### Physical activity and reducing sedentary behaviour

- 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.
- 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.

### Smoking cessation

- Patients in cardiac rehabilitation who smoke should be offered smoking cessation interventions which include contact for more than four weeks.
- Smoking cessation interventions should include a combination of telephone contact, behavioural support, and self-help materials.

### Diet

- 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.

### Long-term maintenance of behaviour change

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

### Psychoeducation

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

### Cognitive behavioural therapies

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

### Cardiac rehabilitation programmes 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.

### Vocational Rehabilitation

- 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.

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

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

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

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

### Cognitive behavioural therapy should be considered for patients in cardiac rehabilitation to enhance recovery and contribute to secondary prevention.

### Long-term maintenance of behaviour change

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

Recommendations 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.