2026 ESC Guidelines för hjärtrehabilitering

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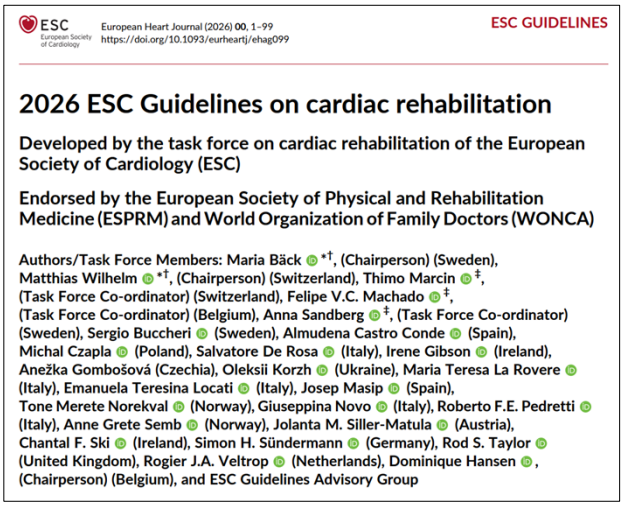
1

De första europeiska riktlinjerna om hjärtrehabilitering



ESC European Society of Cardiology
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ESC GUIDELINES

2026 ESC Guidelines on cardiac rehabilitation

Developed by the task force on cardiac rehabilitation of the European Society of Cardiology (ESC)

Endorsed by the European Society of Physical and Rehabilitation Medicine (ESPRM) and World Organization of Family Doctors (WONCA)

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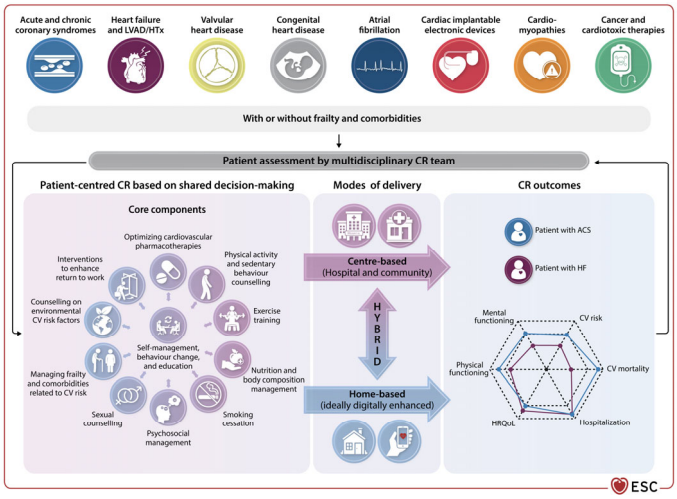
2



3

Central illustration



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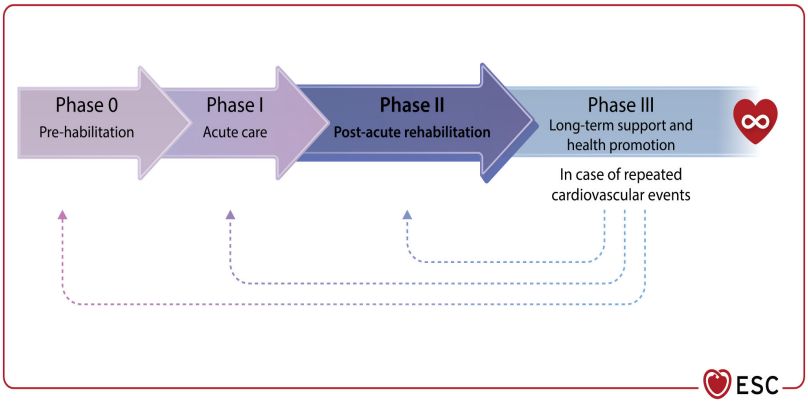
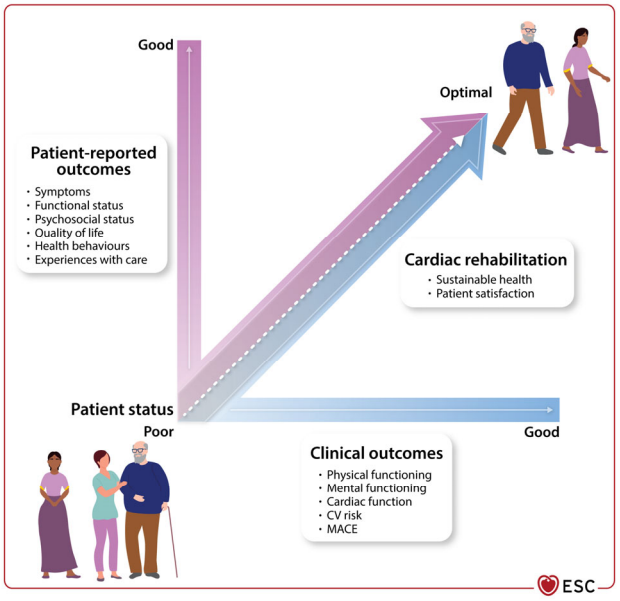


