

OCTOBER 20, 1980

NEWS

The University of Texas Health Science Center at Dallas
5323 Harry Hines Boulevard Dallas, Texas 75235 (214)688-3404

CONTACT: Ann Williams
Office: 688-3404
Home: 375-6043

* * * * Cardiac rehabilitation program
designed to help patients "feel better"

DALLAS--After being unable to work for four years, David Smith is now working full time in The University of Texas Health Science Center's Physical Plant. Smith is the first "graduate" of a new cardiac rehabilitation program.

He has stopped having chest pains and dizzy spells. "Even my sense of humor has come back," he says.

He has a lot to laugh about now with his cardiac rehab buddies. The four patients exercise together three times a week, but Smith was the "charter" patient.

"Our goal is not just to get people back to work," says Dr. Demitri George. "Our goal is to get people to feel better. And usually when people feel better, they want to work." George is assistant professor of physical medicine and rehabilitation at The University of Texas Health Science Center at Dallas and director of the new outpatient cardiac rehabilitation program at Parkland Memorial Hospital, where he and David Smith got together.

After suffering a heart attack the day after Christmas in 1976 and another two years ago, Smith was living on Social Security for the totally disabled. Last year he moved from New Orleans to Dallas to be near friends. During his second stay in Parkland for angina (chest pain), he met George and learned of the rehab program. Released from the hospital last April 26, he started the program one month later.

He recites the dates of heart attacks and hospitalizations like a litany. But breaks into a grin when he talks of George. "Aug. 20 Dr. George gave me a letter that I was able to work. I got the job two hours later."

With a work history since age 14 and background as an electronics engineer, Smith believes work is his life. He cites his increased appetite, weight gain and psychological improvement with the rehab program. "A heart condition can put you in the wheelchair, and this gave me a chance to build myself up. I've improved 100 percent."

The exercise program for cardiac patients is carefully controlled at all times with Dr. Mark Parker, resident in physical medicine and rehabilitation, and Jean Cruz, research technician in cardiology, in attendance.

The exercise training is done on ergometer bicycles, which can be set at a certain resistance to pedaling, so that the patient is doing a measured amount of work. Electrocardiograms, pulse rates and blood pressures are closely monitored, and each patient receives exercise tolerance tests ("stress tests") before, during and after the training.

Patients are also educated to the risk factors for heart and vascular disease--diet, blood pressure control and smoking. These four take the training to heart. "I brought up a bag of cookies so I could reward them with a cookie after their exercise," Cruz laughed. "The cookies got stale, and I threw them away."

At the end of 12 weeks of training, the staff will calculate a home exercise program for the same amount of work by walking, jogging or bicycling.

How safe is this exercise program for heart patients? "People who exercise here are safer than those in the gym because we know exactly how much work they can do and we're not going to let them do any more," says George.

The program is designed for Parkland outpatients who have had a heart attack or bypass surgery or who have stable angina (a measured, predictable amount of chest pain). And any resident of Dallas County can become a Parkland outpatient by coming to the cardiology clinic.

George is concerned that not all the patients who need rehabilitation are able to participate. "This is a medically proven program. There is no question about that. Usually the big problem is patient compliance--getting the patient to follow the program regularly."

Most of Parkland's patients would benefit from this program. Any patient with diabetes or hypertension or who has had a heart attack or stroke--and this includes all ages--could be helped with the training.

Many Parkland patients have problems getting to the hospital three times a week for 12 weeks. "You know if you don't feel good anyway, and you have to ride the bus downtown and transfer and wait for another bus and then go through the same thing to get back home...and that's if you have the money for bus fare...most people are not going to do that."

He will be applying for a grant to find out what happens if that problem is solved: if transportation is taken care of, will the patients come in regularly and do the exercise and follow-up? Will this prevent heart attacks? Will they need less medication? Will they go back to work? Will they feel better?

For middle- and upper-income patients, the answer is "yes" to all the above. But the questions have not been answered for indigent patients, and the biggest problem with a study of this group has been transportation to a rehabilitation center.

George says the most important question is how the patient feels. "If they are physiologically able to do more work, if they have increased endurance, if they experience less the discomfort of tiredness, they will physically feel good."

David Smith is a laughing, working testimonial.

###

PHOTOS AVAILABLE
TEAR SHEETS APPRECIATED
AA,AB,AC,AF,AG,AH,AI,SPECIAL