Ten (12.6%) were referred for angiography from RACPC. Four underwent PTCA, one CABG, and two medical treatment. Three had normal coronaries.

The remaining eleven (13.9%) were referred to the cardiologist with five treated for angina and four treated for a primary arrhythmia. Two were assessed as not having significant cardiac disease.

Conclusion: By standardising the discharge process from the ED to the RACPC, the majority of patients with chest pain can be reassured and discharged at their first follow-up, within two weeks of their acute presentation. Only 13.9% of patients needed interim outpatient assessment by a cardiologist. We believe the RACPC can be used effectively to triage patients presenting with chest pain to the ED.

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Aerobic endurance training in patients with coronary artery disease: effects of high vs. moderate intensity training on health related quality of life (HRQOL)
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Purpose: Peak oxygen uptake is a strong predictor for death among patients with coronary artery disease (CAD), and physical activity with high intensity is found to give reduced risk for CAD among healthy individuals. The main objective of this randomized controlled study is to assess the effect of endurance training with high vs. moderate intensity among patients with coronary artery disease. Quality of Life was one of several outcomes in the evaluation of the training period.

Method: 21 patients with documented CAD, where 17 completed the training period, were randomized in two groups. The participants in the study went through guided endurance training 3 times a week for 10 weeks with intensity among patients with coronary artery disease. Quality of Life was evaluated by means of the quality of life instruments MacNew and SF-36. MacNew is a health related heart disease quality of life questionnaire, containing three domains; emotional, physical and social. The responses follow a Likert scale from 1–7, where 7 is maximum score and 1 is the minimum in all domains. SF-36 is a well known generic HRQOL questionnaire, used to provide comparable data towards MacNew.

Results: The patient-perceived HRQOL scores evaluated by MacNew improved significantly in total scores for both groups (from 6.13±0.47 to 6.35±0.49; p=0.01), and also in all the three domains. Despite greater improvement of peak oxygen uptake in the high intensity group (18% vs. 8%; p=0.01), there was no difference in the perceived HRQOL between the two groups.

Conclusion: Aerobic endurance training is improving patient-perceived HRQOL among patients with CAD. There was no difference in improvements in HLQOL between the two intensity groups despite different improvements in peak oxygen uptake.

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Caring for each other—the influence of cardiac disease on couples’ relationships
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Purpose: The sudden and unexpected onset of cardiac disease has a major impact on couples’ relationships. Individual and marital stress theories commonly describe the impact on the patient and/or partner, and have scrutinized relationships primarily as positive or negative means toward psychological or epidemiological ends. The purpose of this phenomenological study was to explore the lived experiences of couples and how couples deal with illness and how they are impacted by illness.

Method: In depth-interviews and participant observations were conducted with twenty-four couples from January–July 2003. The partners of a coupled were interviewed together and separately three times three to eight-ten months after the initial hospitalization. The interviews were audio-taped, transcribed and analyzed with interpretive phenomenological methods.

Results: The findings of this study revealed that all couples struggle with a sense of vulnerability because of the body’s failing and that they live with a sense of remaining insecurity for a long time or perhaps forever. The couples assess their experience as a brush with death, which calls for changes. According to the couple’s history and relationship, this sense of vulnerability opens up distinctive social spaces among couples. One pattern is identified as the illness having a positive effect on the relationship of the couple allowing for new meanings of life and reconnection between the partners. A second pattern opened up the space for the couple through diminishing the insecurities of illness by taking more control and developing new rituals that enhance an already established connection between the partners. A third pattern is described as ‘missing the chances to change’ because the couple cannot meet the challenges to change.