Fas 2 hjärtrehabilitering definieras som en multidisciplinär, patient-centrerad och medicinskt övervakad behandling med syfte att optimera patientens fysiska, psykiska och sociala funktion efter en hjärthändelse

Målet med hjärtrehabilitering är att förbättra både kliniska och patientrapporterade utfallsmått

Recommendations	Class	Level
The assessment of PROs reflecting both physical and mental health is recommended in all patients with an indication for CR to monitor disease progression and evaluate treatment outcomes, facilitate communication between patients and health care professionals during the clinical encounter, and enhance shared decision-making.	I	C



Rekommendationer för tidig start och säkerhet

Recommendations	Class	Level	
Early initiation of CR is recommended in patients with an indication for CR to improve enrolment and functional outcomes.	I	C	Efter ACS: inom 14 dagar, inte senare än 30 dagar Efter CABG: inom 28 dagar, inte senare än 42 dagar
Early initiation of CR should be considered in patients hospitalized for decompensated HF to reduce in-hospital mortality.	IIa	B2	CR kan initieras när hemodynamisk stabilisering har uppnåtts och behandling med riktlinjerekommenderade läkemedel har inletts
Telemetry during exercise training in CR may be considered in selected patients with cardiac disease at high risk to detect arrhythmias, ischaemia, or abnormal haemodynamic responses.	IIb	C	Tex: NYHA klass IV, ventrikulära arytmier, symtomgivande stenos, onormal hemodynamisk respons

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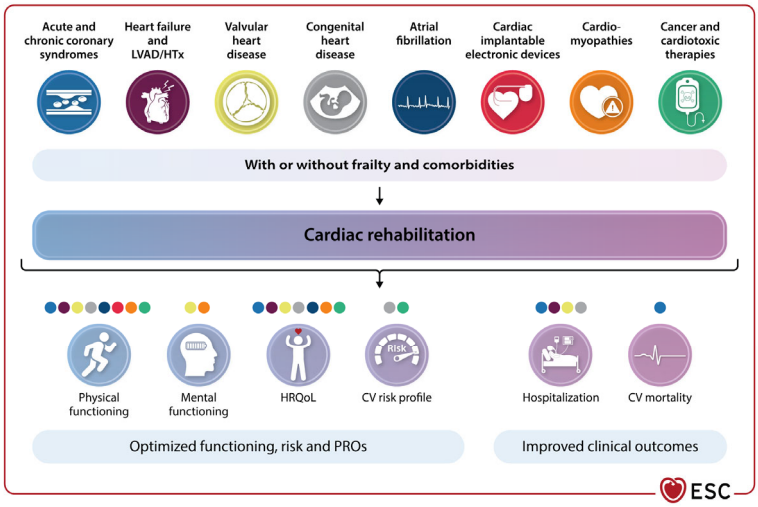
7

Effekter av hjärtrehabilitering vid olika indikationer



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8

Rekommendationer för hjärtrehabilitering för patienter med akut och kronisk kranskärlssjukdom



