

TITLE

Long term follow-up on a socially differentiated cardiac rehabilitation intervention

PREFERED TYPE OF PRESENTATION

1. Oral presentation
2. Poster presentation
3. Workshop

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KEYWORDS

Cardiovascular disease. Acute myocardial infarction. Cardiac rehabilitation. Social inequality in health. Secondary prevention. Quantitative research. Register based research. Epidemiology.

ABSTRACT

Background

Cardiac rehabilitation has a positive influence on cardiovascular risk factors. It reduces disabilities, increases the quality of life and lowers the likelihood of re-infarctions and mortality. However, socially vulnerable patients do not achieve the same effect. A research project performed at Aarhus University Hospital from 2000 – 2004, offered an expanded rehabilitation intervention to socially vulnerable patients. One-year follow-up showed

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significant improvements concerning medicine compliance, lipid profile, blood pressure and BMI, when compared to socially vulnerable patients who received standard rehabilitation.

Aim

The aim of the PhD project is to perform a long term follow-up, and examine the effect of the socially differentiated intervention. The outcomes that we wish to evaluate are the patients' adherence to secondary prevention, their use of health and social services and their morbidity and mortality two, five, seven and ten years after the intervention.

Methods

The PhD project uses quantitative register based data and quantitative data from questionnaires.

Expected results

The hypothesis is that socially vulnerable patients who received the expanded rehabilitation intervention will show significant improvements concerning the outcomes of interest when compared to socially vulnerable patients who received standard cardiac rehabilitation. The results of the analyzes will be presented at the conference.

Perspectives

It is estimated, that the PhD project can support the development of new clinical guidelines and disease management programs regarding cardiac rehabilitation with a focus on social inequality in health.

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