

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/310941349>

# Lost Useful Times! What Is Our Program for Family Caregivers in the Waiting Room of Outpatient Cardiac Rehabilitation?

Article in *Research in Cardiovascular Medicine* · November 2016

DOI: 10.5812/cardiovascmed.43552

CITATION

1

READS

28

3 authors:



**Mozghan Saeidi**

Kermanshah University of Medical Sciences, Kermanshah, Iran

79 PUBLICATIONS 328 CITATIONS

[SEE PROFILE](#)



**Saeid Komasi**

Kurdistan University of Medical Sciences

110 PUBLICATIONS 366 CITATIONS

[SEE PROFILE](#)



**Ali Soroush**

Imam Reza Hospital, Kermanshah University of Medical Sciences (KUMS)

93 PUBLICATIONS 377 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Design and standardization of tools [View project](#)



Ortopedic and sports medicine [View project](#)

# Lost Useful Times! What Is Our Program for Family Caregivers in the Waiting Room of Outpatient Cardiac Rehabilitation

Mozhgan Saeidi,<sup>1</sup> Saeid Komasi,<sup>1,2,\*</sup> and Ali Soroush<sup>1,3</sup>

<sup>1</sup>Cardiac Rehabilitation Center, Imam Ali Hospital, Kermanshah University of Medical Sciences, Kermanshah, Iran

<sup>2</sup>Clinical Research Development Center, Imam Reza Hospital, Kermanshah University of Medical Sciences, Kermanshah, Iran

<sup>3</sup>Lifestyle Modification Research Center, Imam Reza Hospital, Kermanshah University of Medical Sciences, Kermanshah, Iran

\*Corresponding author: Saeid Komasi, Cardiac Rehabilitation Center, Imam Ali Hospital, Kermanshah University of Medical Sciences, Kermanshah, Iran. Tel: +98-8338380698, Fax: +98-8338360043, E-mail: S\_komasi63@yahoo.com

Received 2016 November 02; Accepted 2016 November 14.

**Keywords:** Cardiovascular Disease, Rehabilitation, Family Caregiver

## Dear Editor,

On a daily, a number of patients in the outpatient cardiac rehabilitation (OCR) are receiving health services (1) and given the inability caused by cardiac event or process. The patients are usually accompanied by a family member. In Iran, male and female patients are separately focused on exercising as well as taking educational and therapeutic classes three days a week (2). Given that the delivery of hospital-based cardiac rehabilitation (HBCR) is a common format for the services delivery in Iran (3), the program is daily allocated 90 to 150 minutes and at this gape the patients family caregivers are waiting in the waiting room for the completion of the routine program without a specific schedule. For example, in Kermanshah, OCR centers are exercising and training about 25 people a day and in more than 90% of the cases, the patients participating in the programs accompanied with a family caregiver. This can be concluded that 50 people are undergoing OCR over a period of two months (26 sessions). Thus, 50 family caregivers, 26 meeting from 1.5 to 2.5 hours (equivalent to 39 to 65 hours), are in the OCR waiting room without any special program.

Previous reports show that the efforts of family caregivers, especially the partner, to facilitate healthy lifestyle behaviors by patients are related to mental health and health behavior (4) and also increases the patients participation in OCR (5). On the other hand, living with a person diagnosed with cardiovascular disease (CVD) not only increases the likelihood of having cardiac risk factors, but also increases the risk of CVD (6). However, the patients family members and caregivers are significantly unaware about the cardiac risk factors for themselves (6). For example, about two-thirds of the family caregivers have the criteria of distress, which generally arises from concern for the treatment and recovery, patient moodiness, patient's return to work and income as well as sexual problems

(7). In addition, family caregivers make better decisions and feel more in control regarding their health status and they often have questions about healthy eating and food choices (8), which remains unanswered if not education.

