

Joep Perk · Peter Mathes · Helmut Gohlke ·
Catherine Monpère · Irene Hellemans ·
Hannah McGee · Philippe Sellier · Hugo Saner *Editors*

Cardiovascular Prevention and Rehabilitation



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and Hugo Saner, *Editors*

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Preface

Over the past decades the medical care of the patient with cardiovascular disease (CVD) has shown an impressive development, with marked positive consequences for mortality, morbidity, and the quality of life of coronary patients. This improvement has profoundly changed the arena in which cardiac rehabilitation (CR) has been acting over the past 40 years. The younger patient from the 1970s with uncomplicated myocardial infarction without ventricular dysfunction was joined in the early 1990s by patients with advanced heart failure, and the transition continues: modern cardiac rehabilitation is increasingly faced with a generation of patients who have been diagnosed and adequately treated early with minimal residual cardiovascular damage. The focus of CR is changing from physical rehabilitation to lifestyle counseling. But this development is paradoxical indeed: with more cardiac patients surviving the acute event, the numbers of elderly patients have grown and the total need for comprehensive CR has not been reduced. The elderly were rarely enrolled in the early years of exercise-based training programs. Therefore, this large population presents a new challenge, especially as CR has proved to be particularly beneficial for patients with congestive heart failure.

Other factors play a role in the changing arena for CVD prevention and rehabilitation: the worldwide pandemic of obesity is expected to again raise the numbers of young cardiac patients and the disease is now extending into other parts of the globe. Thus CVD will remain the main cause of premature death in the first half of this century. Preventive public health measures are required. The relative weight of different risk factors appears to be altering, with disturbances in the psychosocial sphere becoming more important. With new diagnostic methods atherosclerosis can be detected well before an acute event, which creates a greater demand for preventive cardiology, as has been appreciated in the 2003 European Guidelines on Cardiovascular Prevention. Prevention and rehabilitation are gradually becoming a united and intertwined multidisciplinary service.

Furthermore, the theoretical basis for prevention and rehabilitation has been strengthened over past years and the medical, social and economic benefits have now been well established, contributing to their incorporation in standard cardiac care in many countries.

In the context of this scenario, the aim of the textbook is to give guidance in prevention, lifestyle counseling and rehabilitation for cardiologists, other physicians, and many different categories of health professionals in CR teams. For this purpose we have gathered over 60 experts from all parts of the globe, many of them members of the recently

founded network, the European Association for Cardiovascular Prevention and Rehabilitation, a registered branch of the European Society of Cardiology.

Commencing with an introduction on the rationale for prevention and rehabilitation and its application worldwide, the book continues with two sections on the cornerstone of CR: exercise testing and training. Thereafter the other key elements of a multidisciplinary service are described: nutrition, smoking cessation, behavioral and social support and the caring aspects of CR. Special attention has been given to adapted programs for newer groups with specific demands, such as the elderly, patients with implantable devices, and patients after cardiac transplantation. In the final section, a concise overview of CVD pharmacology is given and the organizational aspects of CR, including quality assurance and economic evaluation, are addressed. We do hope that the textbook will be of value to CR teams around the world and thereby contribute to a high quality, comprehensive service for the cardiovascular patient of the 21st century.

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