We identified 28 studies, 5 in each category. Overall, the percentage of women and men referred for cardiac rehabilitation was 44% and 59%, respectively. Women were less often referred compared to men (p<0.05). The most common reasons for not referring women were work, health, and travel-related barriers. Women were also less likely to participate in cardiac rehabilitation compared to men. Despite a significant reduction of mortality after PCI, women were less likely to have well-informed regional referral, and a significant number of women who were referred did not participate. Barriers to cardiac rehabilitation participation included: lack of information, depression, and family responsibilities.

Results

The summary of evidence and recommendations for improving CR referral, enrollment, and completion are based on the findings of the studies reviewed in the present study. The recommendations are classified as Class I, II, or III recommendations. Class I recommendations are based on consistent high-quality evidence, Class II recommendations are based on low-quality evidence, and Class III recommendations are based on expert opinion.

Conclusions

• Various patient, provider, and health system-level barriers limit CR participation by women.
• Interventions have been identified to help improve CR referral, enrollment, and completion for women.
• Systems-based approaches and home-based CR models appear to have great potential to improve CR participation in women.
• Additional studies, with greater representation of women are needed.