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## Coronary bypass patients more likely to stick to diet, exercise regimen when shown informational videotapes

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CORONARY BYPASS PATIENTS MORE LIKELY TO STICK TO DIET, EXERCISE REGIMEN WHEN SHOWN INFORMATIONAL VIDEOTAPES

Coronary bypass patients who viewed videotapes showing what they could expect in the first few months following bypass surgery are more likely to follow the diet, exercise, and lifestyle guidelines recommended for satisfactory recovery, according to a new study.

The study, which was published recently in the Journal of Cardiopulmonary Rehabilitation, was completed by University of California, San Diego psychologists Heike Mahler and James Kulik, in collaboration with Dr. Riyad Tarazi. The study evaluated the progress of 216 coronary artery bypass graft (CABG) patients over the three month period following discharge, after they viewed one of two videotapes informing them of what to expect during the recovery period.

"Although CABG surgery is generally regarded as a safe and effective therapy for relieving the symptoms of ischemic heart disease," said Heike Mahler, the principal investigator for the study, "It is widely recognized that the long term success of this procedure depends greatly on the patient's compliance with the recommended lifestyle changes, especially diet, exercise, and stress management. This study demonstrates that the use of these or similar videotapes can provide hospitals with a low cost patient education tool that appears to have a direct impact on CABG patient recovery rates."

In addition, she said, the beneficial effects on compliance with diet, exercise, and lifestyle recommendations were obtained after only one viewing of the videotapes.

"It is possible that even stronger effects might be obtained if patients had the opportunity to view one of the tapes several times during the first few weeks after discharge," said Mahler. "Patients could be given a copy of the video to take home with them or could be shown the tape again at their check-ups or as part of a cardiac rehabilitation program."

Similar tapes could also be used to prepare patients for other major surgical procedures and to enhance recovery, according to Mahler.

The patients in the study, which was conducted at Scripps Memorial Hospital and the San Diego Veterans Affairs Medical Center, both in La Jolla, CA, viewed one of two videotapes prior to being discharged from the hospital after CABG surgery. Although both videotapes showed patients who discussed their experiences in recovering from CABG surgery, one tape, which Mahler refers to as the "mastery" tape, showed patients discussing only their progress while the other, the "coping" tape focused more realistically on the problems and challenges the patient encountered.

Although the study found that all of the patients who viewed one of the videotapes were better able to cope with problems and stick to diet and exercise programs than those in the control group who didn't view either video, the patients who viewed the more realistic coping videotape had the most success in following the prescribed diet and getting adequate exercise.

"The patients who viewed one of the videotapes at hospital discharge maintained diets that were significantly lower in cholesterol and saturated fat," said Mahler. "In addition, those who viewed the coping videotape were engaging in more moderate exercise after a month and more strenuous exercise after three months than did those who did not watch a videotape or viewed the mastery videotape."

Specifically, those patients who viewed the coping tape were performing moderate exercise approximately 12 times per week by the first month after surgery, compared to those who viewed the mastery tape or no videotape at all, who exercised about 7-8 times per week. By three months after surgery, those who saw the coping tape were performing strenuous exercise approximately 3.5 times per week versus those who viewed the mastery videotape or no tape at all, who did strenuous exercise 1.5 times per week.

The videotapes, produced by Mahler and Kulik, are both approximately 35 minutes long and provide accurate information to patients regarding lifting, exercise, diet, incision care, and resumption of normal activities as well as pain and fatigue, emotions, sleep and appetite. Both tapes are narrated by the same cardiothoracic nurse and feature four actual CABG patients describing their own experiences.

The patients participating in the study completed surveys about their well being, eating and exercise habits at discharge, and at one and three-month intervals.

"We knew from previous research that patients could be positively influenced by receiving this kind of information and by observing other patients who have experienced the same surgery," said Mahler. "We suspect that this information empowers the patient and helps to increase their self confidence in their own ability to deal with potential problems and survive. What we didn't know, however, was if slanting this information in any way, i.e. giving patients a more realistic picture versus a more optimistic one, would make any difference."

Last year Mahler and Kulik completed a similar study which found that patients who viewed informational videotapes prior to CABG surgery spent less time in recovery than did other patients.

The tapes are currently being sold to hospitals through MedFilms (1-800-535-5593).

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