REVIEW PAPER

Community-Based Rehabilitation and Psychological Well-Being among Cardiovascular Patients: A Thematic Review

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ABSTRACT

Cardiovascular diseases (CVDs) are among the leading causes of mortality worldwide and are frequently accompanied by psychological distress such as depression, anxiety, stress, and reduced quality of life. While traditional cardiac rehabilitation focuses primarily on physical recovery, growing evidence highlights the importance of addressing psychological well-being to improve long-term prognosis. Community-based rehabilitation (CBR) has emerged as an effective, accessible, and holistic model of care that integrates physical, psychological, social, technological, and lifestyle interventions.

This review aims to synthesize existing literature through thematic analysis to explore how community-based rehabilitation supports psychological well-being among cardiovascular patients. Forty-three peer-reviewed studies, including systematic reviews, meta-analyses, and randomized controlled trials, were analysed. Five major themes were identified: exercise-based rehabilitation, psychological interventions, technology and home-based care, social and community support systems, and holistic lifestyle-centered approaches.

The findings demonstrate that community-based rehabilitation significantly enhances emotional stability, self-efficacy, social connectedness, treatment adherence, and quality of life while reducing depression, anxiety, and isolation. The review concludes that psychological well-being is a core determinant of cardiovascular recovery and that community-based rehabilitation provides an optimal framework for sustainable, patient-centered care.

Keywords: Community-based rehabilitation, cardiovascular disease, psychological well-being, thematic analysis, holistic rehabilitation.

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INTRODUCTION

Cardiovascular diseases (CVDs) remain a dominant public health concern globally, accounting for approximately one-third of all deaths each year. Advances in medical technology have significantly improved survival rates following cardiac events. However, many survivors continue to experience long-term physical limitations and psychological difficulties, including depression, anxiety, fear of recurrence, social withdrawal, and diminished quality of life.

Psychological distress in cardiovascular patients is not merely a reaction to illness but an independent risk factor for poor prognosis, increased mortality, and non-adherence to treatment (Kubzansky et al., 2018; Levine, 2022). Depression alone has been shown to double the risk of adverse cardiac outcomes. Despite this, psychological care remains under-integrated in conventional cardiac rehabilitation programs.

Traditional hospital-based rehabilitation models often face barriers such as accessibility issues, financial constraints, lack of continuity, and limited psychosocial support. In contrast, community-based rehabilitation (CBR) offers a patient-centered, culturally sensitive, and accessible model that integrates care within patients' everyday environments.

Community-based rehabilitation emphasizes empowerment, participation, continuity, and social integration. It recognizes that recovery is not confined to physical healing but involves emotional adjustment, lifestyle modification, and social reintegration.

Although multiple studies support the effectiveness of CBR, a comprehensive synthesis focusing on its psychological impact in cardiovascular populations remains limited. This review addresses this gap through a thematic analysis of contemporary literature.

Aim of the Study

To examine how community-based rehabilitation supports psychological well-being in cardiovascular patients through an integrated thematic analysis of existing research evidence.

METHODOLOGY

Study Design

This study adopted a narrative thematic review design to synthesize findings from published research on community-based rehabilitation and psychological well-being in cardiovascular patients.

