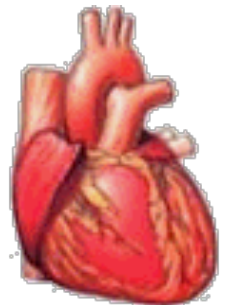


REHABILITACION CARDIACA EN MUJERES
R Campuzano
Unidad de Rc Hospital Universitario
Fundación de Alcorcón



- 1. DIFERENTE INCLUSION**
- 2. DIFERENTES RESULTADOS**
- 3. RC ESPECIAL EN MUJERES**

ANGINA MICROV

DISECCION CORONARIA

HIPERTENSION PULMONAR



1. DIFERENTE INCLUSION



DIFERENTE INCLUSION


-LAS MUJERES SE REMITEN UN 32% MENOS A RHC

-AUN REMITIDAS ACUDEN 36% MENOS

-COMPLETAN EL PROGRAMA 27% MENOS



REVIEW

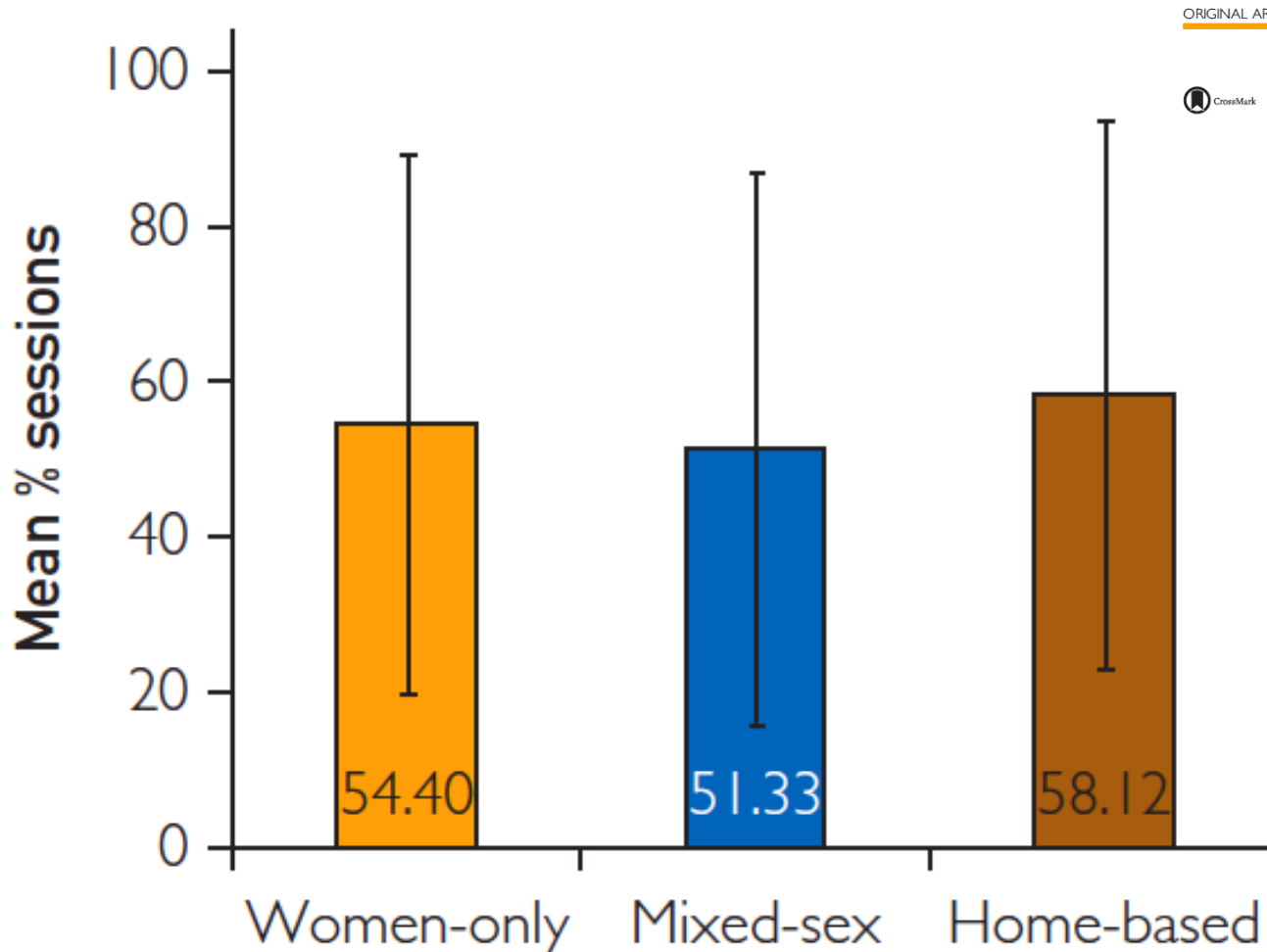
Cardiac Rehabilitation for Women: A Systematic  CrossMark
Review of Barriers and Solutions

