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The basic idea of cardiac rehabilitation is a long-term stabilization of cardiovascular health and associated disorders, a reduction in hospitalization and an improvement of the patients' individual quality of life. In the long run, this will only be achieved by multidisciplinary approaches and the traditional border line between acute intervention and cardiac rehabilitation which will be more and more amalgamated.

Social Reintegration

Secondary prevention is a primary goal of cardiac rehabilitation in terms of education and change of life-style. On the one hand, brilliant results in secondary prevention stem from proper medical treatment and follow-up. On the other hand, life-style changes such as the Cretean diet certainly support the cardiac rehabilitation process. Ambulatory and clinical rehabilitation will, in the long run, co-operate closely and ambulatory rehabilitation resources will, above all in the German speaking countries, have to be more intensively activated. Professional reintegration has to be reinforced despite the poor situation in the labour market, since active participation in professional life has always been psychologically important for the cardiac patient. Professional integration has to be supported by government and the social system. Ambulatory rehabilitation and follow-up must certainly be improved in this context in the German speaking countries.

Why are Interdisciplinary Approaches Necessary?

Cardiovascular disease, in particular coronary heart disease is usually associated with other cardiovascular problems, especially with peripheral arterial occlusive disease and cerebrovascular disorders based on the pan-arteriosclerotic process. Especially in Germany the rate of diagnosis of concomitant peripheral arterial occlusive disease is particularly low when accompanied by coronary artery disease. Furthermore, not rarely we find obstructive pulmonary disorders, since many of coronary patients have been smokers. The interactive treatment of the pulmonary disturbances, the dermatological aspects of peripheral arterial occlusive disease and coronary heart disease are, in particular, an important field of multidisciplinary interaction in the postrehabilitation process. As far as the pan-arteriosclerotic process is concerned, renal disorders are not rare and both the nephrologists and the neurologists (cerebrovascular insufficiency) will co-ordinate with the vascular surgeon.

Postoperative Care

The contact between cardiac surgeon and postoperative rehabilitation in many centres lacks sufficient communication, and the high costs of cardiac surgery units demand an early transfer of the postoperative patient to a proper cardiac rehabilitation centre. The most important postoperative complications that can be seen in cardiac rehabilitation are unstable thorax, infections of the sternum, pericardial and pleural effusions as well as intraoperative and early postoperative myocardial infarction. The possibility of the necessity of intensive

care monitoring is certainly an important question that has to be considered in the interaction between interventional and postoperative care centres.

Postoperative Life-Style Changes

In particular, patients with numerous risk factors, especially those who do not comply with the guidelines for secondary prevention (nutrition, bodyweight, blood pressure control, lipid control, training programmes) will not profit from postoperative clinical rehabilitation, if the latter is not followed by an out-patient rehabilitation programme over a long period of time. Major importance lies in the physical condition of the patient. Recent trials have clearly shown that training, which is absolved at intervals or is carried out regularly had similar results. However, the amount of exercise completed is important. In the recently published book "Balance für Herz und Kreislauf, Falken-Verlag", (in German), the current state of knowledge has been condensed into a training program (called 'long-life training') allowing the design of an individualized cardiac rehabilitation process for each patient. The book can be recommended to patients also as it contains major guidelines for cardiovascular protection, secondary prevention, diet and stress reduction methods, all based on scientific evidence.

Psychological Aspects

Recent studies have shown that more than 30 % of the patients after a cardiac event or major surgery suffer from clinically relevant fear and depression. This situation makes it clear that if we aim to bring about a successful professional and social reintegration, the rehabilitation process must, by all means, entail psychological support from a specialist. In terms of one of the main aims of cardiac rehabilitation – a stable change in life-style – professional somatopsychological support is imperative. Successful cardiac rehabilitation and reintegration of the patient largely depend on the somatopsychological and sociopsychological work.

In summary, we can conclude that cardiac rehabilitation is currently undergoing a complex strategic and dynamic process of change, since the efficacy of interventions and secondary prevention achieved during the last years brought about enormous advances. Many of the old aspects of cardiac rehabilitation have been replaced by new visions and challenges. Cardiac rehabilitation will be extended from a duration of weeks to a duration of years, the periods of hospitalization in a cardiac rehabilitation centre will shorten, and ambulatory rehabilitation together with co-operation with support groups will become the major point in cardiac rehabilitation.

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