

Lost Useful Times! What Is Our Program for Family Caregivers in the Waiting Room of Outpatient Cardiac Rehabilitation

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Dear Editor,

On a daily, a number of patients in the outpatient cardiac rehabilitation (OCR) are receiving health services (1) and given the inability caused by cardiac event or process. The patients are usually accompanied by a family member. In Iran, male and female patients are separately focused on exercising as well as taking educational and therapeutic classes three days a week (2). Given that the delivery of hospital-based cardiac rehabilitation (HBCR) is a common format for the services delivery in Iran (3), the program is daily allocated 90 to 150 minutes and at this gape the patients family caregivers are waiting in the waiting room for the completion of the routine program without a specific schedule. For example, in Kermanshah, OCR centers are exercising and training about 25 people a day and in more than 90% of the cases, the patients participating in the programs accompanied with a family caregiver. This can be concluded that 50 people are undergoing OCR over a period of two months (26 sessions). Thus, 50 family caregivers, 26 meeting from 1.5 to 2.5 hours (equivalent to 39 to 65 hours), are in the OCR waiting room without special program (Except for some centers).

Previous reports show that the efforts of family caregivers, especially the partner, to facilitate healthy lifestyle behaviors by patients are related to mental health and health behavior (4) and also increases the patients participation in OCR (5). On the other hand, living with a person diagnosed with cardiovascular disease (CVD) not only increases the likelihood of having cardiac risk factors, but also increases the risk of CVD (6). However, the patients family members and caregivers are significantly unaware about the cardiac risk factors for themselves (6). For example, about two-thirds of the family caregivers have the criteria of distress, which generally arises from concern for the treatment and recovery, patient moodiness, patient's return to work and income as well as sexual problems

(7). In addition, family caregivers make better decisions and feel more in control regarding their health status and they often have questions about healthy eating and food choices (8), which remains unanswered if not education.

It seems that providing special training to the family caregivers of OCR patients during their free time at the waiting room not only facilitates the patient's improvement but is also effective in improving themselves mental and physical health (9). According to a report, the participation of family caregivers, particularly partner, in OCR training classes is associated not only with lower blood pressure and an increase in high-density lipoprotein (HDL), but it significantly reduces the 30s risk of CVD in their (10). Therefore, we propose that if there is an appropriate space as well as configuration options of OCR centers, family caregivers should also accompany patients during exercise and training sessions (10) or at least participate in training sessions suited to their needs.

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