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ORIGINAL ARTICLE

Cardiac rehabilitation in Portugal: Results from the 2013-14 national survey☆

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KEYWORDS
Cardiac rehabilitation;
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Abstract
Introduction: In recent years, cardiac rehabilitation (CR) programs have evolved from being limited to exercise training to comprehensive secondary prevention programs. Given the solid scientific evidence supporting them, they are given a class I recommendation in the American and European guidelines for various cardiovascular diseases, but they continue to be underused in Portugal.
Objective: To analyze the situation of CR programs in Portugal in 2013-14 and to assess developments in recent years.
Methods: In November 2014, a questionnaire was sent to the centers offering CR programs that included the following items: name of the center; composition of the team; phases and components; number of participants and diagnoses; and funding bodies. The percentage of patients with myocardial infarction admitted to phase II CR programs in 2013 was calculated based on data from the Directorate-General of Health (DGS).
Results: Twenty-three centers offering CR programs were identified, 12 public and 11 private. The number of centers rose from 16 in 2007 to 23 in 2014. In 2013, 1927 patients participated in phase II programs, nearly three times the number rehabilitated in 2007 (638 patients). Myocardial infarction was the referral diagnosis in 999 patients, accounting for 51.8% of admissions. On the basis of DGS data, 8% of patients with myocardial infarction were admitted to phase II CRPs in 2013, as opposed to 3% in 2007.
Conclusion: The number of patients admitted to CR programs, as well as the number of centers, increased considerably between 2007 and 2014 in Portugal. Despite these favorable developments, further improvements are still needed.

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PALAVRAS-CHAVE
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Reabilitação cardíaca em Portugal. Inquérito 2013-2014

Resumo
Introdução: Nos últimos anos os programas de reabilitação cardíaca (PRC) evoluíram, deixaram de se basear apenas no exercício físico e são atualmente programas abrangentes de prevenção secundária. Dada a evidência científica sólida que os suporta, mereceram recomendação classe I para várias patologias cardiovasculares, nas recomendações americanas e europeias. Continuam, no entanto, a ser subutilizados em Portugal.
Objetivos: Conhecer os PRC nacionais em 2013-14 e analisar a sua evolução.
Material e métodos: Em novembro de 2014 foi enviado aos centros um questionário com os seguintes itens: identificação do centro; constituição da equipa; fases e componentes; número de participantes, respetivas patologias e entidades pagadoras. Considerando os dados da Direção Geral de Saúde (DGS), calculou-se a percentagem de doentes com alta após enfarte admitidos em PRC, fase 2, em 2013.
Resultados: Identificaram-se 23 centros com PRC, 12 públicos e 11 privados. O número de centros evoluiu de 16 em 2007 para 23 em 2014. Em 2013 participaram em PRC, fase 2, 1927 doentes, o triplo dos 638 reabilitados em 2007. O enfarte foi o diagnóstico de admissão de 999 doentes, representando 51,8% das admissões. Considerando os dados da DGS, constata-se que 8% dos doentes com alta após enfarte frequentaram PRC, fase 2, em 2013. Em 2007 esse valor era de 3%.
Conclusão: O volume de doentes em PRC e o número de centros aumentou consideravelmente em Portugal entre 2007-2014. Apesar da evolução favorável é necessário continuar a desenvolver estratégias de divulgação e implementação de PRC no nosso país.

Introduction

Mortality from coronary artery disease (CAD) has decreased in recent decades in developed countries, but morbidity associated with CAD has increased. Improvements in diagnostic techniques and treatment in the acute phase of myocardial infarction (MI) have improved survival in these patients,[1,2] which makes it particularly important to develop strategies for secondary prevention.

At the same time, cardiac rehabilitation (CR) programs have evolved from being limited to exercise training to comprehensive secondary prevention programs. They now include certain essential components: patient assessment, therapeutic optimization, diet/nutritional counseling, risk factor management, psychosocial management and vocational advice, physical activity counseling and exercise training.[3,4] Such comprehensive CR programs aim not only to improve functional capacity but also to foster healthy behaviors and compliance with therapy, with a view to delaying progression of atherosclerotic disease and preventing future cardiac events.

Various studies and meta-analyses have demonstrated the benefits of CR, particularly in CAD patients, in whom they have reduced overall mortality by 20%, cardiac mortality by 26%, and rehospitalization by 25%.[5–7] Based on this evidence, CR is a class I recommendation for CAD in both the American Heart Association/American College of Cardiology Foundation and the European Society of Cardiology guidelines.[8–12] In recent years, this recommendation has been extended to heart failure (HF) patients.[13]

Despite the well-documented benefits of CR, it continues to be underused and few programs have been implemented in Portugal. The Portuguese Society of Cardiology's Working Group on Exercise Physiology and Cardiac Rehabilitation has periodically performed national surveys assessing CR in Portugal, first in 1998, and again in 2004 and 2007.[14–16] The survey reported here continues this work, assessing the situation regarding CR in Portugal in 2013-14 and analyzing how it has developed by comparing the results with previous surveys.

Methods

In November 2014, a questionnaire including the following items was sent to all centers offering CR programs:

- General information on the center (name, location, public or private, year of beginning CR programs)
- Composition of team and coordinators
- Description of CRP phases offered
- Program components
- Total number of participants and distribution by diagnosis in 2013
- Funding bodies.