Comprehensive Cardiac Rehabilitation

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Comprehensive Cardiac Rehabilitation

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J. J. Kellermann, Tel Hashomer

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Organized by the Scientific Council on Cardiac Rehabilitation of the International Society and Federation of
Drug Dosage

The author and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new and/or infrequently employed drug.

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Preface

For many years the subject of cardiac rehabilitation has been identified with physiotherapy, physical training and psychotherapy. Clinical cardiologists have viewed the rehabilitation of the cardiac patient with scepticism and doubt. However, in recent years the interest in cardiac rehabilitation is growing and very significant achievements have been made, especially since international and national institutions began to support research and cooperative studies. The Scientific Council on Cardiac Rehabilitation of the International Society and Federation of Cardiology was and is one of the most active bodies and achieved to gain worldwide recognition as one of the most productive Councils in the Society. The World Congress which took place in Hamburg in 1977 was an excellent demonstration of the efficiency of this Council, chaired for many years by Prof. Henry Denolin and now chaired by Prof. Kurt Koenig. In organizing the Second World Congress in Jerusalem, the Scientific Committee has tried to enlarge the scope of topics to be discussed. Thus, the comprehensiveness of rehabilitative procedures was especially reflected in the scientific program. Comprehensive rehabilitation, which...
includes risk factor modification, exercise training and psychological and vocational counselling, must also make use of other therapeutical modalities of the cardiac patient, such as drug therapy and surgery. A close follow-up, being one of the more important clues of management of a chronic disease, enables by means of various noninvasive techniques, to reassess the clinical and functional condition of the patient repeatedly. Echocardiography, nuclear techniques and exercise testing have proved to represent very important diagnostic tools in the early detection of changes in the dynamics of the disease and thus enable the implementation of conservative or invasive therapeutic modalities. A supervised intervention program may eventually affect the prognosis and quality of survival. These programs should be considered an integrative part of coronary care. There are still a number of unanswered questions, focused especially on the secondary preventive aspects concerning cardiac rehabilitation. Till now, a great amount of money has been invested in the organization of randomized trials, but the outcome of these studies did not disclose final conclusions as to whether or not rehabilitative procedures and especially exercise therapy, have a direct effect on morbidity and mortality. In the years ahead it will be necessary to rephrase 'slogans' change the objectives of our studies and avoid rhetoric questions and working hypotheses which cannot be proven. We should never forget that we are dealing with a multifactorial disease which must be treated by a multifactorial approach. These, in short, were the objectives of the 2nd World Congress on Cardiac Rehabilitation, where more than 500 scientists from 31 countries participated. 48 papers were invited and presented by internationally recognized experts in their respective fields. This volume contains most of these papers.

Finally, I would like to thank all the co-sponsors especially my friends from the Scientific Council for Cardiac Rehabilitation of the ISFC, K. Koenig (president), H. Denolin (past-president) and N. K. Wenger (president-elect and liaison to A.H.A.). Further, the Cardiovascular Division of WHO, the American Heart Association and the Israeli Heart Society. Their assistance is most appreciated. I should like to express my gratitude to all the speakers and last but not least to the Medical Departments of Bayer AG, Leverkusen, Imperial Chemical Industries Ltd., Cheshire, and Ciba-Geigy Ltd, Basel for their generous support. It is my hope that the windows opened at this congress will contribute to a better understanding and enlarge the scope of cardiac rehabilitation.
Jan J. Kellermann, President,
2nd World Congress on Cardiac Rehabilitation