Oral Communication

OC-595

Cognitive-Behavioral Cardiac Rehabilitation Reduces Cardiac Anxiety For up to Three Months After Completion: A Randomized Controlled Trial

Topic: Integrative Medicine

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BACKGROUND

Persistent psychological impairment and cardiac anxiety increase the risk of mortality in patients with cardiovascular disease. Therefore, psychological impairments should be recognized and managed early in medical rehabilitation. To address this need, we implemented a cognitive-behavioral cardiac rehabilitation program and tested it against conventional cardiac rehabilitation.

METHODS

In our randomized controlled trial, participants were randomly assigned to either a four-week cognitive-behavioral cardiac rehabilitation program (intervention group) or a four-week conventional cardiac rehabilitation program (control group) (DRKS00029295). The cognitive-behavioral program complemented standard cardiac rehabilitation with additional psychological and exercise interventions. We included patients with cardiovascular disease aged 18 to 65 who had a diagnosis of a mental comorbidity or experienced mental stress. The primary outcome was cardiac anxiety, measured using the Cardiac Anxiety Questionnaire. The analyses presented examined the short-term effects of the program up to three months after rehabilitation.

RESULTS

A total of 154 participants were assigned to the intervention group and 154 to the control group. Three participants withdrew their consent. Of the remaining 305, 284 (93.1%) completed the questionnaire at the end of rehabilitation, and 263 (86.2%) completed it after three months. The average age was 56.4 years, and 54.8% were female. Hypertension was the primary diagnosis in 37% of participants, while 31% had ischemic heart disease. In nearly two thirds of the intervention group, a diagnostic interview identified a mental disorder in. Anxiety, sleep, and somatization disorders were the most common.

The intervention group received slightly more therapy (72 hours) than the control group (68 hours). The length of stay was comparable in both groups, at around 28 days. The program components were implemented with a high degree of fidelity. Both at the end of rehabilitation and after three months, the levels of cardiac anxiety in the intervention group were significantly lower than in the control group. In the intervention group, cardiac anxiety was reduced by around 60% of a standard deviation up to three months after rehabilitation, while in the control group a reduction of around 40% of a standard deviation was achieved.

CONCLUSION

Our randomized controlled trial showed that our cognitive-behavioral cardiac rehabilitation led to a reduction in cardiac anxiety—a risk factor for major adverse cardiac events—within the first three months.

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.OC-595

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