

**Consultation on the relevance of SIGN 57 (Cardiac Rehabilitation) to current practice. August 2010**

**Guidelines Search: June 2010**

Prior to the consultation exercise, a search was conducted for guidelines that have been published since SIGN 57. The following websites were searched:

- Agency for Health care Research and Quality (AHRQ): <http://www.ahrq.gov/>
- ASERNIP-S:  
<http://www.surgeons.org/Content/NavigationMenu/Research/ASERNIPS/default.htm>
- Canadian Medical Association:  
[http://www.cma.ca/index.php/ci\\_id/54316/la\\_id/1.htm](http://www.cma.ca/index.php/ci_id/54316/la_id/1.htm)
- Centre for Clinical Effectiveness (Australia):  
[http://www.southernhealth.org.au/page/Health\\_Professionals/CCE/](http://www.southernhealth.org.au/page/Health_Professionals/CCE/)
- NHS QIS: [http://www.nhshealthquality.org/nhsqis/CCC\\_FirstPage.jsp](http://www.nhshealthquality.org/nhsqis/CCC_FirstPage.jsp)
- NICE: [www.nice.org.uk](http://www.nice.org.uk)
- National electronic library for health:  
<http://www.library.nhs.uk/guidelinesfinder/>
- National guideline clearing house: <http://www.guideline.gov/>
- National health and medical research council: <http://www.nhmrc.gov.au/>
- New Zealand guidelines group: [www.nzgg.org.nz](http://www.nzgg.org.nz)
- SIGN: [www.sign.ac.uk](http://www.sign.ac.uk)

The following guidelines were identified:

- NZGG (2002) Cardiac Rehabilitation.  
[http://www.nzgg.org.nz/guidelines/0001/cardiac\\_rehabilitation.pdf](http://www.nzgg.org.nz/guidelines/0001/cardiac_rehabilitation.pdf) [this was only published a couple of months after the SIGN guideline]
- NICE (2010) Unstable angina and N-STEMI.  
<http://www.nice.org.uk/nicemedia/live/12949/47988/47988.pdf>
- NICE (2007) MI: Secondary prevention.  
<http://www.nice.org.uk/nicemedia/live/11008/30495/30495.pdf>
- NICE (2003) Chronic heart failure.  
<http://www.nice.org.uk/nicemedia/live/10924/29137/29137.pdf>
- NICE (2008) Cardiac rehabilitation service: commissioning guide.  
<http://www.nice.org.uk/media/49E/45/CardiacRehabilitationCommissioningGuide.pdf>
- CREST (2006) Guidelines for cardiac rehabilitation in northern Ireland.  
<http://www.gain-ni.org/Library/Guidelines/cardiac-rehab-guidelines.pdf>
- British Association for Cardiac Rehabilitation (2007) Standards and core components for cardiac rehabilitation.  
<http://www.bcs.com/documents/affiliates/bacr/BACR%20Standards%202007.pdf>
- Antman EM, Hand M, Armstrong PW, Bates ER, Green LA, Halasyamani LK et al. 2007 focused update of the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2008 Jan 15;51(2):210-47.

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- [http://www.guideline.gov/summary/summary.aspx?doc\\_id=12192](http://www.guideline.gov/summary/summary.aspx?doc_id=12192)  
Anderson JL, Adams CD, Antman EM, Bridges CR, Califf RM et al. ACC/AHA 2007 guidelines for the management of patients with unstable angina/non-ST-Elevation myocardial infarction: a report of the American College of Cardiology. J Am Coll Cardiol 2007 Aug 14;50(7):e1-e157.  
[http://www.guideline.gov/summary/summary.aspx?doc\\_id=11333](http://www.guideline.gov/summary/summary.aspx?doc_id=11333)

### Consultation Exercise : August 2010

A small consultation exercise was conducted in August 2010, in order to obtain views on the relevance of SIGN 57 (cardiac rehabilitation) to current practice. Twenty Four people who had previously worked on SIGN CHD guidelines were contacted. Every effort was made to ensure that people from all disciplines were represented. The following letter was sent to each of the 24 contacts:

#### **SIGN 57: Cardiac Rehabilitation**

<http://www.sign.ac.uk/guidelines/fulltext/57/index.html>

*As part of an ongoing assessment of the currency of our guideline programme we have recently examined the key recommendations in SIGN 57 and compared them with those developed by groups who have conducted a more recent appraisal of the evidence base.*

*On the whole, it appears that the recommendations set out in the 2002 document are still in line with current evidence. However, NICE guidance from 2007 recommends that rehabilitation programmes include a stress management component, which is not addressed in SIGN 57.*

*It is our proposal that the guideline be categorised as 'remains current' – to be re-examined in three years time.*

*As a valued respondent in this clinical area we would value your input on this proposal and in particular whether any sections of the guideline present safety concerns.*

*I am interested in whether:*

- *you consider there is still a need for this clinical guideline;*
- *there are any sections which you consider out-of-date, or which present issues of clinical risk.*

*I would be very grateful if you could send me your thoughts by the end of August 2010. These will be summarised in a review report.*

*Yours sincerely,*

*Joanna*

Seven people responded to the consultation, though some of these mentioned that they had sought the opinions of colleagues and were sending a collated response.