It seems that providing special training to the family caregivers of OCR patients during their free time at the waiting room not only facilitates the patient's improvement but is also effective in improving themselves mental and physical health (9). According to a report, the participation of family caregivers, particularly partner, in OCR training classes is associated not only with lower blood pressure and an increase in high-density lipoprotein (HDL), but it significantly reduces the 30s risk of CVD in their (10). Therefore, we propose that if there is an appropriate space as well as configuration options of OCR centers, family caregivers should also accompany patients during exercise and training sessions (10) or at least participate in training sessions suited to their needs.

## References

- Heydarpour B, Saeidi M, Ezzati P, Soroush A, Komasi S. Sociodemographic Predictors in Failure to Complete Outpatient Cardiac Rehabilitation. *Ann Rehabil Med*. 2015;39(6):863-71. doi: 10.5535/arm.2015.39.6.863. [PubMed: 26798599].
- Nalini M. Outpatient cardiac rehabilitation use after coronary bypass surgery in the west of Iran. *J Cardiopulm Rehabil Prev*. 2014;34(4):263-70. doi: 10.1097/HCR.000000000000070. [PubMed: 24977464].
- Komasi S, Saeidi M. Hybrid Cardiac Rehabilitation as an Alternative to Common Hospital-Based Cardiac Rehabilitation in Iran: An Appropriate Model for the Iranian Health System Limitations, Culture, and Patients. *Res Cardiovasc Med*. 2016;Inpress(Inpress):39367.
- Franks MM, Stephens MA, Rook KS, Franklin BA, Keteyian SJ, Arntinian NT. Spouses' provision of health-related support and control to patients participating in cardiac rehabilitation. *J Fam Psychol*. 2006;20(2):311-8. doi: 10.1037/0893-3200.20.2.311. [PubMed: 16756407].
- Greenberg S, Almaro N, Keren G, Sheps D. The effect of spouse participation in cardiac rehabilitation program on patients' compliance and exercise level. *Harefuah*. 2004;143(2):67-8.

6. Mosca L, Mochari H, Liao M, Christian AH, Edelman DJ, Aggarwal B, et al. A novel family-based intervention trial to improve heart health: FIT Heart: results of a randomized controlled trial. *Circ Cardiovasc Qual Outcomes*. 2008;**1**(2):98-106. doi: [10.1161/CIRCOUTCOMES.108.825786](https://doi.org/10.1161/CIRCOUTCOMES.108.825786). [PubMed: [20031796](https://pubmed.ncbi.nlm.nih.gov/20031796/)].
7. O'Farrell P, Murray J, Hotz SB. Psychologic distress among spouses of patients undergoing cardiac rehabilitation. *Heart Lung*. 2000;**29**(2):97-104. doi: [10.1067/mhl.2000.105753](https://doi.org/10.1067/mhl.2000.105753). [PubMed: [10739485](https://pubmed.ncbi.nlm.nih.gov/10739485/)].
8. Montgomery DA, Amos RJ. Nutrition information needs during cardiac rehabilitation: perceptions of the cardiac patient and spouse. *J Am Diet Assoc*. 1991;**91**(9):1078-83. [PubMed: [1918759](https://pubmed.ncbi.nlm.nih.gov/1918759/)].
9. Schulz R, Sherwood PR. Physical and mental health effects of family caregiving. *Am J Nurs*. 2008;**108**(9 Suppl):23-7. doi: [10.1097/01.NAJ.0000336406.45248.4c](https://doi.org/10.1097/01.NAJ.0000336406.45248.4c). [PubMed: [18797217](https://pubmed.ncbi.nlm.nih.gov/18797217/)].
10. Yates BC, Rowland S, Mancuso K, Kupzyk KA, Norman JF, Shurmur S, et al. Reducing cardiovascular risk in spouses of cardiac patients: a randomized controlled trial. *West J Nurs Res*. 2015;**37**(1):85-102. doi: [10.1177/0193945914551390](https://doi.org/10.1177/0193945914551390). [PubMed: [25245113](https://pubmed.ncbi.nlm.nih.gov/25245113/)].