Recommendations	Class	Level
CR is recommended in patients after ACS or with CCS (with or without PCI or CABG) to reduce the risk of cardiovascular mortality and myocardial infarction.	I	A
CR is recommended in patients after ACS or with CCS (with or without PCI or CABG) to reduce all-cause hospitalization and to improve physical functioning (VO_2peak) and HRQoL.	I	B1

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9

Rekommendationer för hjärtrehabilitering för patienter med hjärtsvikt



Recommendations	Class	Level
CR is recommended in patients with chronic HFrEF to reduce all-cause hospital admissions and improve physical functioning (VO_2peak) and HRQoL.	I	B1
CR is recommended in patients with advanced HF and LVAD and in patients after heart transplantation to improve physical functioning (VO_2peak, 6MWD).	I	B1
CR is recommended in patients with HFpEF to improve physical functioning (VO_2peak) and HRQoL.	I	B1
CR should be considered in patients with chronic HFpEF to reduce all-cause hospitalizations.	IIa	B1
CR should be considered in patients with decompensated HF, as soon as safely possible, to improve physical functioning (6MWD) and HRQoL.	IIa	B1

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10

Rekommendationer för fler indikationer

Indication	Class	Level
Valvular disease treated by TAVI or surgery	I	B1
Congenital heart disease (in adults and transitional-age patients)	I	B1
ICD or CRT device implementation	I	B1
Atrial fibrillation	IIa	B1
Pulmonary arterial hypertension	IIa	B1
(Patients with) cancer (or cancer survivors) undergoing potentially cardiotoxic therapies	IIa	B1
Primary cardiomyopathies	IIb	C
CR is not recommended to be withheld from patients with an indication for CR because of frailty or comorbidities	III	C



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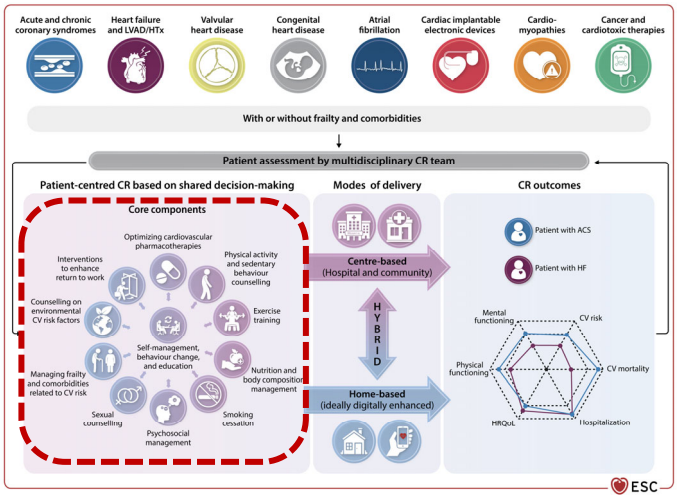
Core components



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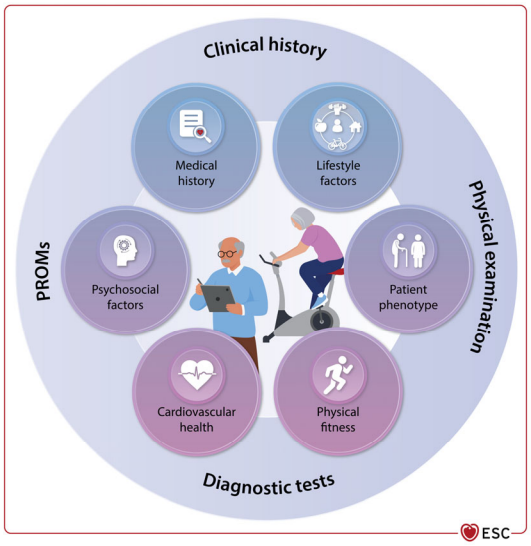
En inledande bedömning är viktig för att kunna lägga upp ett individanpassat hjärtrehabiliteringsprogram



