

Personalizirana ambulantna kardiovaskularna rehabilitacija: put za povratak *joie de vivre*

Personalized outpatient cardiovascular rehabilitation: a pathway to restore *joie de vivre*

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Sekundarnu prevenciju kardiovaskularnih (KV) bolesti, sukladno smjernicama, provodimo liječenjem koje, pored promjene životnih navika i primjene medikamentozne terapije, uključuje i sudjelovanje bolesnika u programu kardiovaskularne rehabilitacije (KVR). Pored smanjenja smrtnosti i pobola te poboljšanja kvalitete života, sudjelovanje u programu KVR ima za ciljeve poboljšati KV funkciju i funkcijski kapacitet, optimizirati medikamentoznu terapiju, utvrditi i liječiti aritmije, educirati bolesnika i obitelj o potrebi promjene životnih navika, poboljšati psihološko stanje i promovirati autonomnost bolesnika u liječenju.¹⁻³

Program ambulantne KVR u Poliklinici Srčana u Zagrebu provodi multidisciplinarni tim pod vodstvom kardiologa kontinuirano od 1982. godine. Provodi se u prilagođenom prostoru bez arhitektonskih barijera, uz primjenu adekvatne medicinske opreme i osigurano stalno prisustvo kardiologa. Program ambulantne KVR provodi se kod bolesnika koje imaju medicinsku indikaciju i niski ili umjereni KV rizik, a udaljeni su od rehabilitacijskog centra do 50 km ili putuju javnim prijevozom do 60 minuta. Trošak provođenja programa u trajanju od tri mjeseca osigurava D1 uputnica koju izdaje nadležni liječnik obiteljske medicine. Nakon početnog informiranja o programu ambulantne KVR i privole bolesnika za sudjelovanje, svi članovi tima (kardiolog, fizijatar, klinički psiholog, prvostupnici radne terapije, sestrinstva i fizioterapije) vrše procjenu koja, pored učinjene dijagnostičke obrade, uključuje i bolesnikovo razumijevanje utjecaja KV bolesti i informacije o trenutnom medicinskom statusu, primjenu medikamentozne terapije, prisutnost znakova i simptoma bolesti te komorbiditeta, prethodne i sadašnje razine tjelesne aktivnosti, ishrane i navika, testiranja psihološkog statusa i antropometrijska mjerenja. Započinje se terapijska edukacija bolesnika i obitelji, koja se odvija istodobno uz KV dijagnostiku. Po početnoj obradi kardiolog stratificira rizik, svrstava bolesnika u funkcijsku skupinu i sastavlja personalizirani plan liječenja. Naročita pozornost posvećuje se sigurnosti intervencije medicinskom gimnastikom te se, pored ukazivanja na dobrobit tog postupka, na početku bolesniku izdaju upute (odjeća/obuća, obroci/hidracija, nepušenje). Strukturirana intervencija tjelesnom aktivnosti (zagrijavanjem, kondicioniranjem, hlađenjem) provodi se po FITT principima (učestalost, intenzitet, trajanje, vrsta aktivnosti) uz monitoriranje elektrokardiograma, Borgove skale subjektivnog osjećaja opterećenja i praćenje znakova prekomjernog metaboličkog ili cirkulacijskog opterećenja. Tijekom medicinske gimnastike naročita pažnja posvećuje se pravilnom disanju, posturi i pozicioniranju. Pored procjene psihološkog profila, emocionalnih reakcija i obrambenih mehanizama, psihološke intervencije uključuju i edukaciju o značaju čimbenika rizika, rad na samoefikasnosti, kognitivnoj interpretaciji/percepciji, a sukladno potrebi u njima se

Secondary prevention of cardiovascular (CV) diseases, according to the guidelines, is conducted by means of treatment that, in addition to changes in lifestyle and the use of medication therapy, also includes the participation of patients in the cardiovascular rehabilitation program (CVR). In addition to the reduction of mortality and morbidity and improvement of life quality, the participation in the CVR program aims at improving the CV function and functional capacity, optimizing the medication therapy, identifying and treating arrhythmias, educating patients and the family about the need to change lifestyle, improving the psychological condition and promoting the patient's autonomy in treatment.¹⁻³

The outpatient CVR program at the Srčana Institute in Zagreb has been continuously conducted by the multidisciplinary team led by cardiologists since 1982. It is carried out in the area specifically designed without architectural barriers, where appropriate medical equipment is used along with cardiologists that are constantly present. The outpatient CVR program is carried out in patients that are medically indicated with a low or moderate CV risk and are away from the rehabilitation center up to 50 km or that have to travel by public transport for up to 60 minutes. The cost of conducting the program for a period of three months is covered by the D1 referral issued by the competent family physician. After initial information provided on the outpatient CVR program and patients' consent to participating in it, all team members (Cardiologist, Psychiatrist, Clinical Psychologist, Bachelor of Occupational Therapy, Bachelor of Nursing and Bachelor of Physiotherapy) will conduct an assessment that, in addition to the diagnostic workup performed, will also include the patients' understanding of the effects of CV disease and information about the current medical status, the use of medication therapy, the presence of signs and symptoms of the diseases and comorbidities, previous and current level of physical activity, nutrition and habits, testing the psychological status and anthropometric measurements. Therapeutic education of patients and families is initiated, which takes place simultaneously with CV diagnostics. Upon doing initial workup, the cardiologist stratifies the risk, classifies the patient into a functional group and prepares a personalized treatment plan. Particular attention is paid to the safety of intervention by means of medical gymnastics and, in addition to indicating the benefits of this procedure, some instructions are given to the patient at the beginning (clothes/ footwear, meals/hydration, non-smoking). Structured intervention by means of physical activity (warming up, conditioning, cooling down) is carried out according to FITT principles (frequency, intensity, time, type) accompanied by monitoring of electrocardiograms, Borg rating of perceived exertion and monitoring of signs of excessive metabolic or circulatory stress. During medical gymnastics, special

uključuju psihijatar i muzikoterapeut. Svi članovi tima kontinuirano prate bolesnikov individualni napredak. Kod nastupa tegoba ili komplikacija educiran tim promptno reagira ovisno o kliničkoj slici, a u slučaju potrebe može konzultirati i članove konzilija iz drugih gradskih kardioloških ustanova. Program ambulantne KVR završava finalnom evaluacijom svih članova tima te otpusnim pismom koje sadrži nalaze svih pretraga, preporuke za nefarmakološku i medikamentoznu terapiju i daljnje kontrole. Svim bolesnicima savjetuje se doživotno pridržavanje uputa uz nastavak tjelovježbe.

attention is paid to proper breathing, posture and positioning. In addition to the assessment of the psychological profile, emotional reactions and defense mechanisms, the psychological interventions include education on the significance of risk factors, work on self-efficacy, cognitive interpretation/perception, and, when necessary, they also involve a psychiatrist and a music therapist. All team members continuously monitor the patient's individual progress. In the event of discomforts or complications, an educated team will respond promptly depending on the clinical manifestations, and may also consult the consillium members from other city Cardiology institutes. The outpatient CVR program ends with the final evaluation of all team members and a letter of discharge containing the results of all tests, recommendations for non-pharmacological and medication therapy and further follow-ups. All patients are advised to follow the instructions for a lifetime while continuing to do physical exercises.

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