Data Sources

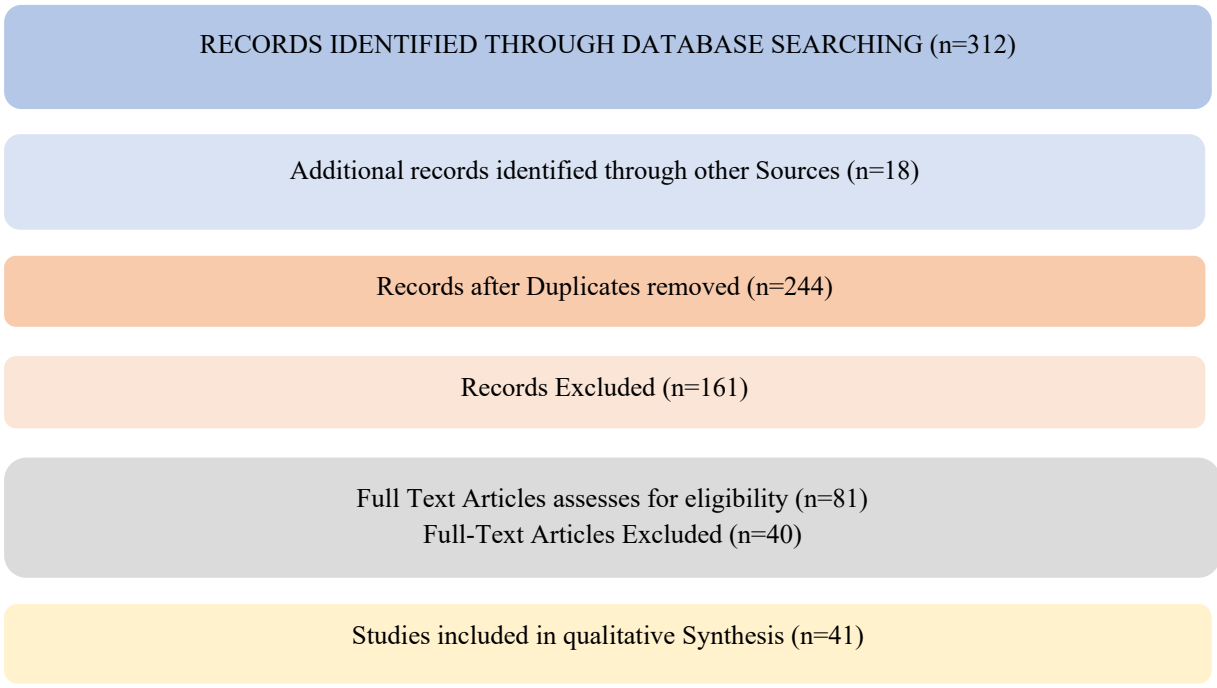
Peer-reviewed articles published between 2015 and 2025 were included. The literature comprised systematic reviews, meta-analyses, randomized controlled trials, and observational studies focusing on cardiovascular rehabilitation, psychological outcomes, lifestyle interventions, and community health models.

Inclusion Criteria

- Adults (18 years and older) with cardiovascular diseases such as heart attack, heart failure, or coronary artery disease were included.
- Studies had to be about community or home-based rehabilitation, not hospital-only programs.
- Interventions could involve exercise, psychological therapies (like CBT or mindfulness), lifestyle changes (nutrition, sleep, spirituality), social support, or technology-based care.
- Outcomes needed to mention psychological or emotional aspects such as depression, anxiety, stress, self-confidence, social connection, or quality of life.
- Only peer-reviewed studies published between 2015 and 2025 in English were considered.

Exclusion Criteria

- Children, non-cardiovascular patients, hospital-only rehab, studies with only medical/biological outcomes, non-peer-reviewed sources, or papers outside the date range or in other languages were excluded.



Prisma Model

DATA ANALYSIS

Thematic analysis was employed to systematically synthesize and interpret findings from the selected studies. This approach was chosen for its flexibility and suitability in identifying meaningful patterns and relationships across diverse research evidence related to community-based rehabilitation and psychological well-being in cardiovascular patients.

All included articles were carefully reviewed to gain a thorough understanding of their content. During this process, particular attention was paid to findings concerning rehabilitation strategies, psychological outcomes, patient experiences, and contextual factors. Reflective notes were maintained to capture recurring ideas and emerging patterns across studies.

Meaningful units of information such as key results, interpretations, and conclusions were then coded descriptively. These codes represented concepts including exercise adherence, emotional regulation, counselling support, technological engagement, social interaction, and lifestyle modification. The coding remained inductive, allowing concepts to emerge directly from the data rather than being constrained by predetermined categories.

Related codes were subsequently grouped into broader conceptual categories based on similarity and relevance. For example, codes associated with physical activity and fitness improvement were clustered together, while those related to anxiety reduction, coping strategies, and psychological therapy were combined into another category. This process enhanced clarity and reduced redundancy while preserving the richness of the original data.

The categories were then synthesized into overarching themes that reflected the core dimensions of community-based rehabilitation. Five major themes were finalized: exercise-based rehabilitation, psychological interventions, technology and home-based interventions, social and community support systems, and holistic lifestyle-centered approaches.

Finally, the themes were integrated to construct a coherent interpretative framework illustrating how community-based rehabilitation contributes to psychological well-being in cardiovascular patients. Relationships among the themes were examined to develop a holistic understanding of their combined influence. This integrative approach strengthened the credibility and analytical coherence of the study.

