

La riabilitazione cardiologica stazionaria in Ticino: stato dell'arte e prospettive future

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Simposio REHA TICINO

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Percorso riabilitativo e assessment
del paziente cardiorespiratorio



Declaration of conflicting interests

Nothing to declare

Rest for a diseased organ. be it a fractured limb or a

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“ARMCHAIR” TREATMENT OF ACUTE CORONARY THROMBOSIS

Samuel A. Levine, M.D.

and

Bernard Lown, M.D., Boston

three to six weeks.¹



The sum of activity and interventions required to ensure the best possible physical, mental, and social conditions so that patients with chronic or post-acute cardiovascular disease may, by their own efforts, preserve or resume their proper place in society and lead an active life

Rehab staff & equipment

- Cardiologist(s)
- Nurses
- Physiotherapist & occupational therapist
- Psychologist (+neuro-)
- Dietician
- Other: neurologist, rehabilitator, geriatrician, ECG monitor, pneumologist etc. etc.
- 12-lead ECG
- Echocardiography
- C-pet
- Holter-ECG & arterial pressure
- Chest x-ray
- Laboratory
- Intermediate care unit
- Gym





Workflow

- Phase 1 – first cardiologic evaluation while the patient is hospitalized
 - Know «your» patient(s)
 - Share the rehabilitation goals with colleagues
 - Inform the patient(s)
- Phase 2 – CRB
- Phase 3 - Maintenance



