cardiac rehabilitation setting.**

✓ Appropriate training and evaluation of non-medical prescribers are vital to ensure safe and effective care.

SOURCES OF FURTHER INFORMATION

NHS inform
www.nhsinform.scot
Tel: 0800 22 44 88

This is the national health and care information service for Scotland. It includes a section on heart conditions with information and links to resources to support patients with heart disease:

www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels

There is also a section providing advice on healthy living for physical and mental wellbeing:

www.nhsinform.scot/healthy-living

British Association of Cardiovascular Prevention and Rehabilitation
9 Fitzroy Square, London, W1T 5HW
Tel: 020 7380 1919
www.bacpr.com • Email: admin@bcs.com

A national organisation providing support to health professionals, promoting excellence in cardiovascular prevention and rehabilitation through quality education, training and a certification programme (joint with national audit of cardiac rehabilitation).

British Heart Foundation
Ocean Point 1, 94 Ocean Drive, Edinburgh, EH6 6JH
Tel: 020 7554 0000; Heart Helpline: 0300 330 3311
www.bhf.org.uk • Email: hearthelpline@bhf.org.uk

The BHF is a national heart charity and the largest independent funder of cardiovascular research. The BHF provides information for patients and carers.

Chest Heart & Stroke Scotland
Third Floor, Rosebery House, 9 Haymarket Terrace
Edinburgh EH12 5EZ
Tel: 0131 225 6963 • Advice Line Nurses: 0808 801 0899
www.chss.org.uk • Email: admin@chss.org.uk

The Scottish health charity set up to improve the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, influencing public policy, advice and information and support in the community.

This Quick Reference Guide provides a summary of the main recommendations in **SIGN 150 Cardiac rehabilitation.**

Recommendations **R** are worded to indicate the strength of the supporting evidence. Good practice points ✓ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This QRG is also available as part of the SIGN Guidelines app.

Available on the App Store

Available from Android Market

Healthcare Improvement Scotland

SIGN

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Evidence