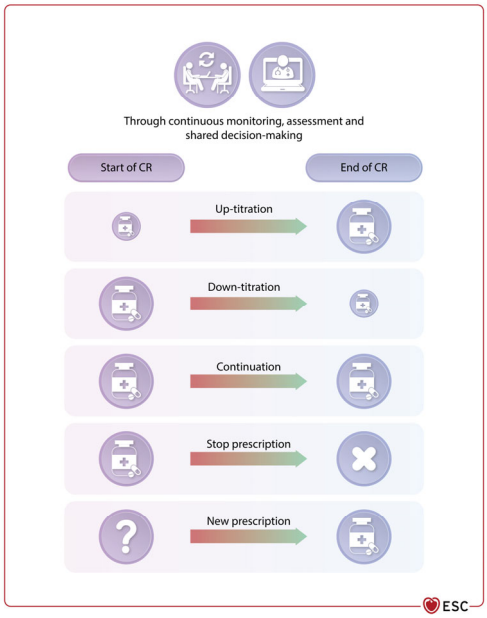
Egenvård, beteendeförändring och utbildning



Optimera kardiovaskulär läkemedelsbehandling

Recommendations	Class	Level
Using CR as a framework to optimize guideline-directed pharmacotherapies is recommended in all patients with CR indication to improve health outcomes.	I	C

Aktuella data från klinisk praxis visar att det fortfarande finns betydande brister i implementeringen



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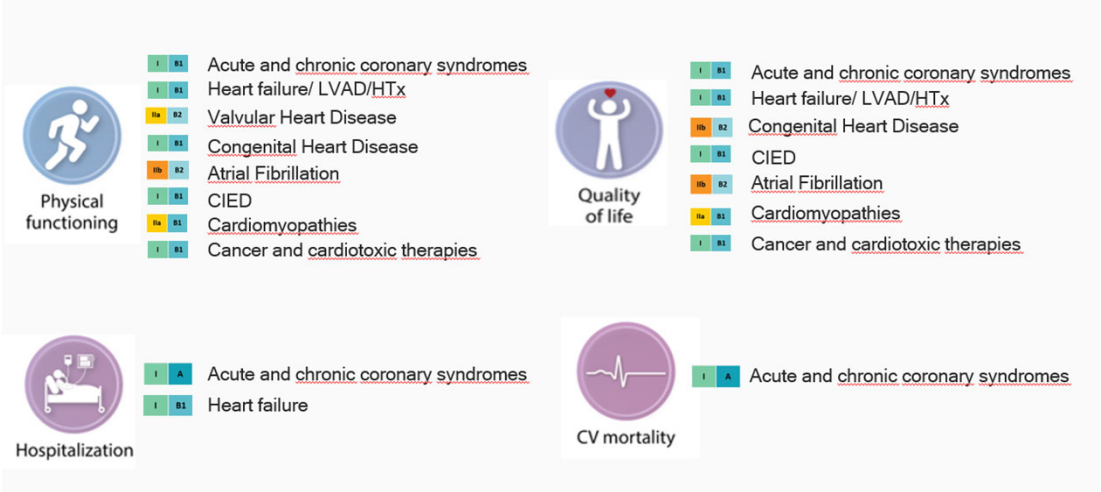
15

Effekter av fysisk träning inom hjärtrehabilitering



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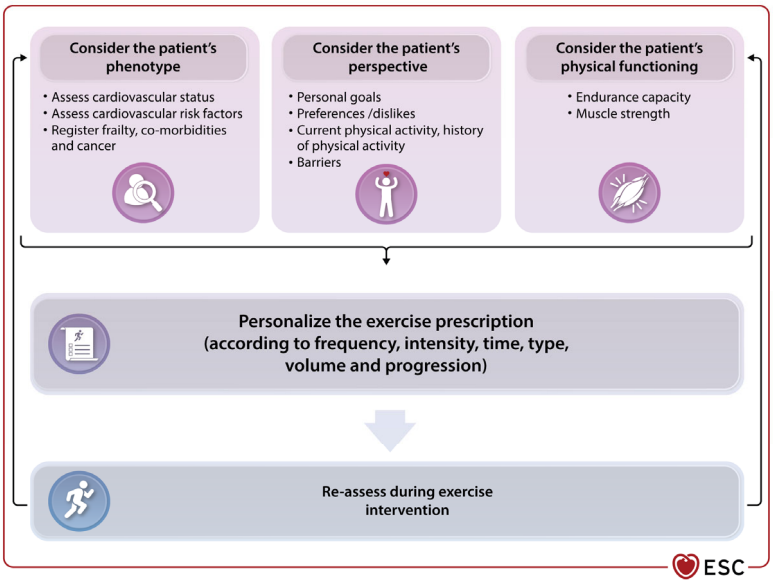
16

