

Preventive Cardiology and Rehabilitation

2016 Volume

Prevention outpatient visits	10,662
Phase I rehab	7713
Phase II rehab	4036
Phase III rehab	4395

The Section of Preventive Cardiology and Rehabilitation at Cleveland Clinic provides patients with a comprehensive assessment to identify traditional and emerging nontraditional cardiovascular risk factors. The section collaborates with referring physicians to create individualized treatment plans. Patients typically have a limited number of visits and return to their primary care or referring physician for care.

LDL Levels Among Statin-Tolerant Adults

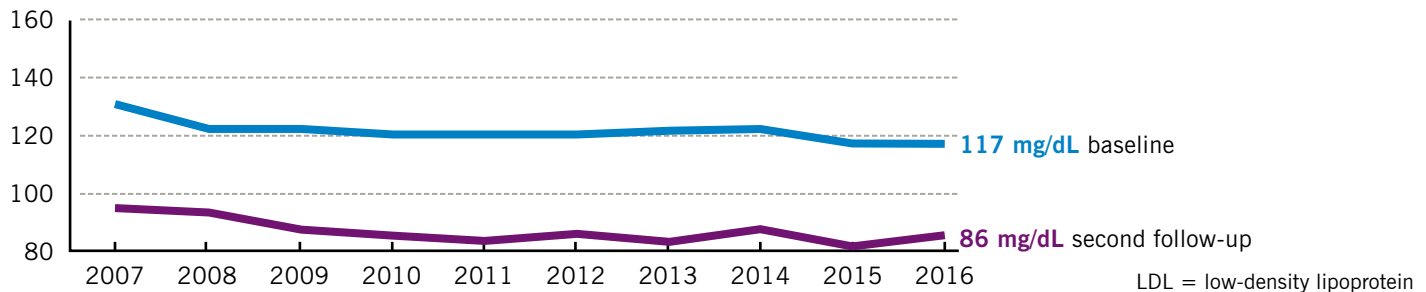
Patients taking statins for both primary and secondary prevention experienced reductions in low-density lipoprotein (LDL) cholesterol levels. Patients were seen at baseline, defined as their first visit, and had at least 2 follow-up visits within the past 2 years. The time between visits varied from patient to patient.

