Implementation of cardiac rehabilitation

– focus on the core components from the perspective of professionals

Vignettes used in the interviews

Sari Saukkonen, Maarit Karhula, Hennariikka Heinijoki, Riitta Seppänen-Järvelä

Case **Henri**, 56 years old

Background information:

An employee at a plywood mill. Has been operating a veneering machine, which requires a repeated lifting motion. Over the past few years, he has been switching workstations and lightening his workload because of back problems. He has been physically tired and experiencing shortness of breath, which he has not disclosed at work.

Suffered a myocardial infarction at work six months ago. Tried to prevent co-workers from calling an ambulance. A balloon angioplasty was performed, and a stent was placed. Patient was put on medication and lifestyle changes have been suggested. He has not returned to work.

Obese, large male, waistline over 150cm.

Lives with his wife in a terraced house. Two adult children, who have moved away. He has no hobbies.

Client's view:

Henri says he knows he is the cause of his heart problems. He has been smoking for decades and has always had sausages and a six-pack of beer after work. He has been physically tired after work and doesn't think adding exercise to his routine is possible. He could give up smoking and should make changes to his diet, but he feels unmotivated.

He has been taking his medications only occasionally because he says he feels even worse if he takes all the medicines prescribed to him. He only attended the rehabilitation because his wife insisted but is now cautiously optimistic about having the support he needs to get his act together.

He had received the BDI forms sent to him but thought they were childish. His wife had filled them out for him. However, he "forgot" them at home. He admits to feeling low-spirited and apathetic.

What would be the first step with them?

When you think about their rehabilitation, which factors do you find most important?

How would you work as a multi-professional team with them?

What kinds of working methods would you apply?

XAMK South-Eastern Finland University of Applied Sciences

Kela

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Case **Niina**, 34 years old

Background information:

Primary school teacher in a large school. Good overall health prior to the cardiac arrest.

Cardiac arrest at home four months ago. Her spouse called for help and performed CPR until the ambulance arrived, for nearly half an hour.

Diagnosed with hypertrophic cardiomyopathy. Risk of sudden death estimated high, cardioverter defibrillator linked to a remote patient monitoring device implanted. Beta-blocker medication initiated.

Despite the long CPR, she has fully recovered. Neurological examination revealed no indication of brain damage. Ejection fraction 50%.

Lives in a detached house with her spouse and two school-aged children in an urban area. Testing her children, brother, and parents has been suggested because of the possibly hereditary nature of the disease.

Client's view:

Niina says she is still shocked and cannot quite believe what has happened. Even though she can remember a few relatives dying suddenly, she never thought she was at risk herself. She is grateful to her spouse, who has explained how they performed CPR and many times thought they didn't have the strength to carry on. Even the cardiologists and neurologists at the hospital had been surprised that she survived and recovered.

She has difficulty believing that the implanted defibrillator and medication could keep her alive. She is terrified knowing that her heart only functions at half the capacity. A doctor had hinted that there is a possibility for another cardiac arrest. She had the remote monitoring device with her during the course.

Doctors have suggested testing her closest relatives. However, she feels anxious about her children inheriting the disease. She says she sleeps very poorly and the nightmares add to her fears and anxiety.

What would be the first step with them?

When you think about their rehabilitation, which factors do you find most important?

How would you work as a multi-professional team with them?

What kinds of working methods would you apply?

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Case **Yrjö,** 73 years old

Background information:

Coronary artery disease, thrombolysis used to treat myocardial infarction eight years ago. No significant damage in the heart muscle. ASA and Dinit were prescribed as medication but he soon stopped taking them. No follow-ups have been carried out.

Rehabilitation started out well because of successful lifestyle changes, for which he received guidance in the Tulppa group (group rehabilitation for those with coronary artery disease). He quit smoking, changed his diet, and started taking long walks. In addition, he retired from a highly stressful job as a factory manager.

Now, as he is getting older, his condition has started to decline. Widowed, no children, lives alone. Taking care of the house and the yard has become difficult for him. Shortness of breath under physical stress. Nitrate spray prescribed, but he has a negative attitude towards medication.

Client’s view:

Last winter, Yrjö noticed he was getting more and more out of breath when clearing the snow. He thought it was due to lack of exercise. Since a young age, he has been a keen athlete and cross-country skier. However, because of his busy work schedule, he didn’t have time to exercise. Once he retired, he would have had time, but there were no friends left to exercise with.

He has difficulties in accepting his declining condition. At the advice of his physician, he participated in cardiac rehabilitation to get advice on how to improve his fitness level. He thinks he needs advice on exercise, diet, and nutritional supplements, not medications. He has been using omega and red yeast rice capsules as well as nutritional supplements advertised on TV but is a little disappointed with the results.

What would be the first step with them?

When you think about their rehabilitation, which factors do you find most important?

How would you work as a multi-professional team with them?

What kinds of working methods would you apply?