Summary of 41 Major Articles on Community-Based Rehabilitation, Psychological Well-being, and Cardiovascular Patients

No.	Author(s)	Year	Study Design	Sample Size	Rephrased Key Findings	Scholarly Contribution
1	Dibben et al.	2023	Meta-analysis	430	The study updated evidence on exercise-based cardiac rehabilitation, highlighting its continued relevance for coronary heart disease while questioning earlier RCT generalizability.	Provides contemporary pooled evidence supporting exercise-based CR effectiveness.
2	Lavie et al.	2015	Narrative Review	Not specified	Regular physical activity and enhanced cardiorespiratory fitness significantly reduce cardiovascular morbidity and mortality through physiological adaptations.	Integrates clinical exercise science with cardiovascular outcomes.
3	Montero-Odasso et al.	2021	Systematic Review	Not specified	Existing fall-prevention guidelines for older adults vary widely in recommendations and strength of evidence.	Critically evaluates guideline quality for geriatric fall prevention.
4	McDonagh et al.	2023	Systematic Review	3046	Home-based and technology-supported cardiac rehabilitation programs show outcomes comparable to center-based models.	Supports alternative CR delivery methods to improve accessibility.
5	Dibben et al.	2021	Meta-analysis	7795	Exercise-based cardiac rehabilitation improves survival and quality of life among individuals with coronary heart disease.	Reinforces CR as a cornerstone of secondary prevention.

6	Marra et al.	2020	Review	Not specified	Several demographic, immunological, and clinical factors increase the risk of herpes zoster infection.	Consolidates global evidence on herpes zoster risk factors.
7	Kim et al.	2017	RCT	60	Psoriasis significantly impacts psychosocial well-being and is associated with systemic comorbidities including cardiovascular disease.	Highlights holistic management needs in psoriasis care.
8	Ski et al.	2024	RCT	2591	Psychological interventions significantly reduce depression and anxiety in patients with CHD, HF, and AF.	Demonstrates mental health treatment benefits in cardiac populations.
9	Ishizuka	2021	Review	Not specified	Premature ovarian insufficiency leads to long-term physical and psychological consequences requiring multidisciplinary care.	Updates understanding of POI etiology and management.
10	Blumenthal & Rozanski	2023	Systematic Review	Not specified	Exercise acts as an effective non-pharmacological intervention for preventing and treating depression.	Bridges cardiovascular and mental health research.
11	Breijyeh et al.	2021	Review	Not specified	Cannabis contains bioactive compounds with both therapeutic potential and psychotropic risks.	Balanced evaluation of cannabis pharmacology.
12	Harrison et al.	2016	Review	Not specified	Physical activity during preconception, pregnancy, and postpartum periods improves metabolic, cardiovascular, and psychological health.	Emphasizes life-course approach to women's health.

13	Reynolds et al.	2018	Systematic Review	Not specified	Community-based chronic disease management improves clinical and functional outcomes.	Validates primary care–led chronic disease interventions.
14	Afzali Rubin et al.	2023	RCT	595	Family presence during resuscitation enhances satisfaction without compromising clinical outcomes.	Supports patient- and family-centered emergency care.
15	Alneyadi et al.	2021	Systematic Review	Not specified	Biofeedback-based digital mental health interventions effectively reduce anxiety symptoms.	Advances connected mental health technologies.
16	Basiri et al.	2023	Review	Not specified	Diabetes, anxiety, and depression share bidirectional relationships influenced by nutrition and lifestyle.	Promotes integrated metabolic–mental health care.
17	Araki	2024	Review	Not specified	Diabetes management in older adults requires individualized treatment due to comorbidities and hypoglycemia risks.	Guides personalized geriatric diabetes care.
18	Chamsi-Pasha & Chamsi-Pasha	2021	Review	Not specified	Islamic prayer (Salat) provides psychological, cardiovascular, and musculoskeletal health benefits.	Introduces spirituality as a holistic health resource.
19	Feigin et al.	2021	Epidemiological Review	Not specified	Neurological disorders contribute substantially to disability and mortality across populations.	Informs global health planning and resource allocation.
20	Wang et al.	2023	Review	Not specified	Combined acupuncture and herbal therapies improve insomnia by targeting underlying pathophysiology.	Supports integrative approaches to sleep disorders.

21	Jaiswal et al.	2023	Review	Not specified	Cardiac amyloidosis often coexists with aortic stenosis, complicating diagnosis and management.	Updates clinical awareness of infiltrative heart disease.
22	Colombo et al.	2023	Review	Not specified	Diet and exercise interventions effectively reduce metabolic and cardiovascular risks in PCOS.	Encourages person-centered lifestyle management.
23	Riegel et al.	2017	Scientific Statement	Not specified	Self-care behaviors are essential for preventing and managing cardiovascular disease and stroke.	Establishes self-care as a clinical priority.
24	Zuccarella-Hackl et al.	2024	Mini-review	Not specified	Positive psychological well-being is strongly associated with improved cardiovascular health.	Integrates positive psychology into cardiology.
25	Benichou et al.	2018	Meta-analysis	932	Reduced heart rate variability predicts cardiac autonomic neuropathy in type 2 diabetes.	Strengthens HRV as a diagnostic marker.
26	Kubzansky et al.	2018	Review	Not specified	Optimism and life satisfaction are linked with better cardiovascular outcomes.	Frames psychological well-being as a health asset.
27	Zhang et al.	2022	Meta-analysis	Not specified	ADHD medications show limited but notable cardiovascular risks.	Informs risk–benefit clinical decisions.
28	Jones et al.	2021	Meta-analysis	69	Tailored physical activity interventions improve function in neuromuscular disorders.	Supports adaptive exercise recommendations.

