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Brief Report

Cardiac Rehabilitation for Older Adults

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BRIEF REPORT

Cardiac rehabilitation (CR) is a comprehensive secondary prevention treatment that has grown as a standard component of the cardiovascular arsenal. Whereas CR began as an exercise programme for middle-aged male patients with coronary heart disease (CHD), commonly following a myocardial infarction (MI) and/or coronary artery bypass surgery (CABG), the range of qualifying diagnoses and applications for CR has expanded over time. It is currently a multifaceted treatment aimed at encouraging and facilitating physical activity and a healthy lifestyle in the context of established cardiovascular disease (CVD), with significant implications for older populations.

Particularly focusing in the older people, the using CR for older men and women is very compelling and warrants further consideration. More individuals are living longer lives, and the biology of ageing in this growing senior population is predisposed to several kinds of CVD (CHD as well as heart failure [HF], valvular heart disease [VHD]), for which CR is now advised. Furthermore, older persons are more prone to face distinct CVD and CVD management implications, for which CR can be very beneficial. Deconditioning, atypical symptoms, management conundrums, and poor adherence are all more likely in older age.

Cardiac rehabilitation is a comprehensive, long-term programme that includes exercise training as well as medical evaluation, cardiac risk factor modification, education, and counselling, with the goal of limiting the physiologic and psychological effects of cardiac illness, lowering the risk of sudden death or reinfarction, controlling cardiac symptoms, stabilising or reversing the atherosclerotic process, and improving quality of life. Cardiac rehabilitation programmes also allow for a review of medications and goals of treatment to ensure that management is well-directed, well-coordinated, and patient centred. This is especially effective following a period of illness and other changes. Finally, CR programmes promote understanding and healthy behaviours, with the ability to develop long-term lifestyle patterns that sustain/prolong CR advantages.

An older adult's engagement in cardiac rehabilitation will be determined by his or her representation of CHD in connection to perceptions of the purpose and personal advantages of cardiac rehabilitation when viewed through the lens of self-regulation. Cardiac rehabilitation can be viewed as one of the coping strategies or processes that an older adult may choose in response to his or her representations of an acute CHD health hazard. The effectiveness of these coping techniques (cardiac rehabilitation or other coping responses) will be evaluated, and subsequent self-regulating processes will be changed as needed.

Patient representations of CHD and cardiac rehabilitation will thus impact whether or not an older adult will enrol in a cardiac rehabilitation programme, as well as the amount to which they will participate. Old aged CHD patients are more likely to engage if they understand the significance of cardiac rehabilitation and see it as a potentially significant or personally necessary coping strategy. Older persons, on the other hand, are less likely to participate if they have erroneous, dubious, or negative attitudes of CHD and cardiac rehabilitation. An older adult may believe that cardiac rehabilitation is more appropriate for younger patients, or they may be concerned about attendance hurdles or the program's exercise component. As stated below, a range of such representations across the 5 illness representation qualities may reduce older persons' choice of cardiac rehabilitation as a strategy of coping with an acute CHD health danger.

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