

News Alert

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AACVPR Affirms Cardiac Rehabilitation Prolongs Life in Medicare Population

CHICAGO (June 24, 2009)— A study published in the current issue of the *Journal of the American College of Cardiology*, shows new evidence that cardiac rehabilitation, an under-utilized service, increases survival in a wide range of patients with heart disease. Philip Ades, MD, a past president of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), participated in a Brandeis University-led study that provides new evidence supporting the benefits of cardiac rehabilitation in older patients with heart disease.

Researchers from Brandeis University (Jose Suaya, MD; William Stason, MD; Donald Shepard, MD), the University of Vermont (Philip Ades, MD), and Harvard University (Prof. Sharon Lise-Normand) conducted an analysis of 601,099 Medicare beneficiaries who were hospitalized in 1997 for coronary heart disease, acute myocardial infarction, angioplasty, stent or bypass surgery and followed up through 2002. Their findings demonstrated that cardiac rehabilitation participation after one of these cardiac events was associated with a significant 21-34% increase in five-year survival rates, similar to that found with the use of other preventive therapies including cholesterol-lowering medications and beta blockers. Mortality reductions also extended to those with congestive heart failure. Ironically, despite these significant benefits, only 12% of eligible patients actually used cardiac rehabilitation services.

"This study clearly shows that cardiac rehabilitation works," said Ades. "And although it is a covered benefit under Medicare, we can see that cardiac rehab is still severely underused in this population."

Drs. Suaya, Ades and the other co-authors further commented: "These effects on survival are so convincing that expanded use of cardiac rehabilitation is critical. Cardiac rehabilitation is a low-cost, low-tech intervention that not only raises survival rates but also improves functional capacity, thereby decreasing disability. We should consider implementing quality-of-care performance measures for hospitals and physicians to encourage referral and utilization of cardiac rehabilitation."

This study was funded by the Centers for Medicare & Medicaid Services.

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Headquartered in Chicago, the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) is a not-for-profit professional membership organization dedicated to reducing morbidity, mortality, and disability from cardiovascular and pulmonary diseases through education, prevention, rehabilitation, research, and aggressive disease management. For more information about AACVPR or about cardiac and pulmonary rehabilitation visit www.aacvpr.org.