Primary Prevention, Statin-Tolerant Adults

2016 Volume (N = 1394)

2007 – 2016

LDL Median Value

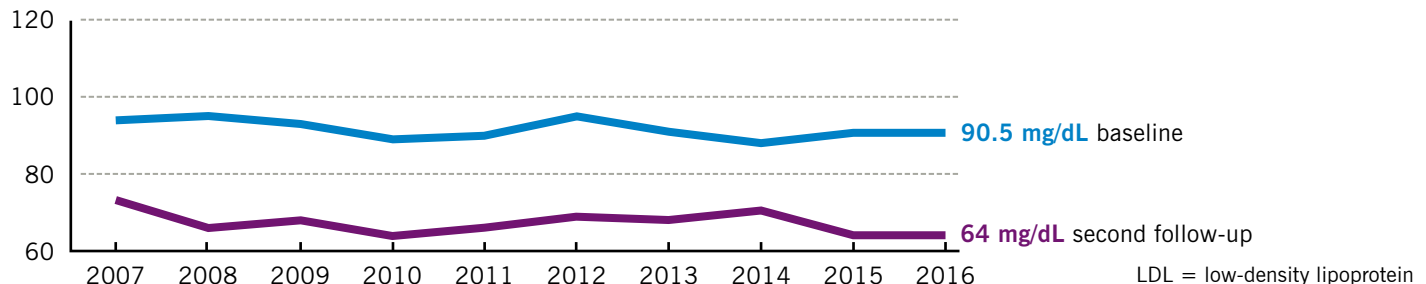


Secondary Prevention, Statin-Tolerant Adults

2016 Volume (N = 853)

2007 – 2016

LDL Median Value



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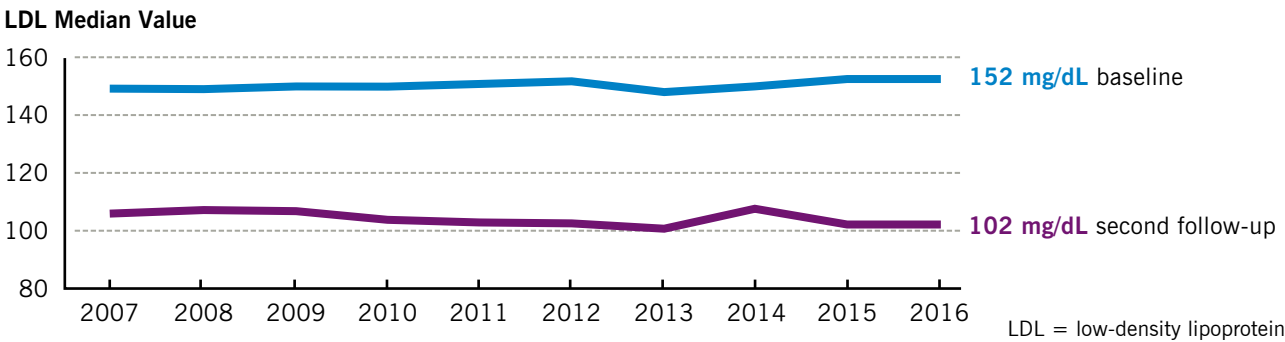
LDL Levels Among Statin-Intolerant Adults

Patients referred to the prevention clinic who could not tolerate statins still experienced reductions in LDL levels. Patients included in these data had at least 2 follow-up visits within the past 2 years.

