
Abstract

Future Patient: Telerehabilitation of Patients With Heart Failure Empower Patients

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Abstract

Background: Heart failure is one of the most common cardiovascular diseases that causes mortality, and patients' participation in rehabilitation programs is often low. During the COVID-19 pandemic, the Future Patient Telerehabilitation Program developed for patients with heart failure offered a new approach. The aim of the Future Patient program has been to increase the quality of life and educate patients to monitor any worsening of their symptoms. Patients used self-tracking devices for monitoring their physical activity, blood pressure, sleep, respiration, and pulse, with their data transmitted to a shared web platform (called the Heart Portal), which could be accessed by patients, their relatives, and health care professionals across sectors.

Objective: The aim of this paper is to determine whether the Future Patient Telerehabilitation Program has increased the quality of life of patients with heart failure and to empower them to manage their own disease.

Methods: A randomized controlled trial (n=140) was conducted. Data from the intervention group (n=70, 50%) on patient-reported outcomes were collected and analyzed using the Kansas City Cardiomyopathy Questionnaire and Spiegel Sleep Questionnaire. Semistructured interviews with 12 patients (n=6, 50% men and n=6, 50% women) were conducted and analyzed.

Results: The patients participating in the Future Patient program experienced a significant increase in clinical and social well-being as well as in quality of life. The patients participating in the program articulated their experiences in terms of the following themes: a sense of security and an increased sense of empowerment in managing their disease using the Heart Portal. The Heart Portal proved to be a valuable tool for remote monitoring and better communication with health care professionals across sectors.

Conclusions: Telerehabilitation of patients with heart failure can improve their quality of life and empower them to manage their own disease remotely.

(*iproc 2022;8(1):e41491*) doi: [10.2196/41491](https://doi.org/10.2196/41491)

KEYWORDS

telerehabilitation; heart failure; cardiovascular disease

Conflicts of Interest

None declared.

Edited by T Leung; this is a non-peer-reviewed article. Submitted 27.07.22; accepted 19.08.22; published 23.08.22.

Please cite as:

Dinesen B, Spindler H, Refsgaard J, Hollingdal M

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iproc 2022;8(1):e41491

URL: <https://www.iproc.org/2022/1/e41491>

doi: [10.2196/41491](https://doi.org/10.2196/41491)

PMID:

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