Management of patients with ST-segment elevation or non-ST-segment elevation acute coronary syndromes in cardiac rehabilitation centers.

Abstract:
Current data on the management of patients in cardiac rehabilitation (CR) after an acute hospital stay due to ST-segment elevation or non-ST segment elevation acute coronary syndromes (STE-ACS or NSTE-ACS) are limited. We aimed to describe patient characteristics, risk factor management, and lipid target achievement of patients in CR in Germany and compare the 2 groups. With respect to the risk factor pattern and treatment effects during a CR stay, there are important differences between STE-ACS and NSTE-ACS patients. Comparison of 7950 patients by STE-ACS or NSTE-ACS status in the Transparency Registry to Objectify Guideline-Oriented Risk Factor Management registry (2010) who underwent an inpatient CR period of about 3 weeks. STE-ACS patients compared to NSTE-ACS patients were significantly younger (60.5 vs 64.4 years, P50 mg/dL in women and>40 mg/dL in men was achieved by 49.3% and 49.0%, respectively, and the triglycerides goal of<150 mg/dl was achieved by 72.3% and 74.3%, respectively (all comparisons not significant). Mean systolic and diastolic blood pressure were 121/74 and 123/74 mm Hg, respectively (P<0.0001 systolic, diastolic not significant). The maximum exercise capacity was 110 and 102 W,
respectively (P< 0.0001), and the maximum walking distance was 581 and 451 meters, respectively (P value not significant). Patients with STE-ACS and NSTE-ACS differed moderately in their baseline characteristics. Both groups benefited from the participation in CR, as their lipid profile, blood pressure, and physical fitness improved.