Primary Prevention, Statin-Intolerant Adults

2016 Volume (N = 485)

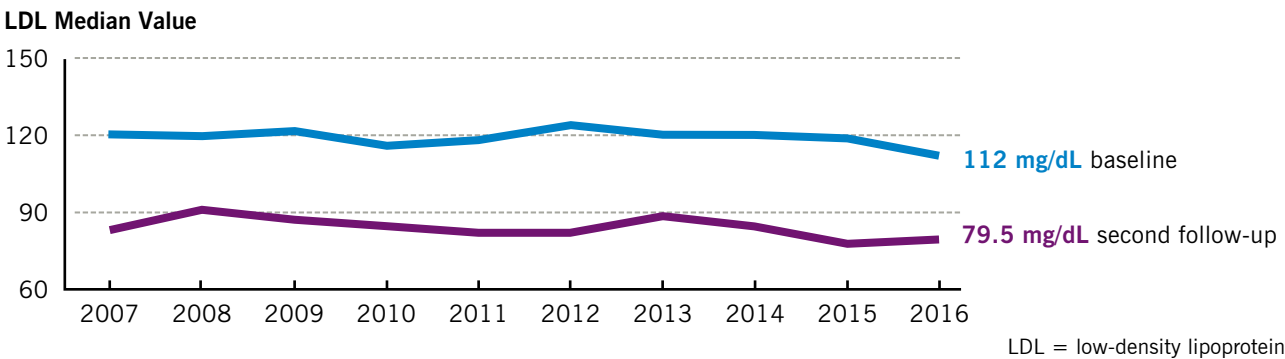
2007 – 2016



Secondary Prevention, Statin-Intolerant Adults

2016 Volume (N = 545)

2007 – 2016

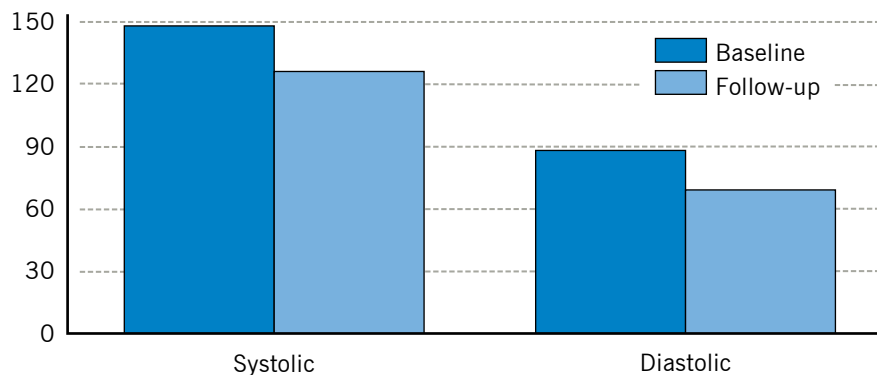


Impact of Preventive Cardiology on Blood Pressure Among Patients With Diastolic Blood Pressure ≥ 90 mm Hg or Systolic Blood Pressure ≥ 140 mm Hg (N = 1052)

Baseline is defined as patients' first visit. Follow-up data are from the most recent visit. Patients included in these data had at least 2 follow-up visits in the last 2 years.

2016

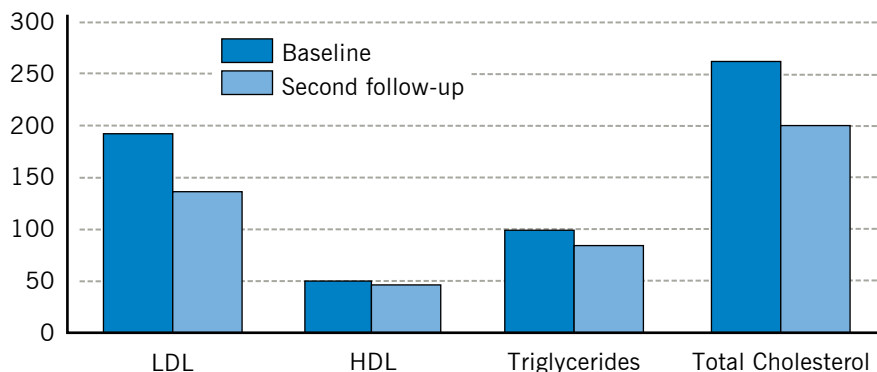
Median Value (mm Hg)



Pediatric Preventive Cardiology and Metabolic Clinic Lipid Levels (N = 111)

2016

Median Value (mg/dL)



HDL = high-density lipoprotein, LDL = low-density lipoprotein

The Pediatric Preventive Cardiology and Metabolic Clinic offers expert assessment, lifestyle management advice, medication, and monitoring for patients aged < 21 years with cardiometabolic dyslipidemia as well as genetic dyslipidemia. Data are for patients with genetic dyslipidemia who had at least 1 follow-up visit in 2016.

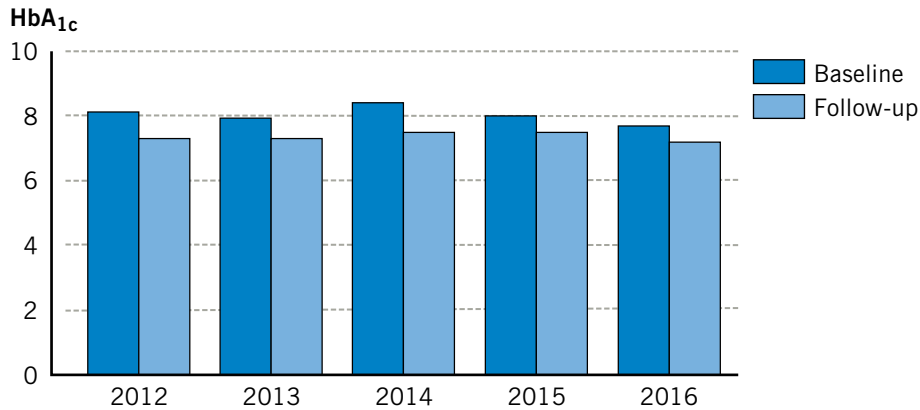
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Impact of Preventive Cardiology on HbA_{1c} Levels Among Patients With Diabetes and HbA_{1c} ≥ 7 at Baseline

Baseline is defined as first visit. Follow-up data are from the most recent visit. Patients included in these data had at least 2 follow up visits in the last 2 years.

