

THE REHABILITATION OF PATIENTS WITH CORONARY HEART DISEASE¹

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One-hundred-and-eighty-three male patients with first myocardial infarction were studied from 1961 to 1968 inclusive. All were seen within 1 week of the onset of symptoms and 118 (65%) were admitted on the day of the attack.

Length of total disability was noted, with details of number returning to work or to alternative employment. Reasons for delay or failure to return to work were also noted. The longterm mortality of the patients was studied.

Seventy-five percent of the patients had returned to work within 14 weeks of the start of the illness. One-hundred-and-seventy-one patients (93%) had returned to work by the end of the period of observation. Only 2 patients changed their jobs.

Thirty-three patients who eventually returned to work were disabled for more than 100 days, and 12 failed to return to work. Delay or failure to return was generally related to social or psychological causes. Social reasons included patients who were on full pay during their period of illness, and those who were discouraged from returning by their relatives. Personality inadequacy and chronic anxiety were also important factors. Only 9 of the 32 who had delayed return to work and only 3 of the 12 who failed to return to work were considered to have organic reasons for their prolonged disability.

The longterm mortality of these patients was just over 3% per year on follow-up. This experience compares favourably with reports from other centres in the world.

The successful rehabilitation of patients with

acute coronary heart disease depends on the following factors:

1. Knowledge of the good longterm prognosis of myocardial infarction once the initial high risk phase of the illness has been passed.

2. Rapid ambulation after the initial high risk phase of the illness; active physiotherapy while in hospital and thorough investigation to identify and eliminate all risk factors in these patients.

3. The desirability of an early return to the patient's previous employment. Change of occupation is seldom indicated and termination of employment is not desirable in the great majority of patients under 60 years.

4. An acceptance of the fact that early discharge from hospital and early return to previous employment is not associated with increased mortality in these patients.

Successful rehabilitation of patients with coronary heart disease will be achieved if the process of rehabilitation is commenced from the beginning of the patient's illness and if the physicians' approach is a rational optimistic one. The patient's cooperation must be sought in identifying and eliminating all risk factors. With an adequate secondary prevention programme, an early return to normal life, with full physical and psychological rehabilitation, is greatly facilitated.

The return to work experience and the longterm mortality reported by the authors are significantly better than the experience of authors elsewhere.

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