Att individanpassa en träningsordination



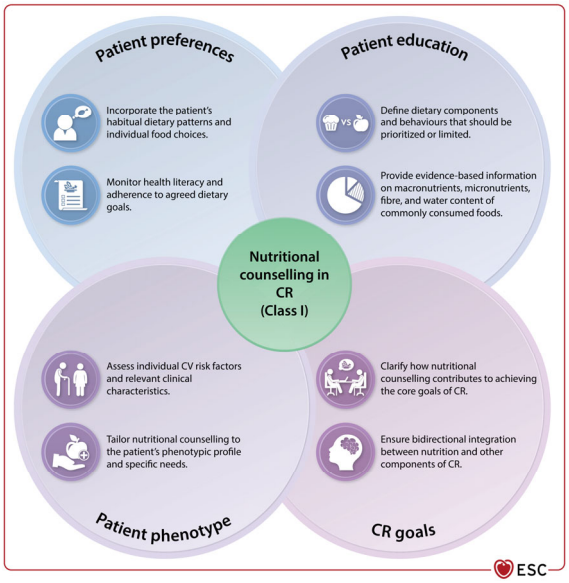
Råd om fysisk aktivitet och stillasittande

Recommendations	Class	Level
Use of activity trackers is recommended as part of CR in patients with cardiac disease to significantly increase daily step count and physical activity level.	I	B1
Preserving or adopting an active lifestyle during CR is recommended in patients with CAD to reduce the risk of cardiovascular and all-cause mortality.	I	B2
Physical activity and sedentary behaviour counselling, ideally aligned with the WHO Guidelines, is recommended in all patients undergoing CR to maintain an active lifestyle after CR.	I	C
Reducing sedentary time should be considered in all individuals undergoing CR to decrease the risk of adverse cardiovascular outcomes and cardiovascular mortality.	IIa	B2



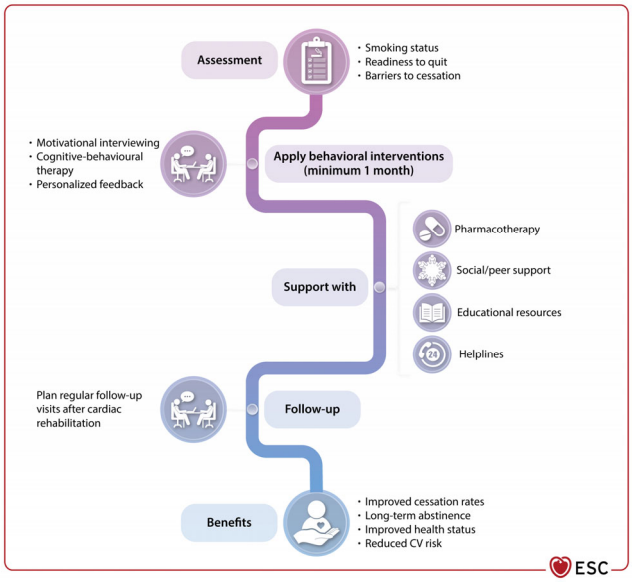
Nutrition och kostsammansättning

- Främja en hjärt- och kärlvänlig kost
- Identifiera och behandla relevanta fenotyper, inklusive överskott av kroppsfett, undernäring och låg muskelmassa.



