

09

AN ANALYSIS ON REASONS OF NON-COMPLIANT TO CARDIAC REHABILITATION PROGRAMME.

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Objective: A retrospective study to investigate reasons of patient's non compliance to cardiac rehabilitation programme (CRP).

Method: Patients failed to complete the rehabilitation programme were followed up by telephone. Their work status, education background and reasons for not attending the programme were recorded.

Results: 48 (18.9%) of 254 patients recruited for active rehabilitation failed to attend the full programme. Among the 29 (60.4%) male and 19 (39.6%) female with a mean age of 63.9 ± 13.2 . 21 (43.7%) were accountable by lack of time. 5 (10.4%) lived far away, 12 (25%) developed complicated heart problems, 7 (14.6%) had orthopedic problem, 1 (2.1%) with personal reason and 2 (4.2%) having senility. 12 (8 and 4) of the 21 had secondary or university level. There were 12 (57.1%) white collar, 5 (23.8%) blue collar and 4 (19.1%) housewives.

Conclusion: The time spent and travel distance are the major reasons of non-compliant to CRP especially by the younger patients. Alternative schedule of CRP for the working group may be useful to improve the compliance.

10

ARE THERE LESS LATE SUDDEN DEATHS IN CHINESE POST-INFARCT PATIENTS?

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Background: In Western population, sudden death accounts for 1/2 to 1/3 of the late mortality after myocardial infarction (MI). In Chinese, the incidence of post-MI sudden death is perceived to be low but scientific data is lacking. In this abstract, we analysed the sudden death rate in Chinese post MI.

Methods: All Chinese patients (pts) admitted into the coronary care unit of Queen Mary hospital between January 1995 and December 1996 for acute Q-wave MI confirmed by ECG and enzyme rise were included in this study. All the demographic data, baseline characteristics and clinical courses were obtained by reviewing the hospital and outpatient medical records. Additional follow-up data were obtained by telephone interviews with the pts or their immediate relatives.

Results: 230 Chinese pts were admitted for acute Q-wave MI from January 1995 to December 1996. 49 (21%) pts died during the same hospital admission. Among the 181 survivors, 126 (70%) were males and their mean age was 68 ± 11 years. The location of the index infarct was anterior in 68 (38%), inferior/posterior in 63 (35%), septal in 17 (9%), lateral in 15 (8%), and mixed in 18 (10%). There were history of previous MI in 8 (4%) pts. One or more complications were present in 79 pts (46%). Thrombolytic therapy was administered in 84 (46.4%) pts. The peak CPK value was 1735 ± 1642 (MB 152 ± 142) IU/L. Subsequently, 122 (67%) pts were put on ACEI, 68 (38%) pts received b-blockers, and 60 (33%) pts underwent revascularization procedures. The mean left ventricular ejection fraction obtained by echocardiography in 142 pts was $35.4 \pm 17.1\%$. During a mean follow-up period of 24 ± 9 months, 35 (19%) pts had died and 3 (1.7%) pts were lost to follow-up. 26 (14%) pts died of a cardiac cause and 9 (5%) died of a non-cardiac cause. There were 3 (1.7%) sudden deaths.

Conclusion: The incidence of late sudden death was low in Chinese infarct-survivors, accounting for around 9% of the initial two-year total mortality.