2016 Volume (N = 1636)

2012 – 2016



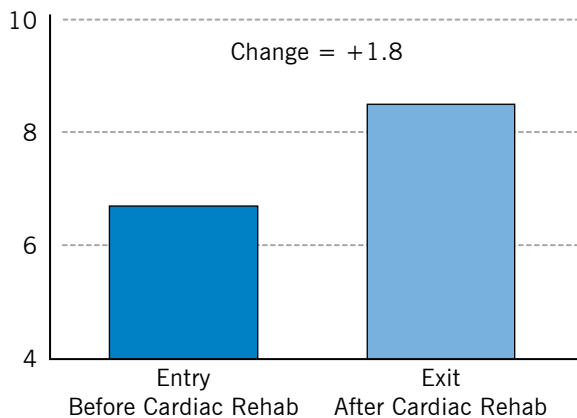
Cardiac Rehabilitation

Outcomes measured in the Cardiac Rehabilitation Program include those related to functional capacity, quality of life, blood pressure, and weight.

Improvement in Exercise Capacity by Exercise Stress Test (N = 210)^a

2016

METs



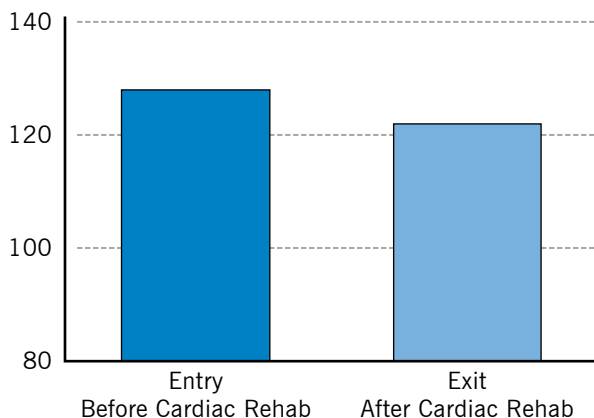
The metabolic equivalent of task (MET) is the ratio of the working metabolic rate to the resting metabolic rate. Each 1-MET increase in functional capacity reduces the risk of mortality by 8% to 12%. The median predicted reduction in all-cause mortality for patients in the program based on improvement in functional capacity (METs) was approximately 15%.

^aData represent all cardiac rehab patients with entry visit in 2016.

Improvement in Systolic Blood Pressure (N = 210)^a

2016

Median Systolic Blood Pressure (mm Hg)



The median systolic blood pressure for patients entering rehab is already well controlled. After rehab, the median systolic blood pressure decreased by 6 mm Hg.

^aData represent all cardiac rehab patients with entry visit in 2016.

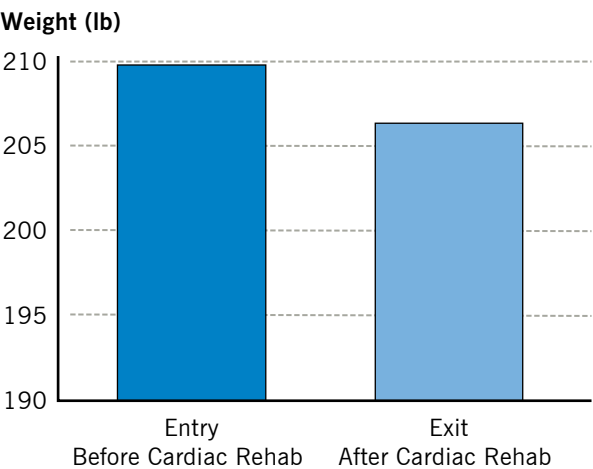
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Improvement in Weight (N = 210)^a

The median weight loss for patients who completed the Cardiac Rehabilitation Program was 3.4 pounds.

2016



^aData represent all cardiac rehab patients with entry visit in 2016.

Improvement in Quality of Life Assessment (N = 210)

Patients who completed the Cardiac Rehabilitation Program experienced improved physical and emotional quality of life. Quality of life is measured using the SF-36® Health Survey. This is a validated measure that tracks overall wellness of patients in cardiac rehabilitation.

2016

SF-36 Score

