
West and Jones, authors of the RAMIT trial paper¹, responded² to the BACPR letter in Heart³. We have drawn together the main points of West and Jones’ arguments and given further response to them.

The BACPR had stated that the guidelines for cardiac rehabilitation (CR) should be based on best evidence. West and Jones² responded that the RAMIT trial is the largest trial of cardiac rehabilitation since 1976, and therefore is evidence. West and Jones also argue that the data within meta-analyses showing improved mortality following CR⁴, and the updated figures in the letter from Taylor et al.⁵ is a restatement of “old” information. We would respond that this trial is not the best evidence. Reliance on one trial for evidence, particularly one that runs counter to the majority of evidence, is not good practice. Evidence from pooled data in systematic reviews with meta-analyses is accepted internationally as far stronger.

BACPR and others repeatedly asked West et al.¹ for data that should have been presented in a CONSORT diagram within the original paper. West and Jones² stated that they did respond to this request with a link to further information – which was simply a list of participating sites, it did not give the details that we required. These are now provided in the author reply by West and Jones and they clarify the numbers recruited from each hospital as 130 patients per year – approximately 60% of those assessed - which is a respectable recruitment rate.

BACPR³ and Doherty and Lewin⁶ both made the point that data from the National Audit for Cardiac Rehabilitation has consistently shown that the number of people undertaking exercise at 12 months is significantly higher compared to baseline in people who attend CR, whereas the intervention group in RAMIT was more sedentary at 12 months when compared to baseline. West and Jones discuss this by misunderstanding the point made. They refer to audit at the end of the programme – passing comment that this would be expected. However, the NACR results are of follow-up at 12 months – the same timeframe as in the RAMIT trial. As Doherty and Lewin state, evidence consistently states that outcome of CR is dependent on the dose – if people are not given a programme of sufficient quality and intensity then they will not achieve the potential benefits. It can only be surmised that the programmes which were included in RAMIT were mixed as to quality, and this was a time before many programmes had reached critical mass as regards staffing and resources.

RAMIT has drawn attention to the need for CR to be properly conducted and resourced. NACR continues to remind us that the quality of programmes varies widely across Britain. As the “Celebrating Cardiac Rehab Award” demonstrated in 2011, there are many great programmes in the UK. We need to support those that do not meet similar standards to develop in order to meet the guidance evidenced in the 2012 BACPR Standards and Core Components 2nd Edition⁷.

References:


3. BACPR Council RAMIT presents an outdated version of cardiac rehabilitation. *Heart* 2012; 98:672.


