**Too Few Attend Cardiac Rehab After Valve Surgery**

[*JAMA Cardiology*](https://jamanetwork.com/journals/jamacardiology/fullarticle/2753611) *2019; DOI: 10.1001/jamacardio.2019.4032*

Patients who attended CR programs following cardiac valve surgery had significantly lower risks of re-hospitalization and death in the first year after surgery, according to a large observational cohort study.

For participants in CR, there was a 34% relative decrease in risk of re-hospitalization, and a 60% relative decrease in risk of mortality at 1 year compared with those who did not attend, reported Justin Bachmann and colleagues in [*JAMA Cardiology*](https://jamanetwork.com/journals/jamacardiology/fullarticle/2753611).

However, only 43.2% of the 41,369 fee-for-service Medicare patients who had cardiac valve surgery in the study period enrolled in CR, attending a median of 32 sessions.

While less than half of eligible patients participated in a CR program, this number represents a relative high among post-cardiac surgery patients, with only 40% of coronary artery bypass grafting (CABG) patients participating in rehab. Only patients who had heart transplants had a higher rate, at about 50%.

The new study fills in a picture of the underutilization of CR in this country, Bachmann and colleagues noted. Previously, statistics for those undergoing heart transplant and CABG only were known.

According to the National Heart, Lung, and Blood Institute of the NIH, there were approximately 156,000 heart valve procedures performed in 2014 in the U.S.

The study examined the rate of CR during the calendar year 2014, with follow-up in 2015.

The breakdown in valve procedures in this study was as follows: [aortic valve procedure](https://www.medpagetoday.com/surgery/thoracicsurgery/78751) (68.3%), followed by mitral valve replacement, mitral valve repair, and tricuspid valve surgery. The median age of patients was 73 years, and almost 41% were women.

The CR program consisted of supervised exercise, cardiac risk factor modification, and psychosocial support.

A main finding showed important inequalities among racial/ethnic minorities, even though all study patients had insurance coverage for CR.

The odds of racial/ethnic minorities [entering such a program](https://www.medpagetoday.com/primarycare/preventivecare/59997) after valve surgery, despite coverage by Medicare, were particularly low compared with white patients (45% enrollment for white patients vs 23.7% for black patients, OR 0.60, 95% CI 0.54-0.67). This rate was 19.9% for Asian patients (OR 0.36, 95% CI 0.28-0.47) and 17.9% for Hispanic patients (OR 0.36, 95% CI 0.28-0.46).

Notably, men had higher CR utilization rates than women, at 45.5% versus 39.9% (OR 1.17, 95% CI 1.12-1.23). Additionally, patients who had concomitant CABG had slightly better participation, at 45.7% versus 44.7% for any aortic surgery (OR 1.26, 95% CI 1.20-1.31).

Limitations of the study included its limited generalizability to younger patients, since only patients 65 and older were followed, Bachmann's team acknowledged.

**Source References:** [*JAMA Cardiology*](https://jamanetwork.com/journals/jamacardiology/fullarticle/2753611)2019; DOI: 10.1001/jamacardio.2019.4032