INTRODUCTION: Guidelines recommend that cardiac patients participate in cardiac rehabilitation (CR). However, only approximately 30% of patients utilize CR.

OBJECTIVES: To update the previous Cochrane review assessing interventions to increase patient enrolment, adherence, and completion of CR. Additionally, a Position Statement (PS) and online course to implement the recommendations will be developed.

METHODS: A search was performed in April 2017 to identify trials since the previous review. Trials in adults with acute coronary syndrome, revascularization or heart failure were included. Two authors independently performed all stages of citation processing. Meta-regression was undertaken to explore the impact of pre-specified study characteristics.

RESULTS: Twenty-five trials were included. Interventions significantly increased enrolment (risk ratio [RR]=1.27, 95% CI=1.13-1.42), with greater enrolment where the intervention was delivered by a healthcare provider (p=.01) face-to-face (p=.02). Interventions to increase adherence were also effective (standard mean difference [SMD] =0.38, 95% CI=0.20-0.55), particularly where remotely offered (p=.002), as were interventions to increase completion (RR=1.13, 95% CI=1.02-1.25). There was heterogeneity for all outcomes (I²≥47%) but no publication bias. Using GRADE⁴, the quality of evidence was rated moderate for all outcomes.

Through the Canadian Association of Cardiovascular Prevention and Rehabilitation a policy position is being developed with evidence-based recommendations to increase CR use. The statement will be developed in accordance with AGREE II. These recommendations will be summarized in an online course for healthcare providers. It will be evaluated using Kirkpatrick’s model.

CONCLUSIONS: There is evidence that interventions to increase utilization of CR are effective, however the quality of evidence and the heterogeneity of approaches is low to moderate in some cases. The policy recommendations and course developed will hopefully guide policy-makers and healthcare providers to augment CR utilization.

References:
1. McMaster University. GRADEpro Guideline Development Tool. 2015.