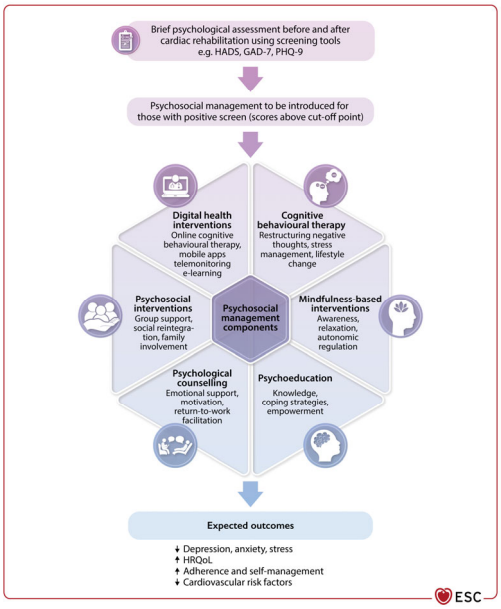
Rökavvänjning

Recommendations	Class	Level
Smoking cessation intervention is recommended as an integral component of CR with the goal to improve health status and to reduce cardiovascular risk.	I	A



Psykosocialt omhändertagande

Recommendations	Class	Level
Psychological interventions are recommended for patients with CAD and HF to improve mental functioning (reduce anxiety and depressive symptoms) and improve HRQoL.	I	B1
Cognitive behaviour therapy is recommended for patients with CAD, HF and patients who had been implanted with an ICD to improve mental functioning (depression, anxiety, HRQoL) and reduce cardiovascular risk.	I	B1
Psychological screening (i.e. depression, anxiety) is recommended for comprehensive risk assessment in patients with heart disease to guide appropriate referral, intervention, and management.	I	C



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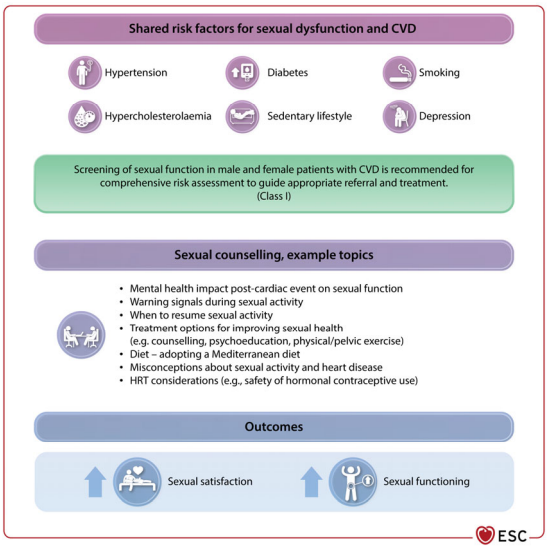
21

Sexuell hälsa

Recommendations	Class	Level
Screening of sexual function in male and female patients with CVD is recommended for comprehensive risk assessment to guide appropriate referral, treatment.	I	B2
Sexual rehabilitation should be considered in male and female patients with CVD and sexual dysfunction to improve sexual functioning.	IIa	B2
Promoting physical activity should be considered in patients with CAD undergoing CR to improve erectile dysfunction.	IIa	B2
CR should be considered in patients with chronic HF, CAD, MI, or CABG to improve erectile dysfunction.	IIa	B2
Sexual counselling as part of CR should be considered in cardiac patients to improve sexual functioning and satisfaction.	IIa	C



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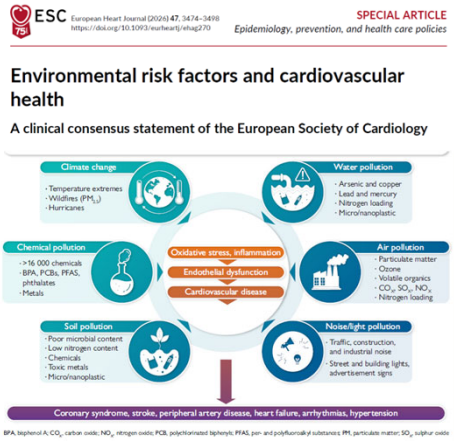
22

