

NATIONAL CLINICAL GUIDELINE ON CARDIAC REHABILITATION

Quick guide

Systematic referral	
(↑↑)	Systematic referral to cardiac rehabilitation is recommended for patients with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) (⊕⊕○○).
(√)	The working group considers it good practice to assess patients with heart failure and patients who have undergone heart valve surgery systematically with a view to referral to cardiac rehabilitation.
Barriers to retention	
(↑)	Consider handling known barriers with the purpose of retaining participants in cardiac rehabilitation (⊕○○○)
Physical training	
(↑↑)	It is recommended to offer physical training to patients with ischaemic heart disease (AMI, CABG and PCI) and heart failure (⊕⊕⊕○).
(√)	The working group considers it good practice to offer physical training to patients with angina pectoris and patients who have undergone heart valve surgery.
Patient education	
(↑↑)	It is recommended to offer patient education to patients with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) and heart failure (⊕⊕⊕○).
(√)	The working group considers it good practice to offer patient education to patients who have undergone heart valve surgery.

Psychosocial intervention

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| (↑↑) | It is recommended to offer a psychosocial intervention in relation to cardiac rehabilitation to patients with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) (⊕⊕⊕○). |
| (√) | The working group considers it good practice to offer a psychosocial intervention in connection with cardiac rehabilitation to patients with heart failure and patients who have undergone heart valve surgery. |

Detection of anxiety and depression

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| (√) | The working group considers it good practice to detect patients suffering from anxiety and depression with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) and heart failure as well as patients who have undergone heart valve surgery. |
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Dietary intervention

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| (↑↑) | It is recommended to initially assess patients with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) with a view to identify the need for dietary intervention and, if needed, to offer dietary treatment as part of cardiac rehabilitation (⊕⊕○○). |
| (√) | The working group considers it good practice to assess patients with heart failure and patients who have undergone heart valve surgery (early postoperative) with a view to identify the need for dietary intervention. |

Smoking cessation intervention

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| (↑↑) | It is recommended to offer smoking cessation intervention as part of cardiac rehabilitation to smokers with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) (⊕⊕○○). |
| (√) | The working group considers it good practice to encourage smokers who suffer from heart failure or have undergone heart valve surgery to stop smoking and to offer intervention as similar to the background population. |

Work retention

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| (√) | The working group considers it good practice to identify the attachment to the labour market in patients with ischaemic heart disease (AMI, angina pectoris, CABG and PCI) and heart failure and patients who have undergone heart valve surgery. The working group also considers it good practice to support the patients in returning to work to the greatest extent possible. |
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Info about the quick guide

This quick guide contains an overview of the key recommendations from the national clinical guideline on cardiac rehabilitation, phase II rehabilitation of patients with ischaemic heart disease and heart failure as well as patients who have undergone heart valve surgery.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕) = moderate
- (⊕⊕) = low
- (⊕) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
