
Cardiac Rehab Programmes: Women-only or Mixed-sex?



Despite the fact that cardiovascular disease is the leading cause of death for women globally and women who have an acute coronary heart event are more likely to die or to suffer complications during the initial recovery period, they are still less likely to make use of cardiac rehabilitation programs.

Investigators show that women who participate in women-only cardiac rehab have significantly lower symptoms of anxiety and depression as well as show improvements in diet. The findings are published in the *Canadian Journal of Cardiology*.

Studies conducted previously also show that those who participate in outpatient cardiac rehab programmes comprising of structured exercise training, education and counselling can reduce deaths by 25 percent along with reductions in hospitalisation and further heart treatments. These programmes are also associated with heart health behaviour changes including increased exercise, improved diet, smoking cessation, as well as improvements in psychosocial well-being.

However, despite these benefits, a recent analysis shows that only 39 percent of women enrol in cardiac rehabilitation programmes as compared to 49 percent of men.

For the purpose of this research, investigators from York University and University Health Network, Toronto, Ontario, Canada compared the health behaviours and psychosocial outcomes of women allocated to women-only programmes and traditional mixed-sex or home-based programmes.

The analysis showed that women who participated in mixed-sex programmes demonstrated higher levels of anxious and depressive symptoms as compared to those in women-only programmes. Diet also improved among women in women-only programmes. Women in both groups reported increased physical activity but overall, they were still not getting the recommended 150 minutes per week.

See Also: [Small, Local Cardiac Rehab Centres Equally Effective](#)

"Diet improved and depressive and anxious symptoms were lower with women-only cardiac rehabilitation participation. Nevertheless, physical activity and quality of life improved with all supervised cardiac rehabilitation participation and the overall adjusted results of this trial suggest that women's outcomes are equivalent regardless of participation in women-only, mixed-sex or home-based cardiac rehabilitation," explained lead investigator Sherry L. Grace, PhD, of the School of Kinesiology and Health Science, Faculty of Health, York University, Toronto, and Senior Scientist with the Toronto Rehabilitation Institute of the University Health Network. "Therefore, we need to get more women to cardiac rehab, and let them choose the type of program they will be most likely to stick with."

Source: [Canadian Journal of Cardiology](#)

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