

Editorial
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Still, Long Way to Go: Current Status and Perspective of Cardiac Rehabilitation in Korea

Jidong Sung

Division of Cardiology, Department of Medicine, Sungkyunkwan University School of Medicine, Prevention & Rehabilitation Center, Heart Vascular & Stroke Institute, Samsung Medical Center, Seoul, Korea

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Address for Correspondence:

Jidong Sung, MD, MPH, PhD

Division of Cardiology, Department of Medicine, Sungkyunkwan University School of Medicine, Prevention & Rehabilitation Center, Heart Vascular & Stroke Institute, Samsung Medical Center, 81 Irwon-ro Gangnam-gu, Seoul 06351, Korea.
Email: jdsung@skku.edu

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ORCID iD

Jidong Sung
<https://orcid.org/0000-0002-1006-5727>

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Cardiac rehabilitation (CR) has been established as an effective secondary prevention program and being firmly supported by the guideline of many countries, including Korea.¹ However, as reported by the author of the article published in this issue of the *Journal of Korean Medical Science*, the participation rate for cardiac rehabilitation program in patients with acute coronary syndrome (ACS) in Korea is far from optimal: only 5.8% of ACS patients attended CR, which is much lower than that in other high-income countries.² While such an inadequate performance is not only confined to the CR but in the secondary prevention in general globally.³ Considering the effectiveness of the CR, which not only reduces total and cardiovascular mortality as shown in this study, but also improves quality of life,¹ systematic effort is warranted to improve the performance of Korean CR program.

There have been two favorable changes to enhance the CR participation in Korea. The first was a government-driven nationwide project of Regional Cardiocerebrovascular Centers from 2008, which aimed to reduce the regional gap in the treatment of cardiocerebrovascular diseases such as myocardial infarction and stroke and included establishment of CR programs in each center.⁴ However, this project has not been adequate in completely resolving access problem and there are still difficulties for patients in rural area to attend CR programs.

The second change was the introduction of insurance coverage by the National Health Insurance in 2017, which was expected to remove the economic barrier to CR program participation. As the authors discussed, this change may not be adequate in lowering the hurdle especially in patients in the lowest income stratum. Participation in the CR program demands not only the cost of the program itself but also other critical resources, such as time to attend the program and transportation. Special support for the vulnerable group should be considered.

While the nationwide performance of CR is poor in terms of participation rate, the impact of CR on cardiovascular outcomes was favorable, which is consistent with previous studies. Though the study has limitations as a retrospective observational study, clinical implication of which seems to be enough to raise the need for multidisciplinary and multifaceted approach to resolve the barriers of CR implementation. We have ‘miles to go before we sleep’.

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