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## Consultation Response

The following themes have been extracted from the responses: 'need for the guideline'; 'safety issues'; 'currency' and 'other'

### Need for the guideline

There was general agreement that the guideline was still needed:

- "...I would like to believe that there is still a need for this clinical guideline and would support your proposal that the guideline be re-examined in three years time." *Consultant Physician*
- "...I agree that the recommendations in SIGN 57 are still current and don't believe there is any clinical risk within it." *Reader in General Practice*
- "...We all feel this clinical guideline is very important and particularly relevant in the current NHS climate of self managed care" *4 Clinical Psychologists*
- "...The guideline is still needed" *General Practitioner*
- "...We absolutely agree the need for this guideline" *Physiotherapist who consulted colleagues*
- "...there is still a need for a cardiac rehabilitation SIGN guideline....I do feel that it should be updated as a number of areas are out of date." *Physiotherapist*

### Safety issues

No one highlighted any safety issues, and those who commented on it said that there did not appear to be any:

- "...don't believe there is any clinical risk within it..." *Reader in General Practice*
- "... So long as clinicians use their judgement in applying the guideline, e.g. to very old people, I can't think of major safety concerns." *General Practitioner*
- "...I/We feel that there are no glaring safety issues that pose clinical risk" *Physiotherapist who consulted colleagues.*

### Currency

Some felt that the guideline was still relevant to current practice:

- "The NICE guideline does include more up to date references but I do not think the message is substantially different" *Consultant Physician*
- "I agree that the recommendations in SIGN 57 are still current.....I've had a look at the 2004 meta-analysis on which NICE based its recommendation for stress management and the evidence of particular benefit (such that it should be specifically mentioned) is not strong" *Reader in General Practice*

However, others commented that certain areas were dated. For example, two people mentioned how the target patient population may have changed:

- "...the contemporary CR has evolved from rehabilitating patients recovering from acute coronary events into a modern multifarious programme.....Although many of these are covered within SIGN 57 the full extent of CR might not be adequately conveyed....the context of cardiac rehabilitation has changed with regards to the patient populations now being offered access to CR. This has obvious and profound implications when defining the needs of the patient population which has demonstrably changed since 2002 and the demands on knowledge and skills of the staff comprising any CR service. For example, ICD

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patients now considered for CR have idiosyncratic psychological needs not necessarily addressed by SIGN 57.” *Consultant Clinical (Nuero and Health) Psychologist*

- The nature of the patient population has changed a lot since 2002. The main factors are: ageing population with co-morbidities including CHD and treatment with angioplasty which has reduced the severity of many MIs. The use of troponins has also led to the diagnosis of many more NSTEMIs. *General Practitioner*

Concerns were raised about the currency of the psychology section:

- “There is some more up to date evidence on the usefulness of behaviour change models” (refs provided)... “There is also some very good evidence now regarding psychological treatment of cardiac patients reducing mortality and event recurrence. The timing of therapy and issues surrounding gender differences should also be noted not for cardiac rehabilitation patients.....There is more evidence on how to improve access and flexibility.....the existing guideline has nothing on cognitive factors which are known to affect cardiac patients ability to remember and process information and follow instructions. The SIGN guidelines for Arrhythmias (SIGN 94) and Stable Angina (SIGN 96) have more up to date evidence on specific conditions, the cardiac rehab guideline should have a new section on the implication of cognitive problems for cardiac patients.” *4 Clinical Psychologists.*

Other comments on currency were:

- “There is more evidence now on resistance training and there is more on ICD’s and heart failure and Cardiac Rehabilitation” *Lecturer in Physiotherapy.*
- “...the guideline is obviously based around the key questions that were decided to be of most relevance to cardiac rehabilitation at least a couple of years prior to its publication in 2002 and my/our opinion is that those are not necessarily the key questions of most relevance were the guideline being reviewed/written in 2010” *Physiotherapist who consulted colleagues.*
- “...I do feel that it should be updated as a number of areas are out of date. For example modes of exercise training (more evidence now for resistance training in high risk patients), venues for delivering exercise training for high risk patients, and other populations with good evidence for benefit from exercise training now includes ICD and stable chronic heart failure patients. The guideline needs to have a specific exercise recommendation for Phase 3 home exercise programme with a structured follow up (eg BHF Road to Recovery). Long term exercise programmes in Phase 4 should be delivered by an instructor with the equivalent of REPS level 4 (currently 2 training bodies who provide training at this level – BACR Phase IV and Wright Foundation). Smoking cessation should include specialist referral to smoking cessation services. BP levels should be distinguished for diabetics and non-diabetics.

Diabetic reference from 2001 is out of date and has been superseded by Mead et al (2006). Diabetic guidelines on food and nutrition in the secondary prevention of cardiovascular disease – evidence from systematic reviews of random controlled trials (second update, January 2006) *Human Nutrition and Dietetics* 19, 401-419. The 2 systematic reviews for attendance and adherence should be incorporated and a recommendation is needed in this area (not covered adequately by misconceptions....” *Physiotherapist*

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**Other**

The original consultation email mentioned that the NICE guideline contained information on stress management. A few people responded to this:

- “Nice guidance from 2007 recommends that rehabilitation programmes include a stress management component, which is not addressed in SIGN 57.” *Consultant Clinical (Nuero and Health) Psychologist*
- “I’ve had a look at the 2004 meta-analysis on which NICE based its recommendation for stress management and the evidence of particular benefit (such that it should be specifically mentioned) is not strong” *Reader in General Practice*
- “Stress management sounds like a good idea, as long as there is a good evidence base (ie A or B)” *General Practitioner*

5 SIGN COUNCIL			Date: 11/11/2011
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