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CARDIAC REHABILITATION DOESN'T CONSIDER AGE

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Abstract

Introduction: 24 years man, active smoker, retrosternal constrictive chest pain at rest 3 hours before presentation, with posterior irradiation. Personal pathological history: hypercholesterolemia. Family history: father – hypercholesterolemia, myocardial infarction .

Material and Methods: Clinical exam: BP 110/60 mmHg, symmetrical, HR 88/minute, rhythmic, no cardiovascular murmurs, no signs of pulmonary or systemic congestion. Lab exams: positive HsTnI and enzymes of myocardial necrosis, hyper cholesterolemia, protein S deficiency. ECG: sinus rhythm, diffuse 1 mm ST elevation. Echocardiography: wall motion abnormalities in the apical 1/3 antero-lateral wall and interventricular septum, normal in rest. The patient was referred to coronary angiography that showed occlusion of the LAD II and it was performed PCI with stent on LAD.

Results: Patient's evolution was favorable after LAD angioplasty and after discharge he was included in the rehabilitation program (CRP). Before starting the CRP, an exercise ECG test was performed on cycle ergometer (50 W 2 min), stopped for fatigue at 75% of the MHR and a wattage of 147 W- 61 % of predicted intensity. Therefore, the patient began CRP with a THR of 118 bpm (40% of the heart rate reserve) at 100 W. After completing the CRP we also performed a CPET that showed better effort tolerance: HR of 163 bpm = 83% of MHR, and reached an intensity of 177 W = 75% of the predicted , with a VO2 2203 ml/min. The patient continued the CRP at home following the instructions received from the recovery team, under which he maintain the results without the repetition of cardiac events.

Conclusion: CRP improve cardiac health after a heart attack. Maintaining patient contact with the recovery team increases adherence and maintains long-term results.