Marta Supervía, MD, MSc; Jose R. Medina-Inojosa, MD, MSc; Colin Yeung, MD;
Francisco Lopez-Jimenez, MD, MSc; Ray W. Squires, PhD;
Carmen M. Pérez-Terzic, MD, PhD; LaPrincess C. Brewer, MD, MPH;
Shawn E. Leth, MEd; and Randal J. Thomas, MD, MS



DIFERENCIAR PROGRAMAS?

No diferente adherencia ni resultados



ORIGINAL ARTICLE



 Cardiac Rehabilitation Program Adherence and Functional Capacity Among Women: A Randomized Controlled Trial

Sherry L. Grace, PhD; Liz Midence, MSc; Paul Oh, MD; Stephanie Brister, MD; Caroline Chessex, MD; Donna E. Stewart, CM, MD; and Heather M. Arthur, PhD

PRIMER METAANALISIS 2017


**24 ESTUDIOS
DE BARRERAS**

**31 ESTUDIOS DE
SOLUCIONES**



REVIEW



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PRINCIPALES BARRERAS



BAJO NIVEL CULTURAL

COMORBILIDAD

MAL SOPORTE SOCIAL

RESPONSABILIDADES FAMILIARES

TRASPORTE

<55 O > 70 AÑOS

OPORTUNIDADES MEJORA



DERIVACION AUTOMATICA Y ACTIVA (I)

ACCESIBILIDAD RAPIDA Y SENCILLA (IIA)

CADA DIA SUPONE -1% DE INCLUSIÓN

CONSEJO SANITARIO ADECUADO (IIA)

PROGRAMAS DOMICILIARIOS (IIA)

SMARTPHONE (I)

TELEMEDICINA (IIB)

NO EFECTO ACUDIR EN HOSPITALIZACION (IIB)

1. DIFERENTE INCLUSION

2. DIFERENTES RESULTADOS



25958 PTES
1996-2012



6374 (24,6%)



19584

25% MENOS REFERIDAS

MÁS AÑOSAS 67 AÑOS

CON MÁS FRCV

MAS FUMADORAS ACTIVAS

CON MÁS COMORBILIDAD

ATIENDEN MENOS (SALVO
CX AÑO PREVIO)

Original scientific paper

Cardiac rehabilitation referral, attendance and mortality in women

Jillian D Colbert¹, Billie-Jean Martin^{1,2}, Mark J Haykowsky³,
Trina L Hauer², Leslie D Austford⁴, Ross A Arena^{2,5},
Merril L Knudtson¹, Donald AN Meldrum^{1,2,4},
Sandeep G Aggarwal^{1,2,4} and James A Stone^{1,2,4}