Patient's pathway

1. Admission

- Medical evaluation, blood-tests, TTE, stress-test, QoL

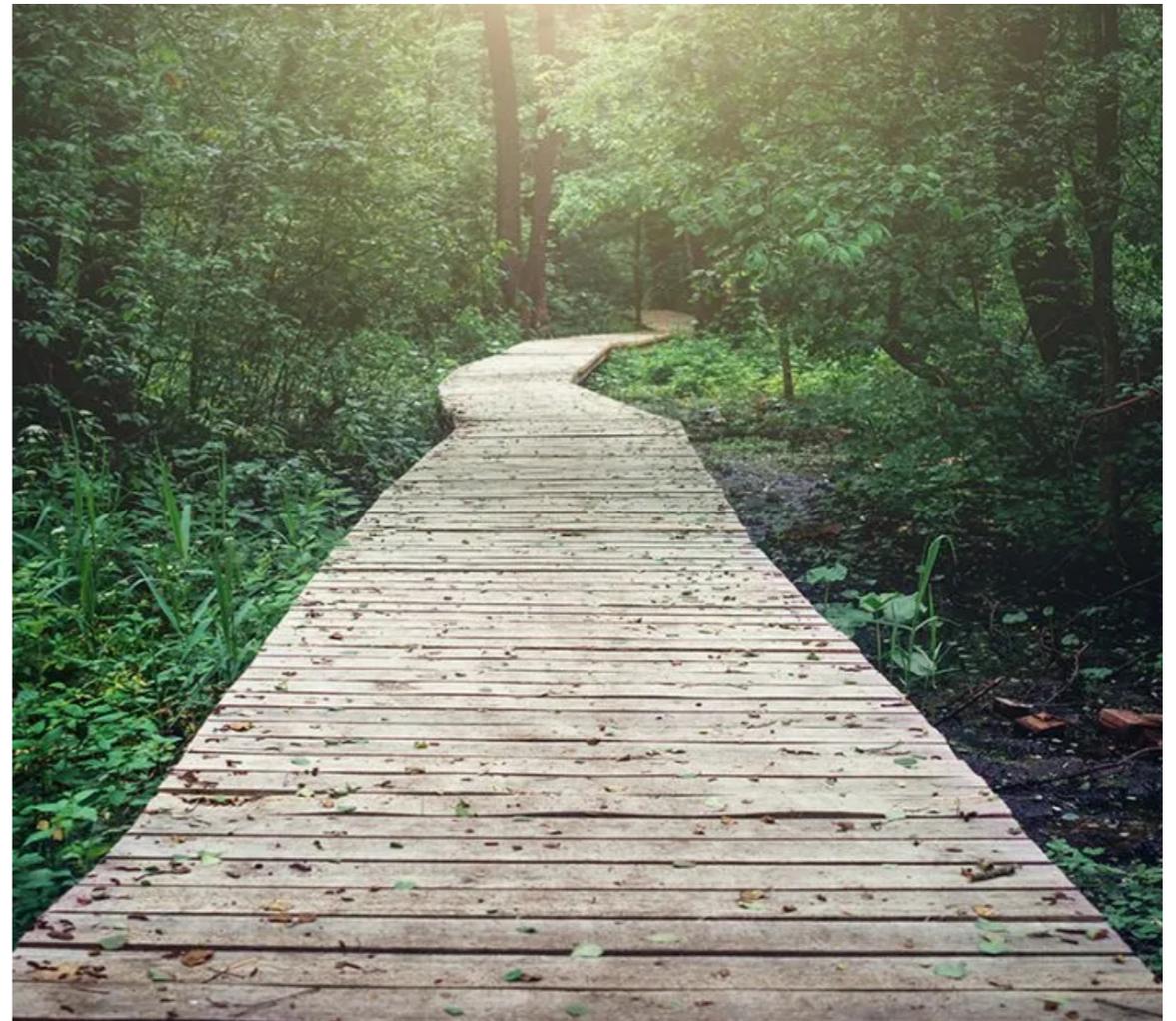
2. Therapies

- Physiotherapy
- Occupational therapy
- Psychologist evaluation (& treatment)
- Dietary counseling
- Education
- Social worker counseling

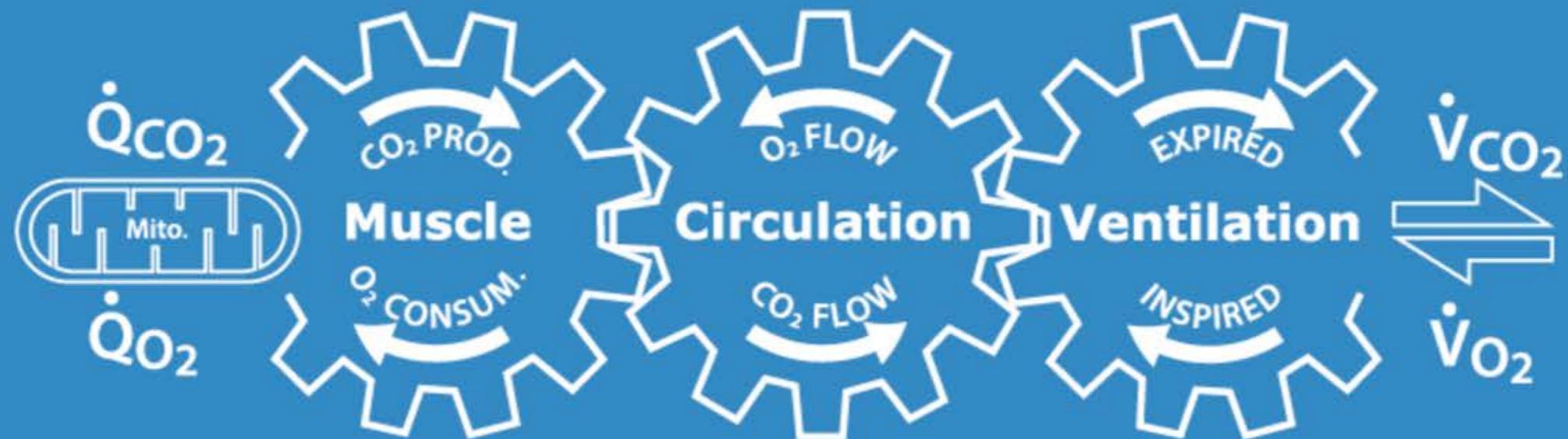
3. Surveillance (interdisciplinary)

4. Discharge

- Outpatient rehab?



Physical therapies I



Physical therapies II

- Customized to the patient (exercise capacity, surgical wounds, pre-existing disability etc. etc.)
- Functional and performance assessment at the admission
- Trained therapists
- Aerobic and anaerobic exercises
- Respiratory training
- Single and/or group
- Functional and performance assessment at the discharge

**Always
monitored**

Mental (& prevention)

