

Introduction

Quality of Life in Lower Socioeconomic Status Smokers Attending Cardiac Rehabilitation

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- Cardiac Rehabilitation (CR) is an outpatient secondary prevention program designed to decrease the likelihood of early mortality among patients with heart disease.
- Smoking predicts higher rates of mortality following CR.¹ Unfortunately, patients with lower SES are far more likely to smoke in CR.¹
- Smoking in the general population also predicts psychological and demographic factors associated with poor prognoses in CR.²
- Of especial importance is the negative association between smoking and Quality of Life. (QoL)³
- Improving QoL is an important goal of CR, unfortunately, QoL in smoking patients of lower SES is unknown.⁴

Methods

Exploratory secondary data analysis of 130 Medicaid patients enrolled in an intervention to improve attendance in CR using financial incentives. Patients were approached in-hospital, then assessed on a psychological battery and exercise tolerance test prior to enrollment in CR. Smoking was identified through self report. ANOVA tests of mean differences and Chi² tests were conducted to detect differences between the two groups.

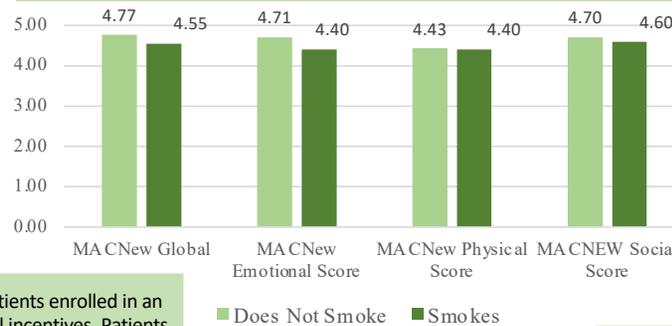
Citations

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Table 1. Test of Mean Differences between Smokers and Nonsmokers

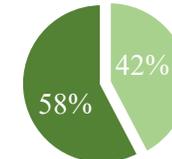
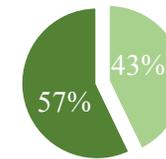
Variable	Age*		METs		Sessions*		Anxiety (ASEBA-ASR)		Executive Functioning (BRIEF-A)	
	Mean	±SD	Mean	±SD	Mean	±SD	Mean	±SD	Mean	±SD
Smokers	53	11.1	5.2	2.7	12	14	60	8	56	10
Nonsmokers	60	8.3	5.1	2.7	23	15	59	8	56	12
Total	57	10.2	5.2	2.7	19	16	59	8.3	56	12

Figure 1. Mean Quality of Life by Smoking Status



Female

Male



Smoke

Does not smoke

Smoke

Does not smoke

Discussion

- No differences in QoL were detected between smokers and nonsmokers in this sample.
- This may be due to a real lack of differences, or lower age of entry into CR within patients who smoke.
- Smoking significantly predicted lower attendance at CR, which matches with prior literature.⁶
- Recent cardiac diagnosis may overwhelm patients from a QoL standpoint regardless of smoking status.
- Future research should identify age effects, whether improvements in QoL over the course of CR differs between smokers and nonsmokers, and if QoL differs between SES patients against a normative sample.

Results

- 42% of lower SES patients smoked cigarettes compared to 20-36% expected from a full sample of CR patients.^{1,5}
- Smokers were on average 7 years younger and would go on to complete 9 fewer sessions.
- Smoking was not associated with executive functioning, anxiety, cardiorespiratory fitness, gender, or diagnosis.
- Quality of life did not differ between smokers and nonsmokers.

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