FREE COMMUNICATIONS

A. ORAL PRESENTATIONS

1. BEST ABSTRACT CONTEST (PLENARY SESSION, THURSDAY PM)

Distance and Transportation as Barriers to Cardiac Rehabilitation in Urban and Rural Coronary Artery disease Outpatients

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Background: Cardiac rehabilitation (CR) is a proven means to reduce morbidity and mortality among cardiac outpatients but is grossly under-utilized. Transportation, distance and travel time are frequently cited barriers to participation. The purpose of this study was to compare CR participation rates between urban and rural cardiac outpatients and examine perceived distance and transportation barriers.

Methods: 255 cardiac outpatients (mean age 68 ± 11 years; 76% (194) male) of 97 Ontario cardiologists completed a survey within an on-going prospective study. The second digit of A0A in the postal code designated rural status and was verified with Statistics Canada 2001 Census. Using a 5-point Likert scale outpatients indicated the degree to which transportation and distance were barriers and self-reported travel time to CR and percentage of sessions attended.

Results: 87% (223) of outpatients lived in an urban area, while 13% (32) were rural. Overall, 44% (113) participated in CR, with 46% (102) urban and 34% (11) being rural ($P > 0.05$). Transportation barriers were significantly related to CR participation ($P < 0.01$), whereas distance was not. Data were split by geographic area and transportation was only significantly related to CR participation among urban

outpatients ($P < 0.01$). Urban outpatients reported a mean travel time of 25 ± 18 minutes compared to 68 ± 53 for rural outpatients ($P < 0.0001$). The mean percentage of CR sessions participated in was $84 \pm 28\%$, which did not differ by geographic status.

Conclusions: Contrary to previous research, living in a rural area and perceived distance were not related to CR participation. However data collection is ongoing. Rural outpatients had longer travel times yet perceived no distance or transportation barriers. Transportation barriers for urban outpatients may be related to population density and traffic delays. Efforts to reduce transportation-related barriers in urban areas such as improving public transportation or increasing home-based CR provision may be warranted.

Impact of Beta-Blocker Treatment and the Nutritional Status on Glycemic Response During Exercise in Type 2 Diabetic Patients

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Background/Objective: More than 60% of type 2 diabetic individuals present with hypertension and have higher risk of cardiac complications. In addition to behavioural modifications, such as healthy food choices and regular physical activity, beta-blocker (BB) treatment may be considered in order to reduce morbidity and mortality especially following a cardiovascular event. However, this medication is generally associated with a deleterious impact on glucose metabolism. To assess the impact of a BB treatment on glucose response in type 2 diabetic patients exempt of cardiovascular complications.