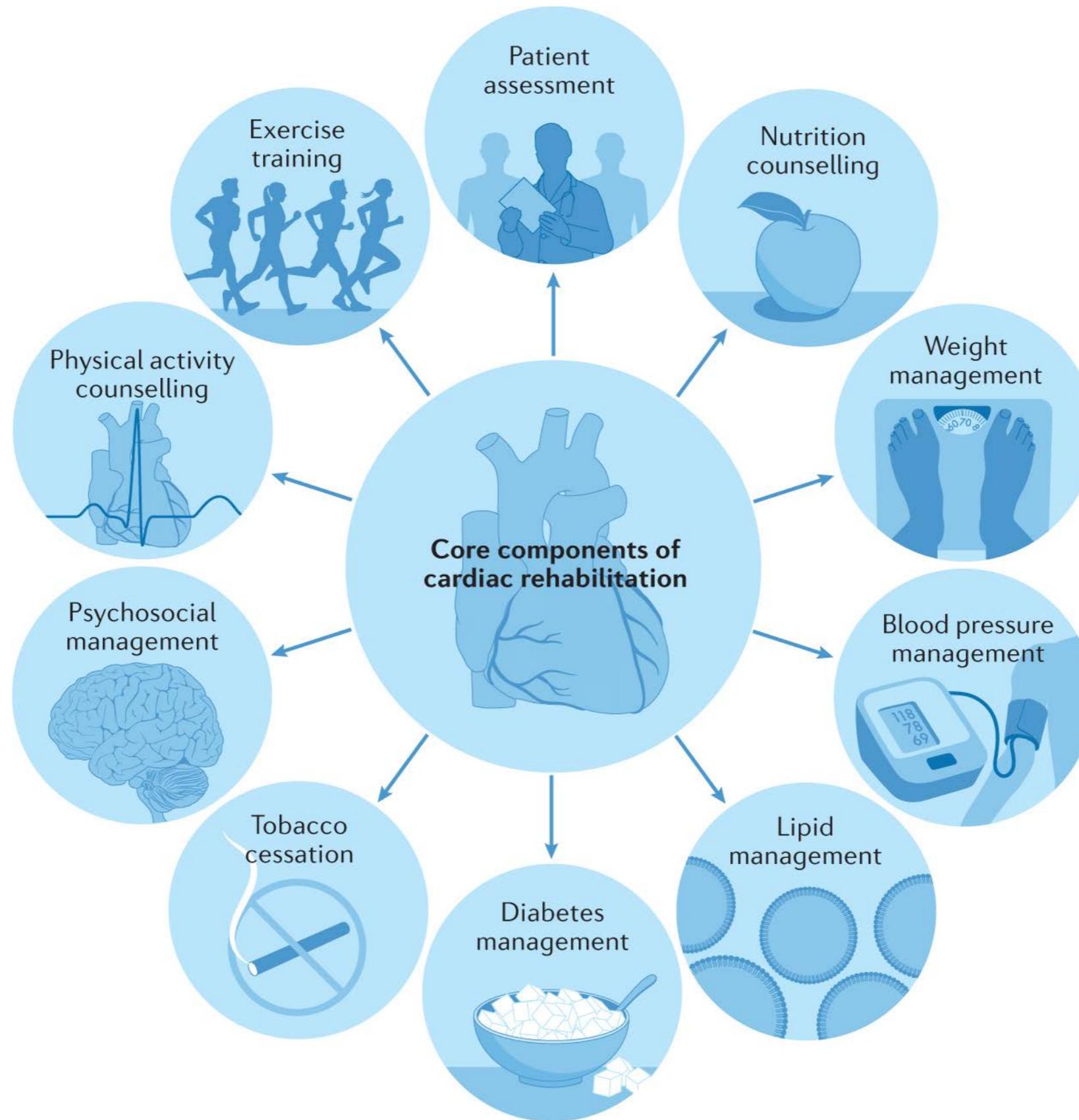
1. Psychology
2. Education:
 - Psychological
 - Nutritional
 - Medical



Social

- The social worker(s):
 - Coordinates the return home
 - Coordinates the home assistances (or the nursing home)





CRB stats (ST-reha coding)

	2022	
	Numero casi	Deg media
Totale	42	23.6

ESC Guidelines

Diagnosis	Recommendations for rehabilitation	Class of recommendation	Level of evidence	Comments
CHD	Exercise-based cardiac rehabilitation is recommended in patients with chronic coronary syndrome	I	A	Benefits of cardiac rehabilitation occur both after an acute myocardial infarction and after revascularization
HF	Regular aerobic exercise is encouraged in patients with HF	I	A	Most of the evidence available in the Cochrane review is from patients with HFrEF

Cost-effectiveness

- 19 studies included
- CR vs no CR was cost-effective (at chosen thresholds)
 - exercise was cost-effective across all relevant studies
 - psychological intervention and telehealth based programs were uncertain (taken individually)
- All the cost-effectiveness studies used life-years as the outcome. This ignores one of the key goals of CR (reducing morbidity), potentially underestimating the benefits of an effective intervention.

