Cardiac rehabilitation and secondary prevention

**Cardiac rehabilitation**
- Start cardiac rehabilitation before hospital discharge
- Assessment appointment to take place in 10 days of discharge

**Cardiac rehabilitation programme**
- Physical activity (adapted to clinical condition and ability)
- Lifestyle advice, including advice on driving, flying and sex
- Stress management
- Health education

**Lifestyle changes**
- Healthy eating - Mediterranean diet (more bread, fruit, vegetables, fish and products based on plant oils)
- Alcohol - low-risk drinking (no more than 14 units a week)
- Regular physical activity - 20 to 30 minutes a day to point of slight breathlessness (increase duration and intensity gradually while gaining fitness)
- Stop smoking
- Reaching and maintaining a healthy weight

**Drug therapy for secondary prevention**
- **ACE inhibitor** and continue indefinitely (an ARB if intolerant)
- **Dual antiplatelet therapy** (aspirin plus a second antiplatelet) for up to 12 months. Continue therapy started in acute stage unless a separate indication for anticoagulation (see below)
- **Beta-blocker** (consider diltiazem or verapamil if beta-blockers contraindicated and no pulmonary congestion or reduced left ventricular ejection fraction). Continue beta-blocker indefinitely if reduced left ventricular ejection fraction. Otherwise consider continuing for at least 12 months
- **Statin**

**Drug titration**
- **ACE inhibitors** - titrate upwards (with monitoring) every 12 to 24 hours. Complete titration in 4 to 6 weeks of hospital discharge. Measure renal function, serum electrolytes and blood pressure before starting an ACE inhibitor or ARB and after 1 to 2 weeks
- **Beta-blockers** - titrate to the maximum tolerated or target dose

**Antiplatelet therapy with an indication for anticoagulation**
Do not routinely offer prasugrel or ticagrelor with an anticoagulant needed for a separate indication:
- If already on anticoagulation:
  - continue and offer clopidogrel (to replace prasugrel or ticagrelor) for up to 12 months if the person has PCI
  - continue and consider continuing aspirin for up to 12 months (clopidogrel if aspirin contraindicated) if no PCI and not at high bleeding risk
- For a new indication for anticoagulation, offer oral anticoagulant and:
  - clopidogrel (to replace prasugrel or ticagrelor) for up to 12 months if the person has had PCI
  - aspirin (clopidogrel if aspirin contraindicated) for up to 12 months if no PCI

**Aldosterone antagonist for heart failure with reduced left ventricular ejection fraction**
- Start 3 to 14 days after MI, preferably after ACE inhibitor
- Monitor renal function and serum potassium before and during treatment. If hyperkalaemia is a problem, halve dose or stop drug

This is a summary of the recommendations on cardiac rehabilitation and secondary prevention from NICE’s guideline on acute coronary syndromes. See the guideline at www.nice.org.uk/