E-Poster

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Body Weight Changes During Phase II of an Exercise-Based Cardiac Rehabilitation Program in Patients With Ischemic Heart Disease: Insights From a 2022-2023 Cohort

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Cardiac rehabilitation programs (CRPs) play a crucial role in improving cardiovascular outcomes by promoting lifestyle modifications, including structured exercise and weight management. While weight loss is often recommended for overweight and obese patients with ischemic heart disease (IHD), its actual impact within CRPs and its relationship with functional capacity improvements remain unclear. This study aims to analyze patterns of body weight loss in patients with IHD undergoing Phase II of an exercise-based CRP and to assess its association with improvements in functional capacity, measured in metabolic equivalents (METs). Understanding these patterns can help optimize weight management strategies within rehabilitation settings and enhance patient outcomes

METHODS

To analyze the patterns of body weight loss in patients with IHD participating in a cardiac rehabilitation program (CRP) and its relationship with improvements in functional capacity. Retrospective cohort study of patients diagnosed with IHD referred to cardiac rehabilitation. Clinical variables, including weight and height, were recorded during the initial rehabilitation visit. All patients underwent exercise stress testing at the beginning and end of the CRP. Based on body mass index (BMI), patients were categorized as normal weight, overweight, or obese. Favorable transitions were defined as moving from obesity to overweight or from overweight to normal weight. Functional capacity was assessed using metabolic equivalents (METs). Statistical analysis included chi-square tests, t-tests, and Pearson's correlation coefficient (r).

RESULTS

A total of 159 IHD patients completed the CRP, with 89 showing reductions in body weight. At baseline, 36 patients (22.6%) were classified as normal weight, 66 (41.5%) as overweight, and 55 (34.5%) as obese. By the end of Phase II of the CRP, 26 favorable weight transitions and nine unfavorable transitions were observed. A statistically significant but weak correlation was found between weight loss and MET improvement ($r=0.208$, $p = 0.009$).

CONCLUSION

Weight reduction during the CRP was suboptimal, with only 36 (30%) of overweight or obese patients achieving meaningful weight loss. Despite this, weight loss was positively associated with gains in METs. Enhanced strategies are needed to improve weight management and address obesity within cardiac rehabilitation programs.

Statement of Disclosures

None

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