Maintenance

- Education
- Prevention
- Life-style
- Follow your patient(s)



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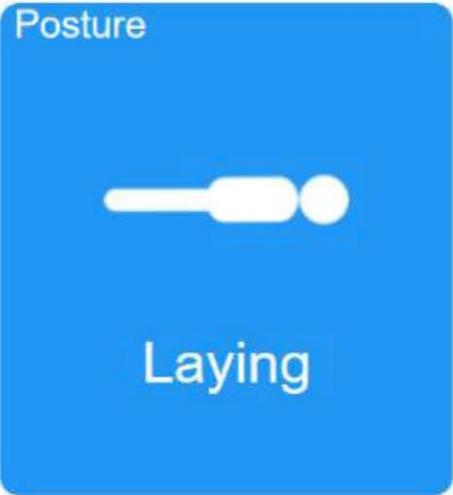
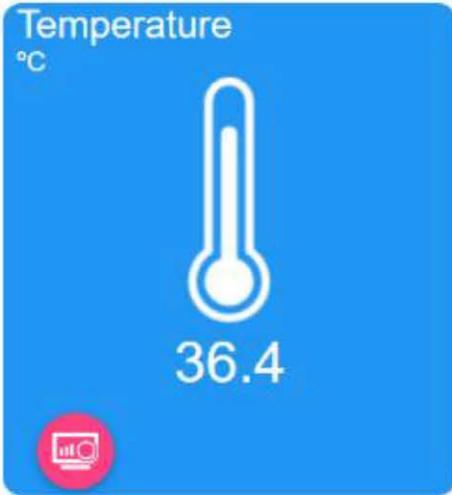
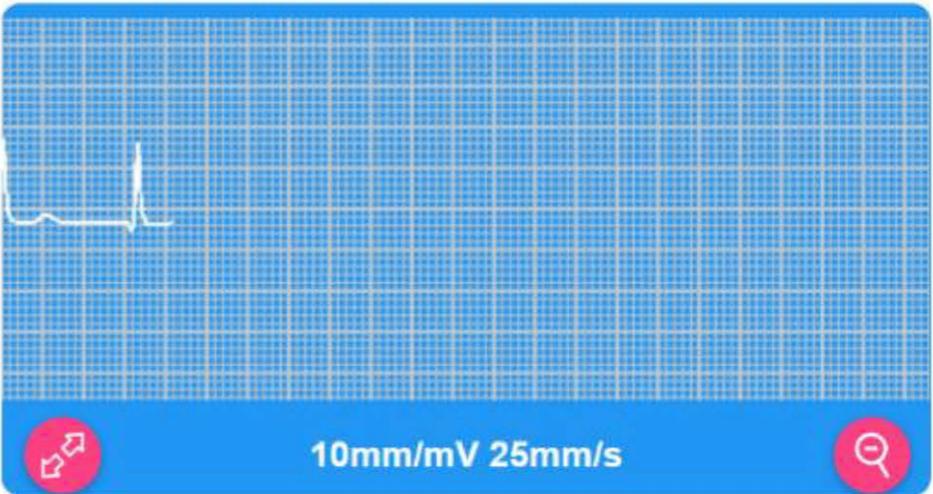
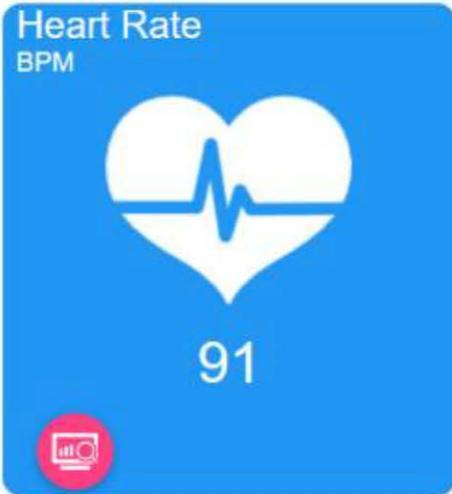
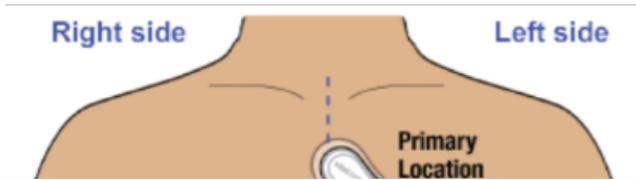
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Tele-health (phase 3/4)



TAKE-HOME-MESSAGES

1. CR is a complex, multicomponent and personalized intervention
2. Evidence-based and cost-effective
3. Access to CR is still poor!
 - There is a need for referrals
4. Home-based and technology-based models can help in improving results



Grazie per
l'attenzione!

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