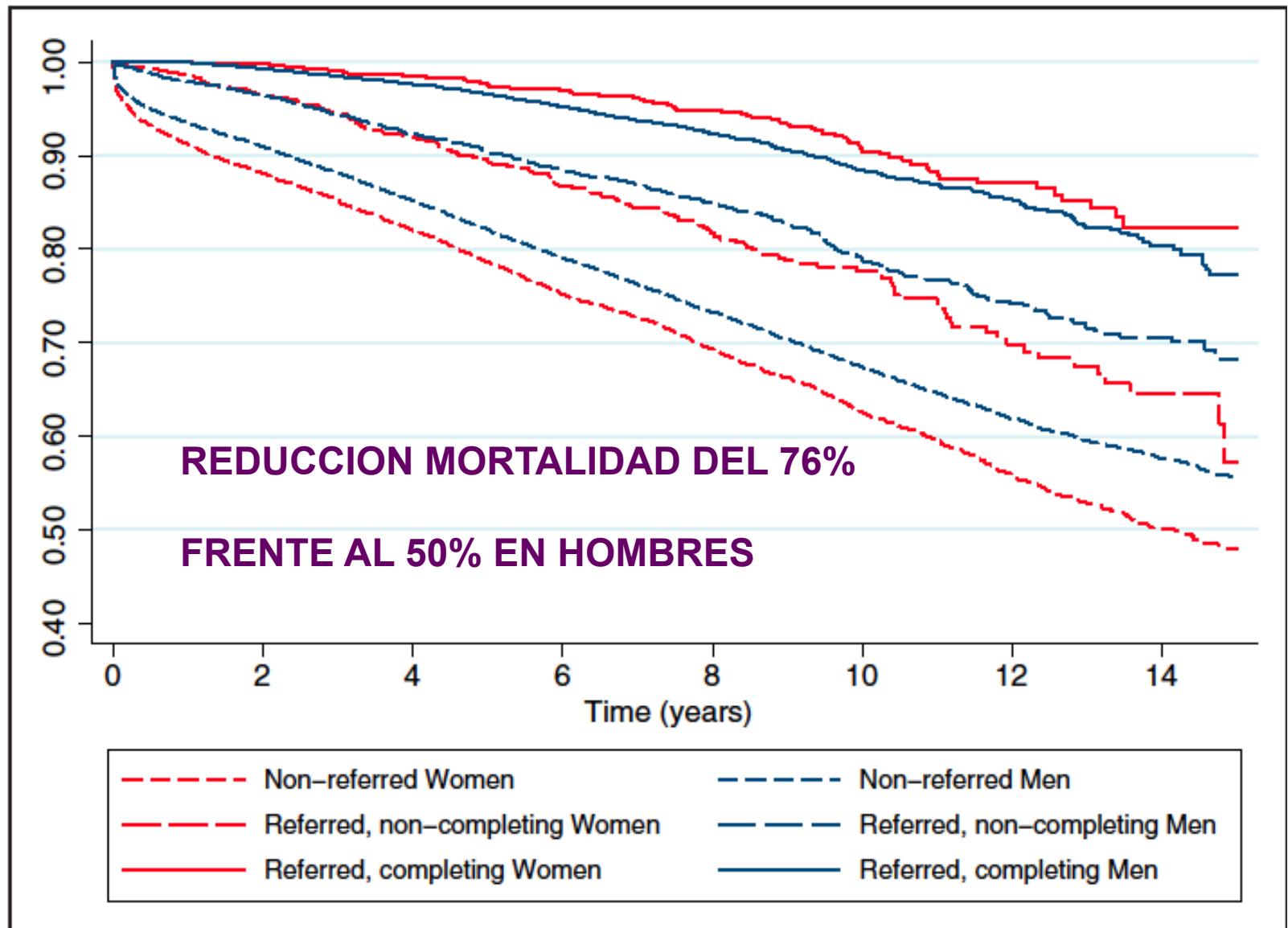


Table 1. Baseline population characteristics by sex.

	Women (6374)	Men (19,584)	p-value
Referred to CR, n (%)	1979 (31.1)	8257 (42.2)	<0.01
Attended CR ^a , n (%)	991 (50.1)	4984 (60.4)	<0.01
Mean age (years)	67.3 (SD, 11.3)	62.7 (SD, 11.3)	<0.01
Hypertension, n (%)	4468 (70.1)	11,633 (59.4)	<0.01
Hyperlipidemia, n (%)	3958 (62.1)	12,867 (65.7)	<0.01
Diabetes mellitus, n (%)	1695 (26.6)	4387 (22.4)	<0.01
Renal disease, n (%)	268 (4.2)	685 (3.5)	<0.01
On dialysis, n (%)	115 (1.8)	255 (1.3)	<0.01
CHF, n (%)	1115 (17.5)	2428 (12.4)	<0.01
PVD, n (%)	631 (9.9)	1625 (8.3)	<0.01
CVD, n (%)	606 (9.5)	1351 (6.9)	<0.01
COPD, n (%)	1160 (18.2)	2683 (13.7)	<0.01
Current smoker, n (%)	2014 (31.6)	4406 (22.5)	<0.01
Previous smoker, n (%)	1887 (29.6)	8245 (42.1)	<0.01
Known malignancy, n (%)	338 (5.3)	940 (4.8)	0.12
GI or liver disease, n (%)	510 (8.0)	1253 (6.4)	<0.01
Previous MI, n (%)	2601 (40.8)	8480 (43.3)	<0.01
Prior PCL, n (%)	504 (7.9)	1939 (9.9)	<0.01
Prior CABG, n (%)	261 (4.1)	1293 (6.6)	<0.01
Treatment within one year post-cardiac catheterization			
PCL, n (%)	3181 (49.9)	9929 (50.7)	0.24
CABG, n (%)	1128 (17.7)	4583 (23.4)	<0.01
Duke Coronary Index			<0.01
Low risk, n (%)	3812 (59.8)	10164 (51.9)	
High risk, n (%)	2103 (33.0)	7462 (38.1)	
Left main, n (%)	459 (7.2)	1958 (10.0)	
Indication for catheterization			<0.01
Stable angina, n (%)	1390 (21.8)	5581 (28.5)	
Myocardial infarction, n (%)	2632 (41.3)	8127 (41.5)	
Unstable angina, n (%)	1829 (28.7)	4543 (23.2)	
Other, n (%)	523 (8.2)	1332 (6.8)	
Ejection fraction, n (%)			<0.01
>50	4455 (69.9)	12,828 (65.5)	
35–49	1071 (16.8)	3976 (20.3)	
20–34	261 (4.1)	979 (5.0)	
<20	25 (0.4)	157 (0.8)	
Not available	554 (8.6)	1665 (8.5)	