Miljörelaterade riskfaktorer

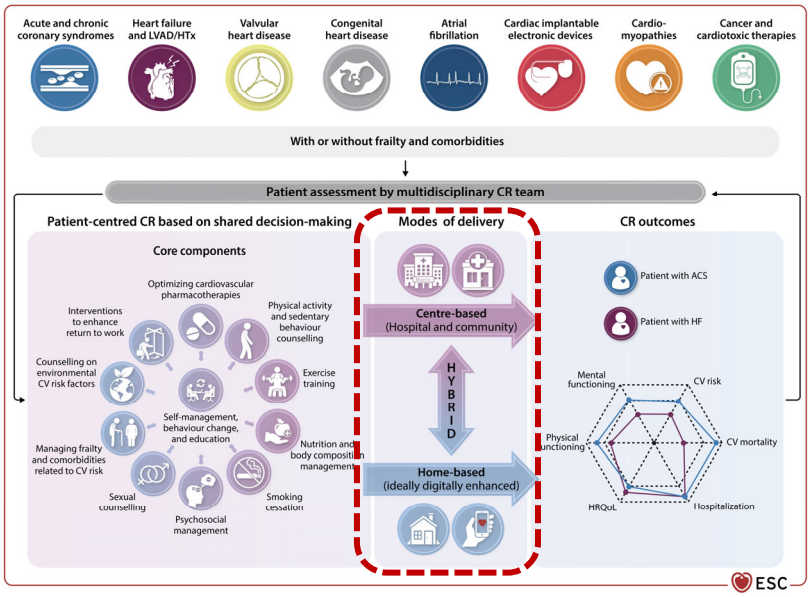
Recommendations	Class	Level
Counselling on environmental stressors (pollutants in the air, noise exposure, artificial light at night, extreme climates) and advising on preventive measures as part of CR should be considered in all patients with heart disease to reduce their cardiovascular risk.	IIa	C



M. Piepoli et al. Eur Heart J 2016; 47: 3474-3498

Interventioner för att återgå i arbete

Recommendations	Class	Level
Combined interventions including counselling and exercise training should be considered in patients with an indication for CR to increase return to work.	IIa	B2



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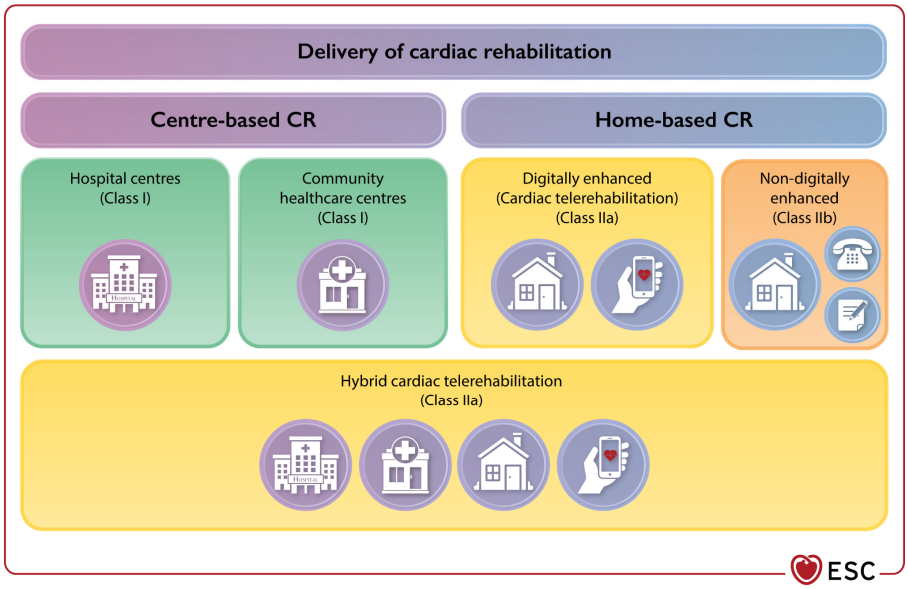
25



