

Abstract No. **52**

Category: **Prevention**

Title: **Differences in quality of life in surgical and non-surgical patients at the end of a cardiac rehabilitation program. DISTANTE Trial**

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Abstract:

Background: Cardiac rehabilitation (CR) is an intervention that has been shown to significantly reduce mortality and improve the quality of life in patients with cardiovascular diseases. Therefore, the evaluation of the demographic, clinical, and functional variables, as well as quality of life in the CR programs are necessary to establish the differences in the results of the Latin-American population.

Methods: We evaluated patients who entered the CR program in a Hospital in Bogotá, Colombia. We conducted an analysis of the different variables related to adherence and quality of life with the instrument EuroQol-5D (EQ-5D) at the beginning and end of the CR program. Demographic data were obtained and the distance from the place of residence to the hospital was measured with Google maps.

Results: A total of 149 participants were included, the mean age of the patients was 62 years, and 29% were women. The main indications for CR were ischemic heart disease (75%) and patients who underwent valvular replacement (18%). Of these, 63 patients (42%) were surgical indications. The initial visual analogue scale (EQ-VAS) of the EQ-5D in surgical patients was 74.1% (CI 69.8-78.4) and the end was 82% (CI 78.9-85) with an improvement of 7.86% ($P=0.001$). In contrast to non-surgical patients who improved by 4.9% ($P=0.05$). (Figure)

Conclusion: We found clinically significant differences in the measurement of the quality of life assessed with EQ-VAS scale of patients who performed CR between the population of surgical and non-surgical patients. However, the improvement in the EQ-VAS final was 7.86% in the surgical group compared with 4.9% of the non-surgical group.