CR, cardiac rehabilitation; CHF, congestive heart failure; PVD, peripheral vascular disease; CVD, cerebrovascular disease; COPD, chronic obstructive pulmonary disease; GI, gastrointestinal; MI, myocardial infarction; PCL, percutaneous coronary intervention; CABG, coronary artery bypass grafting. ^aAs a proportion of those referred.

DIFERENTE SUPERVIVENCIA



1. DIFERENTE INCLUSION
2. DIFERENTES RESULTADOS
- 3. RC ESPECIAL EN MUJERES**

ANGINA MICROV

DISECCION CORONARIA

HIPERTENSION PULMONAR



N=64

Cardiac rehabilitation for the treatment of women with chest pain and normal coronary arteries

Elizabeth A. Asbury, MSc, PhD,¹ Colin Slattery, BSc, RN,² Amanda Grant, BSc (Hons), MCSP,² Lynda Evans, BSc (Hons), RGN,² Mahmoud Barbir, FRCP,² and Peter Collins, MD, FRCP¹

TABLE 1. *Inclusion and exclusion criteria for study participants*

Inclusion criteria	Exclusion criteria
Female	History of psychiatric illness
Aged 30-80 y	History of any other chronic illness
Angiographically normal coronary arteries	Presence of any physical condition for which exercise is a contraindication
ST-segment depression, positive electrocardiogram stress test for myocardial ischemia	Participation in ≥ 2 periods of planned moderate intensity exercise per week during the past 6 mo
A minimum of two episodes of chest pain symptoms per week	Participation in another research study within the previous 60 d
Willing to give written informed consent	Unwilling to give written informed consent
Diagnosis >6 mo	

Evaluaron Sólo efecto del ejercicio

64 mujeres Sind X

32 controles y 32 RC:

Incluidas en resto de grupos

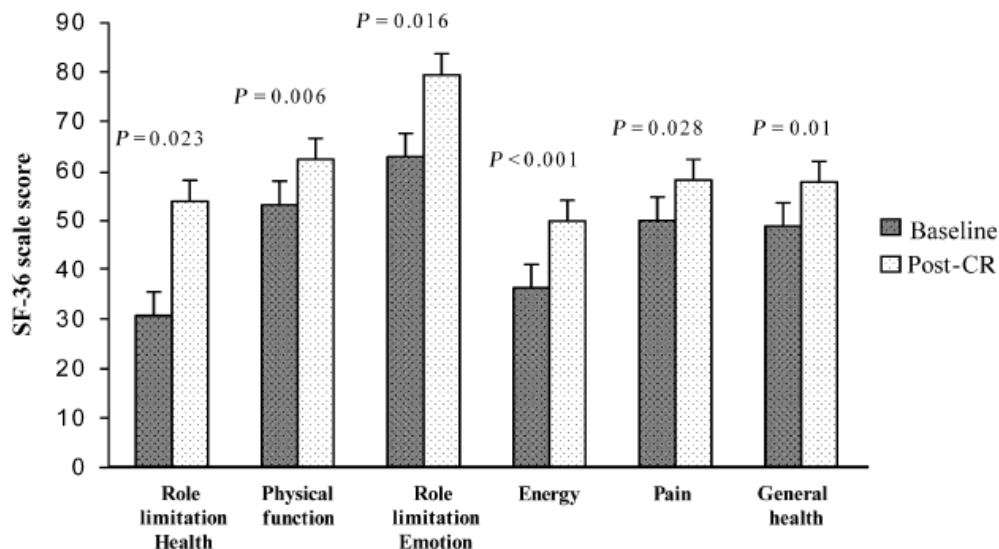
1 h de ejercicio

3 días/semana

60-75% reserva FC

LA REHAB CARDIACA **mejoró de forma significativa**

- severidad de síntomas **30% angina**
- control FRCV
- mejoría funcional **30% V02**
- calidad de vida de mujeres con SD X



