Background: Cardiac rehabilitation (CR) participation is associated with significantly lower cardiovascular mortality and improved psychosocial well-being. Although the beneficial effects of CR have been shown, patient utilization remains suboptimal. This dissertation will update a Cochrane review on interventions to promoting patient utilization of CR services, translate evidence into a Clinical Practice Guideline (CPG) and develop tools to implement the guideline recommendations.

Methods:

Study 1: For the update, the Cochrane (CRCT, Abstracts, HTAD), Ovid MEDLINE, CINAHL, EMBASE, Web of Science will be systematically searched from 2013 through April 10, 2017. Inclusion criteria will include randomized or quasi-randomized studies, reporting on enrollment, adherence and completion. Citations will be considered for inclusion, and data were extracted in included studies independently by 2 investigators. If possible, studies will be pooled using random-effects meta-analysis.

Study 2: To disseminate the results from the systematic review, a CPG chapter will be developed based on the AGREE II¹ instrument. After the conclusion of the systematic review, a summary of the results and quality of evidence will be drafted and graded, the recommendations will be submitted to a panel of experts from the Canadian Association of Cardiovascular Prevention and Rehabilitation. After input is received, the chapter will be refined and submitted for external review. The expected final product will be the guideline chapter and recommendations. Disseminations tools will be developed.

Conclusion: To our knowledge, there are no evidence-based guidelines that provide specific recommendations to increase patient enrollment, adherence and completion of CR services. The tools and recommendations developed in this dissertation will potentially guide policy makers, health care providers and cardiac patients on greater utilization of CR and therefore reduction of CVD risk.

References: