

CLAHRCBITE

Brokering innovation through evidence

Web-based cardiac rehabilitation is a feasible alternative for decliners or drop-outs



Results

The study was feasible. The web group reported important improvements in quality of life. This intervention has the opportunity to increase access to Cardiac Rehabilitation.

Who needs to know?

- Patients with heart conditions.
- Clinicians involved in the commissioning and delivery of Cardiac Rehabilitation.

What did we do:

Two-centre, randomised controlled feasibility trial. Patients were randomly allocated to either web-based Cardiac Rehabilitation (+remote support) or usual care for 6-months. Data was collected to inform the design of a larger study: recruitment rates, quality of life (Macnew questionnaire), exercise capacity (incremental shuttle walk test) and mood (Hospital Anxiety and Depression Scale). Measurement of health utility was also evaluated for feasibility.

What we found and what does this mean:

60 patients were randomised (90% male, mean age 62 ± 9 years). 26% of those eligible were randomised. 82% completed all assessments. 78% of the web group completed the programme. Quality of life improved in the web group by a clinically meaningful amount (0.5 \pm 1.1 units Vs 0.2 \pm 0.7 unit: control). It was feasible to collect the other measures.

What next:

This intervention has the opportunity to increase choice and access to CR for patients who would otherwise not attend. Promising outcomes and recruitment suggest feasibility for a full scale trial.

Evidence:

Houchen-Wolloff L, Gardiner N, Devi R, Robertson N, Jolly K, Marshall T, et al. Webbased cardiac RE habilitatio N alternative for those declining or dropping out of conventional rehabilitation: Results of the WREN feasibility randomised controlled trial. Open Heart. 2018;5(2). http://dx.doi.org/10.1136/openhrt-2018-000860

What is NIHR CLAHRC EM?

NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) are collaborations between the NHS, universities and local organisations. Our goals are to conduct applied health research across the East Midlands and translate our research findings into improved outcomes for the public.

🄰 @clahrc_em 🔇 www.clahrc-em.nihr.ac.uk 🔀 clahrc-em@leicester.ac.uk

This research is supported by the NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM). This paper presents independent research funded by the NIHR under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-1013-32059).