THE PRESENT AND FUTURE

STATE-OF-THE-ART REVIEW

Contemporary Review on Spontaneous Coronary Artery Dissection

Jacqueline Saw, MD,^a G.B. John Mancini, MD,^a Karin H. Humphries, DSc^b



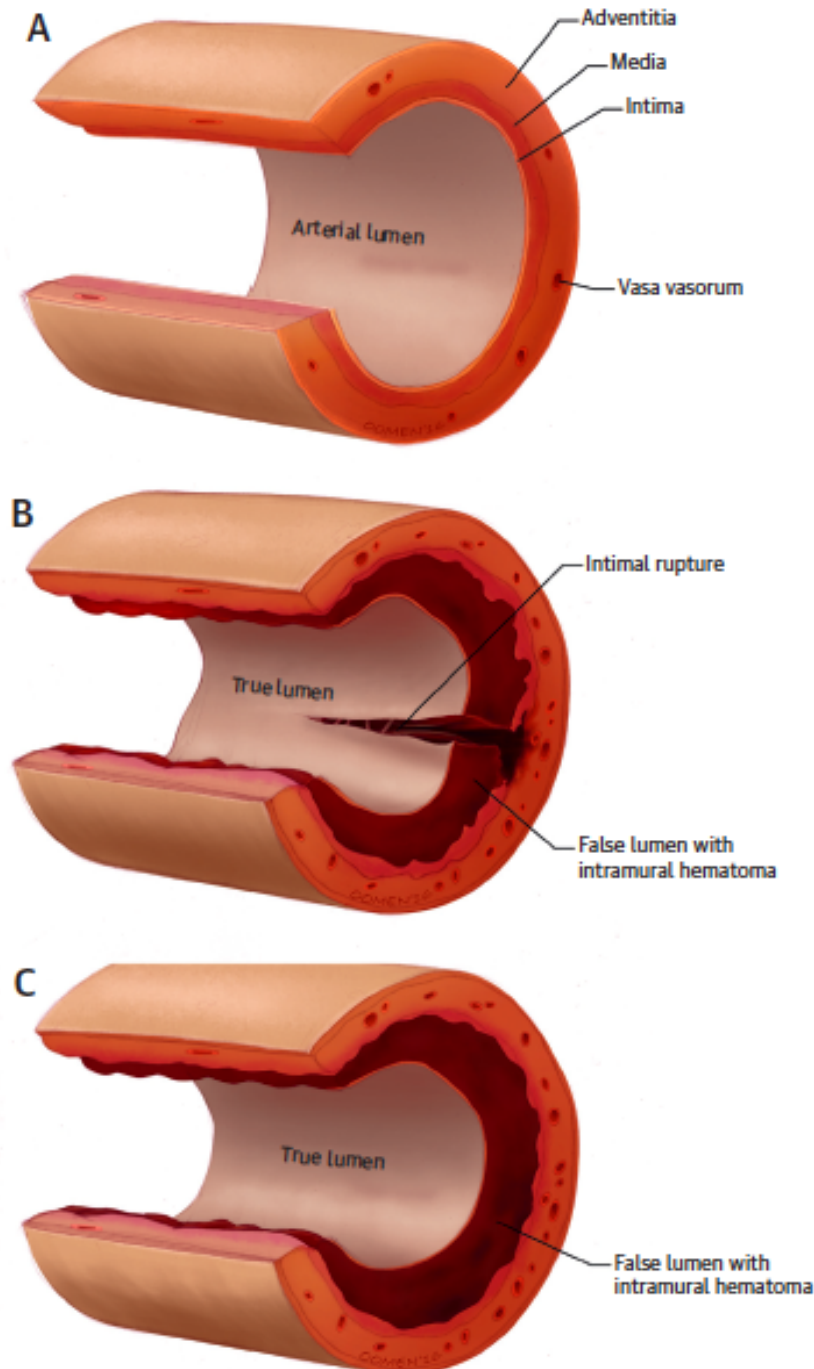
RC INDICADA

↓ MACE

AEROBICO Y FUERZA MUJERES NO MÁS DE 9 KG

NO TTO HORMONAL

NO NUEVOS EMBARAZOS



REHABILITACION CARDIACA EN HIPERTENSION PULMONAR

RECOMENDACIÓN II A

MEJORA CALIDAD DE VIDA, CLASE
FUNCIONAL Y PROBABLEMENTE
SUPERVIVENCIA



CONCLUSIONES

**NO OLVIDES ENVIAR A TUS
PACIENTES A REHAB CARDIACA Y
SOBRETUDO SI SON MUJERES**