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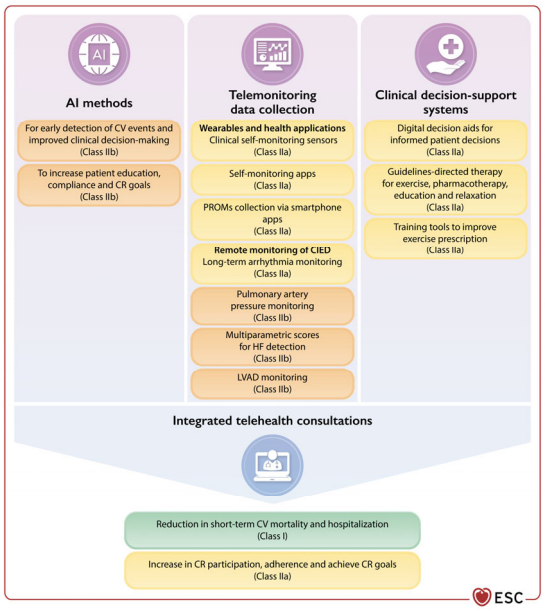
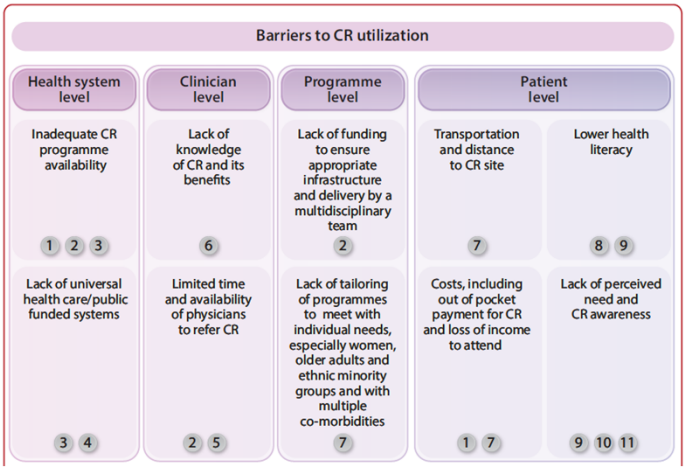
26

Telemedicin

Digital hälsoteknik utgör ett viktigt komplement i dagens hjärtrehabilitering genom att stödja strukturerad egenmonitorering, individanpassad vård och ökad patientdelaktighet.



Hinder för deltagande i hjärtrehabilitering



Rekommendationer för att öka deltagandet i hjärtrehabilitering

Recommendations	Class	Level
Endorsement of CR by the attending physician and other health professionals is recommended for patients with an indication for CR to improve enrolment.	I	B2
Automatic referral, encompassing electronic tools and accompanied by an individual discussion with a health professional is recommended for patients with acute and chronic coronary syndromes to improve enrolment.	I	B2
Receiving an invitation to attend an initial assessment for CR is recommended for patients with ACS and CCS to improve enrolment.	I	B2
Increasing the availability of CR programmes is recommended for patients with an indication for CR to improve access and enrolment.	I	C
Tailoring CR to women should be considered for women with ACS and CCS, spontaneous coronary artery dissection and HF to improve enrolment and adherence.	IIa	B1
CTR or hybrid CTR should be considered as alternatives to centre-based CR in patients with ACS and CCS, myocardial revascularization, or chronic HF to improve enrolment and adherence.	IIa	B1
Person-centred, theory-based behavioural interventions that focus on addressing barriers to CR and increasing motivation may be considered for patients with an indication for CR to improve enrolment.	IIb	B2

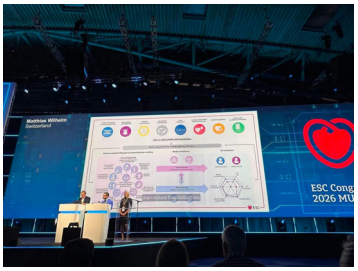
Sammanfattning

- CR är en evidensbaserad behandling där de medicinska behoven balanseras väl mot patienternas behov, preferenser och förmågor, i syfte att förbättra såväl kliniska som patientrapporterade utfall.
- CR är indikerat vid ett brett spektrum av hjärtsjukdomar.
- CR är en multidisciplinär behandling som omfattar flera kärnkomponenter och som bör inledas med en allomfattande initial bedömning.
- CR är fortfarande underutnyttjat, och riktade implementeringsåtgärder behövs för att öka tillgänglighet och deltagande.

Tack!







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