

COMPARISON OF CLINICAL RESULTS AFTER CARDIAC REHABILITATION AMONG MEN AND WOMEN

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The risk of coronary artery disease (CAD) is lower among middle-aged women in comparison to males, but the consequences of coronary events are less favourable in women, especially post-infarction and bypass. This indeed shows the greater benefit that women could achieve after cardiac rehabilitation.

We have trained 79 men and 22 women in the range of 36-70 years of age in our cardiac rehabilitation center. Unstable angina, uncontrolled hypertension (BP > 180/100), dyspnea at rest or serious arrhythmia patients were excluded. The course of training consisted of cardiology and internal medicine physical exam, laboratory tests, including serum total cholesterol, triglycerides (TG), HDL, LDL, fasting blood sugar (FBS) and electrolytes, along with 24-36 exercise sessions with psychological and nutritional consultation.

The mean age was 51.6 ± 9.6 years, male to female ratio was 3.8, 97% were married, 63% were currently employed, prevalence of hypertension was 48%, smoking 24%, diabetes 18% and positive family history of CAD, 48%.

Women in comparison to men had higher BMI, were considered obese (22% vs. 17%), had worse lipid profiles, i.e. higher total serum cholesterol, TG, LDL, and lower HDL levels (59% vs. 41%), Also women were more hypertensive (53% vs. 32%), diabetic (29% vs. 14%), had lower baseline exercise capacity (not completing stage I Bruce 67% vs 31%), more anxiety and/or depression (Berg scale, 66% vs 45%).

Cardiology findings also show that angiographic LV ejection fraction, MI positions (anterior vs. other positions) were not significantly different between the sexes. Women's attendance compliance was lower than men (67% vs. 22%). Some of the presented data were statistically significant and some others required more samples to appreciate the reported significance value, but the above are considered as baseline data for Iranian cardiac rehabilitation at its infancy.

We may conclude that women's clinical and paraclinical profiles were less favourable among the studied population before intervention, but they are the ones who benefit from cardiac rehabilitation the most.