

## 2019 Fall Conference Meeting

*Cardiac rehabilitation throughout the lifespan: from paediatrics to geriatrics*

### Abstract Form

**Deadline for receipt of submissions: May 17<sup>th</sup>, 2019**

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#### IS SOCIAL INTEGRATION ASSOCIATED WITH EXERCISE INVOLVEMENT IN CORONARY HEART DISEASE PATIENTS?

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**Background and goal:** Exercise (EX) is a crucial component of prevention and recovery from Coronary Heart Disease (CHD). However, CHD patients generally fail to initiate or adhere to EX programs. Social integration has been largely associated with EX adherence and reduced CHD. Building on previous evidence indicating a relationship between the presence of spouse and children and exercise involvement, the aim of this study was to investigate the role of available social networks (defined as kind of people the patient lived with) and a marker of social capital (social trust). The final goal was to compare a measure of social relationships that requires no involvement from the patient's side (i.e., the availability of social networks) and a measure of social relationships that requires patient's active involvement (i.e., the creation and development of social trust). **Method:** 493 cardiac outpatients (30% women;  $Age=62.10$ ;  $SD=9.32$ ) referred for an exercise stress test at a tertiary care cardiac center were recruited. Patients' demographic, social integration (social networks and social trust), and EX involvement (using the 12 month physical activity recall questionnaire) were assessed. **Results:** After controlling for age, sex, total exercise metabolic equivalence of task, and any antecedent of cardiovascular disease, the results indicate that neither living with spouse, nor living with children were positively associated ( $F=0.74$ ;  $p=.391$  and  $F=1.85$ ;  $p=.173$  respectively). Similarly, there was a no significant relationship between patients social trust and exercise involvement ( $F=0.01$ ,  $p=.916$ ). In the same vein, when the three independent variables (living with spouse, living with children, and social trust) were included in the same model, no relationships were found. However, the interaction between social trust and living with children indicated a trend ( $F=2.59$ ;  $p=.108$ ). Specifically, in those people with children high social trust was associated with high EX. No other significant relationship or trend between variables were found. **Discussion:** Previous studies

examining social networks and EX have mostly focused on the role of partners (or spouses). This epidemiological longitudinal study indicates that partners do not appear to play a significant role in the EX habits of the CHD patients we studied. Results indicate a trend between social trust and living with children.

**Keywords:** social networks - social trust - exercise - cardiac patients

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