

Women less likely than men to stick to cardiac rehab programs

Heart disease remains the leading cause of death in North America and it occurs more in women than in men. After a sudden heart event, women are more likely than men to die, more likely to have delays in diagnosis and treatment, and more likely to experience issues such as bleeding. Women with heart disease also have lower quality of life and exercise capacity than men.

Cardiac rehabilitation (CR) is a heart disease management program that involves patient education, diet advice, as well as structured and supervised exercise training. Research suggests many benefits to these programs such as improved quality of life and reduced risk of death. Despite the well-known benefits of CR, enrolment rates are low – particularly in women. There are more than 200 CR programs in Canada and 3 of these offer women-only programs.

A recent article published by the Canadian Journal of Cardiology looked at a number of studies that reported on how well men and women kept to their CR programs. It found that overall, men were more likely than women to enrol in and stick to a CR program, despite the proven benefits of CR and the increased risk of complications in women. Another study reported that women who dropped out of CR early tended to be younger, more obese, and were more likely to suffer from depression. These are arguably the women who would benefit the most from CR.

Studies have suggested a number of reasons why women are less likely to enrol in and complete a CR program. These reasons include lack of transportation, family responsibilities, lack of awareness of the importance of CR, experiencing exercise as tiring or painful, as well as experiencing other medical issues that make physical activity difficult. Another major barrier to CR participation by women is the cost, as most programs charge over \$100 per month.

Numerous efforts have been made to overcome these barriers. Home CR models have been tested, though studies have shown that most patients actually prefer a regular CR program to a home-based one. Many Cardiac Care Units and cardiac surgery hospital wards now include referrals to CR as part of routine care. This appears to increase awareness and might increase enrolment, although not many studies have looked at this. To overcome other health issues such as arthritis, some programs offer stationary and/or reclining bikes to decrease the physical impact of exercise. Finally, to address the cost of CR, many clinics have now included social workers as part of their team to help manage CR fees.

In the future, CR needs to be viewed as a necessary part of treatment for women with heart disease. Women-only programs allow for gender-specific exercises in a more comfortable environment, and studies have shown that such women-only programs were more successful than traditional programs in improving general health as well as mental health. Whether these benefits help improve enrolment or maintain continuous participation remains to be studied, but such

studies would be key to further engaging women in the use of proven beneficial services such as CR.

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