



# CARDIAC REHABILITATION

Rationale, methods and experience from Bispebjerg Hospital

Edited by

Ann-Dorthe Olsen Zwisler

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## **CARDIAC REHABILITATION**

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This book and further description of selected aspects of the cardiac rehabilitation programme at Bispebjerg Hospital are available in English at [www.CardiacRehabilitation.dk](http://www.CardiacRehabilitation.dk).

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## FOREWORD I

Patients

If you are fortunate enough to survive a heart attack or have experienced a bypass operation, your life changes for better and worse. This is especially true if you also find you have diabetes. You have much to overcome and many concerns with which to struggle. You can become anxious and suddenly not be able to achieve all the things you had planned and anticipated. Some of us end up in such difficulty that we have trouble returning to a normal life.

Before we encountered cardiac rehabilitation, we had both experienced individual departments and clinics that functioned pretty well based on the usual standards. We had primarily received substantial medicine. But we did not feel at all healthy, neither physically nor mentally, when we began the comprehensive cardiac rehabilitation programme at Bispebjerg Hospital.

Getting together with other people in the same situation is clearly positive, and we were relieved immediately by being able to talk openly and honestly in unity that gave us strength. Nevertheless, what impressed us most deeply after only a few days in the 6-week intensive programme was that each of us was considered not only as people but as whole individuals. In this universe we did not have a heart there and a kidney there, a body and a soul disjointed. We actually had integrated thoughts, feelings and a body that needed to be used.

We had healthy and unhealthy habits, an inappropriate relationship with how we could and should use our bodies and especially an enormous need for more knowledge about ourselves and what was being done to and for us. Our need for motivation was key to our lives. There were mental problems and otherwise taboo sexual problems. Everything is connected, and the entire person was in focus!

Throughout the whole programme we felt that *motivation* was the keyword. Numerous counselling sessions and discussions, lectures and diverse activities allowed us to understand ourselves in a new and constructive way. We were actively involved the whole time, even to the extent that each patient, while consulting with the physician,

could always view the monitor with the electronic record that registered the continually adapted medication and much more.

Finding a programme as well organized as this one requires an extensive search. In addition, all staff had a strongly optimistic and contagious commitment. This included the secretary, nurse, dietitian, physical therapist and physician. We are convinced that the spirit in the programme was reinforcing in the sense that the visible and positive results among the patients strengthened the enthusiasm of the cardiac rehabilitation team.

We are grateful and hope that others will continue the idea of this pioneering project in Denmark.

*Peter Clemmensen*

*Carpenter, former trade union shop steward*

*Bjørn Andersen*

*Journalist and author*



## FOREWORD II

*Institutions*

There is solid documentation that cardiac rehabilitation can substantially improve the health of the more than 40,000 people who are admitted to Denmark's hospitals each year with ischaemic heart disease. With the establishment of a comprehensive cardiac rehabilitation programme in 1999, the Department of Cardiology and Bispebjerg Hospital have implemented a reorganization of rehabilitation from traditional treatment to interprofessional, comprehensive cardiac rehabilitation services that include risk factor management and clinical assessment by a physician, exercise training, patient education, support for changing dietary habits, support for smoking cessation and psychosocial support. The services are based on current evidence and the current national guidelines.

This book describes how the Cardiac Rehabilitation Unit organizes their clinical practice, the rationale for the clinical practice and the experience of the cardiac rehabilitation team in implementing and developing the rehabilitation programme. The book focuses on clinical procedures and thus provides several specific action plans and tools that can be used in clinical practice.

We hope that this book can inspire health care personnel who work with people with heart disease so that the systematic, comprehensive rehabilitation services are not merely offered to a few people but may be provided in the future to all of Denmark's heart patients who need these services.

This book is the result of the hard work, commitment and perseverance of many people for more than three years (Annex 3). The project manager, Ann-Dorthe Olsen Zwisler, has been the prime mover since the project idea arose in May 1997. Her efforts have had invaluable significance for the fact that Bispebjerg Hospital today has well-functioning comprehensive cardiac rehabilitation services.

The following people have read and commented on the manuscript: Joep Perk, Chief Physician, Oskarshamn Hospital, Sweden and former Chair of the Working Group on Cardiac Rehabilitation and Exercise Physiology of the European Society of Cardiology; Carsten Hendriksen, Chief Physician, Unit for Coordination and Rehabilitation, Centre

for Internal Medicine, Bispebjerg Hospital and Associate Professor, Institute of Preventive Medicine, Copenhagen; Birgitte Fogde, Rehabilitation Nurse, Department of Cardiology, Rigshospitalet (National Hospital), Copenhagen; and Ulla Ischiel Træden, freelance medical consultant specializing in dietary intervention. Barbara Ciechanowska has helped in production and reference management.

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