

Cardiovascular Rehabilitation at Distance: A New Moment

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Editorial referring to the article: Implementation of an Exercise Program at Home for Patients Undergoing Cardiopulmonary and Metabolic Rehabilitation during the SARS-CoV-2 Pandemic

Cardiovascular rehabilitation consists of a non-pharmacological intervention process in individuals with metabolic, pulmonary, or cardiovascular disorders, aiming at reducing symptoms, quality of life improvement, and the possible increase in life expectancy.¹

It consists, predominantly, in the practice of regular, individualized physical exercises, in addition to guidance concerning other risk factors, including physical inactivity, as well as nutritional and psychological support, intending to slow down and cause possible regression of the patient's pathology.^{2,3}

The COVID-19 pandemic made face-to-face rehabilitation sessions impossible due to the risk of contamination. Thus, to continue such a necessary treatment, the implementation of exercise programs at home for these patients started.⁴

The study presented emphasized home strategies to keep in activity patients with different clinical conditions, with distance guidance, to assess Internet-oriented patients' adherence.⁵ This program's feasibility was very well-designed, consisting of three exercise plans based on the patient's level of functionality.⁶

It is worth mentioning the prescription of exercises according to the individual's body structure, allowing them to exercise with the largest muscle groups due to the impossibility of performing them without additional equipment. We consider the subjective effort perception scale ≤ 5 to be adequate (in Borg scale from 0 to 10).⁷

We believe that the patient control strategy, distributed among the team's professionals, individually, can result in more safety and adherence. No less important was the complimentary assistance by two nutritionists and a psychologist. Food and emotional balance are of great importance in the current phase when anxiety and depression can interfere with the continuation of physical activity.

It is worth mentioning the statistical treatment of this study, in which was created a multivariate logistic regression model to determine independent predictors of satisfactory adherence. We can point out the "fragility" prevalent in the elderly, a reason for increased attention.

The adherence of 91.8% of the patients can be credited to the participating professionals.

The variation in the frequency of weekly training of patients and the absence/presence of diabetes require a broad study related to the disease's pathology. In patients with heart failure, there was a higher percentage of those present (71.4%) compared to absent (51.9%). We consider that it can be attributed to the possible longer duration of the disease, better awareness, good results already observed before the pandemic, and the need to continue rehabilitation.

This publication, considered the first in our country to describe participants' adherence under current conditions, is an example of conduct useful for future studies, since in bibliographic references, there is a strong predominance of international presentations.

Keywords

COVID-1; Betacoronavirus; Pandemia; Exercise Tolerance; Cardiac Rehabilitation; Physical Therapy Modalities; Guidelines; Physical Exertion; Telerehabilitation.

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