

A Multi-centred Exploratory Study Investigating the Determinants of Progression from Phase III to Phase IV Cardiac Rehabilitation in Underrepresented Groups

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BACKGROUND:

In the United Kingdom (UK) >2.3 million people are living with coronary heart disease (CHD) (1). Cardiac rehabilitation (CR) is a core component of secondary prevention that reduces hospitalisations, cardiovascular mortality and improves quality of life (2). Traditionally the CR has four phases, Phase I (in-hospital), Phase II (early outpatient), Phase III (early CR typically 8-11 weeks in duration) and Phase IV, the long-term maintenance programme which aims to further build on the success of Phase III (3). Indeed, longer-term CR programmes (beyond 11 weeks) are associated with reductions in mortality, greater gains in fitness and improvement in risk factors (4-6), as such it is important that patients are encouraged to continue. Given the associated benefits of CR, pre-Covid-19, only 50% of those eligible in the UK accessed Phase III (7) with this percentage further decreasing during the pandemic by 36%. A major concern was that there was a further reduction of 11% and 6% in ethnic minorities and female participation in CR, a group already significantly under-represented in CR (7). As such the most recent NACR report (2021) stated that the development and implementation of strategies to halt the widening gap is a key priority. Data regarding uptake for long-term phase IV CR is limited (8). International data showed that patients who attended early CR only 5 to 30% of those transferred to long-term CR, demonstrating poor uptake (9,10). However, to date, barriers to Phase IV in underrepresented groups has not been reported in the UK. Given the declining participation in CR it is paramount to investigate uptake to Phase IV in the UK and understand the factors that influence initiation or non-initiation in underrepresented groups

AIMS:

To investigate factors that influence progression from Phase III to Phase IV CR in underrepresented groups (females and ethnic minorities). The findings will support a grant application to the NIHR/BHF for a multi-centred RCT to investigate interventions that influence uptake to Phase IV CR.

PROPOSAL PLAN:

1. At three Phase III programmes across the UK (Preston, Cardiff & Leeds) recruit 90 completers - 45 initiating Phase IV and 45 not initiating and identify factors that have influenced the patients' decision to initiate or not via a questionnaire
2. From each site take a convenience sample of 5 initiators and 5 non-initiators (total 30) to conduct semi-structured interviews to further identify factors that have influenced individual decision making

IMPACT:

The 2021 NACR report stated that the development and implementation of strategies to halt the widening gap in underrepresented groups is a key priority for UK CR. This project will directly target this priority research area.

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