



Improvement in Depression Levels of Cardiological Patients after Four-Week Cardiac Rehabilitation Program

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Introduction

Numerous investigations have depicted the transient advantages of cardiovascular restoration and exercise preparing upon burdensome side effects in coronary illness patients following major heart occasions, showing a 40 half decrease in burdensome manifestations and critical upgrades in generally personal satisfaction [1].

Heart Rehabilitation (CR) is a clinically valuable technique for treatment that alters cardiovascular danger factors and decreases mental trouble after an intense cardiovascular occasion [2]. The World Health Organization and the European Society of Cardiology have characterized the recovery of patients with cardiovascular infection as the amount of the mediations needed to guarantee the best physical, mental and social conditions so patients with post-intense or constant coronary illness can save or recapture their job in the public arena [3,4].

Cardiovascular Rehabilitation has an essential job to energize the improvement of methodologies for the administration of danger elements and self-administration of care, advance the recuperation of an acceptable personal satisfaction, help patients and relatives to communicate feelings about the sickness. They can be reached through various methods of activity: instructive intercessions, singular advising and gathering mediations, intercessions for stress the executives (for example Unwinding strategies), individual and gathering psychotherapy.

CR joins the remedy of actual work with the alteration of danger factors and, in the viewpoint of optional anticipation, expects to restrict indications identified with the sickness, inability and the danger of cardiovascular occasions and to improve practice limit, and re-business [5]. Ongoing audits show that the presentation of active work in a CR program lessens cardiovascular mortality and the pace of hospitalization, deciding a general improvement of the personal satisfaction. Actual exercise assumes a significant job in the CR program, on the grounds that, notwithstanding its physiological impact on the cardiovascular framework, it forestalls the beginning of burdensome symptomatology. Late investigations affirm that heart patients with a few burdensome side effects profit by actual exercise as far as decrease of mortality and cardiovascular comorbidity rates in a year's development [6]. As indicated by logical writing the mental misery, as burdensome manifestations, speaks to a modifiable danger factor, which may facilitate the repeat or quicken the increase of coronary illness. Especially, those patients who go through to the most serious danger of coronary issues are individuals living in a steady condition of enthusiastic strain and nervousness, particularly when connected to disappointment and disappointment in their social and business exercises [7]. Agreeing to these premises, it becomes principal the CR program that, notwithstanding consideration

regarding diet and actual activities, offers a mental help. Late examinations show that bunch psychotherapy is useful to patients with coronary illness since it tends to their regular issues, including relational clashes, life changes, despondency and misfortune [8]. It likewise addresses social detachment, a factor that has been connected to expanded mortality and grimness in certain investigations of patients with post-intense or persistent coronary illness.

Methods

One hundred and twenty-two patients completed the BDI-II questionnaire for evaluate depressive symptoms, before and after a four-week Cardiac Rehabilitation program. Changes in the scores were compared using paired t-test. Linear regression was used to verify predictors of depression.

Results and Discussion

Mean BDI-II scores decreased significantly between PRE-and POST evaluation, both in the affective factor ($t=2.66$, $p<0.01$), in cognitive factor ($t=3.89$, $p<0.01$) and in total score of BDI-II ($t=3.68$, $p<0.01$). Also, at PRE-evaluation levels of depression were predicted by gender ($\beta=.312$, $t=2.55$, $p<0.01$) and presence of children ($\beta=.426$, $t=3.08$, $p<0.01$).

Conclusion

The diminished degrees of discouragement demonstrated the positive effect of Cardiac Rehabilitation program where organized exercises have numerous helpful impacts on the mental status of patients. The flow discoveries proposed to think about sex distinction and presence of social help to set up mediations for patients with coronary illness.

References

1. Freitas PD, Haida A, Bousquet M, Richard L, Mauriège P, et al. (2011) Short-term impact of a 4-week intensive cardiac rehabilitation program on quality of life and anxiety-depression. *Ann Phys and Rehabil Med* 54: 132-143.
2. Lavie CJ, Milani RV (2006) Cardiac rehabilitation, exercise training, and psychosocial risk factors. *J Am Col of Cardiol* 47: 212.
3. Lavie CJ, Milani RV (2006) Adverse psychological and coronary risk profiles in young patients with coronary artery disease and benefits of formal cardiac rehabilitation. *Arch of Int Med* 166: 1878-1883.
4. Pourafkari L, Ghaffari S, Tajlil A, Shahamfarc J, Hedayatic S, et al. (2016) The impact of cardiac rehabilitation program on anxiety and depression levels after coronary artery bypass graft surgery. *Cor et Vasa* e384-e390.

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5. Lavie CJ, Milani RV, Cassidy MM, Gilliland YE (1999) Effects of cardiac rehabilitation and exercise training programs in women with depression. *The Am J Cardiol* 83: 1480-1483.
 6. World Health Organization. Rehabilitation after cardiovascular diseases, with special emphasis on developing countries: Report of a WHO Expert Committee [Meeting Held in Geneva from 21 to 18 October 1991] (1993).
 7. Milani RV, Lavie CJ (2007) Impact of cardiac rehabilitation on depression and its associated mortality. *The Am J Med* 120: 799-806.
 8. Mozafari A, Baharvand A, Mohebi S, Hejazi S (2016) Impact of cardiac rehabilitation on depression after percutaneous coronary intervention. *J Health*, 7: 356-364.