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Gender differences in long term ICU rehabilitation

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S tudy shows that women participate significantly less than men in cardiac rehabilitation programs. The factors contributing to their lack of involvement in cardiac rehabilitation programs is their older age, less robust physical baseline status, and physicians tendency to send fewer women to rehabilitation programs. Many papers found that women find exercise tiring and painful, dislike public or mixed-gender exercise, and perceive unmet emotional needs in Cardiac rehabilitation. The growing acknowledgement of gender-specific cardiovascular health needs highlights the need for effective risk reduction interventions for women. Investigators have called for strategies addressing underserved rehabilitation populations, such as women, who are least likely to avail themselves of these services. Gender-specific programs, tailored to individual readiness to change may be more effective than traditional programs in meeting women's unique needs. Future studies need to address many research questions. First, to what extent is attendance in women influenced by a motivationally enhanced, gender-tailored rehabilitation programs compared to that of women attending traditional programs, and second, what are the useful baseline sociodemographic and clinical predictors of attendance of the exercise and education components of cardiac rehabilitation? Nurses need to initiate and emphasize the importance of cardiac rehabilitation participation. Gender specific instructions to female and male patients differently based on evidence presented.

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