29	Konnyu et al.	2023	Systematic Review	161	Multifaceted quality improvement strategies enhance diabetes care outcomes.	Guides healthcare system improvements.
30	Albasheer et al.	2024	Meta-analysis	511	Social isolation and loneliness significantly increase cardiovascular risk factors.	Highlights psychosocial determinants of heart disease.
31	Kuramatsu et al.	2019	Meta-analysis	6580	Surgical hematoma evacuation shows outcome benefits in selected cerebellar hemorrhage cases.	Clarifies neurosurgical decision-making.
32	Tsoi et al.	2024	Systematic Review	Not specified	Lifestyle interventions improve symptom control in systemic lupus erythematosus.	Supports non-pharmacological disease management.
33	Kušević et al.	2021	Review	Not specified	Acute stress from earthquakes triggers psychological, gastrointestinal, and cardiovascular events.	Emphasizes disaster mental health preparedness.
34	Levine	2022	Review	Not specified	Psychological stress contributes meaningfully to cardiovascular disease risk.	Validates stress as a modifiable cardiac risk factor.
35	van der Feltz-Cornelis et al.	2024	Meta-analysis	Not specified	Long COVID is associated with high prevalence of mental health disorders and cognitive impairment.	Informs post-COVID multidisciplinary care.
36	Petkovic et al.	2021	RCT	378	Social media–based interventions can positively influence health behaviors.	Demonstrates digital public health potential.
37	Su et al.	2025	Meta-analysis	2319	eHealth psychological interventions reduce distress in cardiovascular patients.	Strengthens evidence for digital mental health in CVD.

38	Tully et al.	2021	RCT	Not specified	Psychological and pharmacological treatments improve depression outcomes in coronary artery disease.	Supports integrated cardiac mental health care.
39	Bidwell et al.	2017	Meta-analysis	Not specified	Caregiver well-being directly influences heart failure patient outcomes.	Highlights dyadic care models.
40	Butler et al.	2020	Review	Not specified	Nutrition plays a therapeutic role in cardiovascular disease prevention and rehabilitation.	Reinforces food as medicine concept.
41	Piña et al.	2018	Review	Not specified	Psychotropic medications influence cardiovascular risk and require careful clinical monitoring.	Guides safe psychopharmacological practice.

DISCUSSION

The thematic analysis revealed five interconnected domains through which community-based rehabilitation supports psychological well-being in cardiovascular patients.

1. Exercise-Based Rehabilitation as Psychological Therapy

Exercise-based rehabilitation is a cornerstone of community cardiac care. Dibben et al. (2023) reported significant reductions in depressive symptoms and improvements in quality of life among coronary heart disease patients undergoing structured exercise rehabilitation. Exercise improves neurochemical balance, increases endorphin release, and enhances emotional regulation.

Lavie et al. (2015) emphasized that cardiorespiratory fitness predicts both physical survival and psychological resilience. Blumenthal and Rozanski (2023) further demonstrated that exercise acts as a natural antidepressant by improving self-esteem and reducing rumination.

Community-based exercise also promotes social interaction, accountability, and motivation. Patients regain confidence in their physical abilities, which reduces fear of exertion and recurrence. Thus, exercise rehabilitation operates simultaneously as physical therapy and psychological intervention.

2. Psychological Interventions and Emotional Recovery

Psychological interventions such as CBT, mindfulness, and stress management are highly effective in reducing anxiety and depression in cardiovascular populations (Ski et al., 2024; Tully et al., 2021).

CBT helps patients challenge catastrophic thinking and illness-related fears. Mindfulness improves emotional awareness and acceptance. Stress management reduces sympathetic nervous system activation, which benefits both mental and cardiac health.

Levine (2022) highlighted that psychological stress directly contributes to cardiac events through inflammatory and neuroendocrine pathways. Therefore, emotional care is essential for secondary prevention.

Kubzansky et al. (2018) emphasized that optimism and positive affect improve cardiovascular outcomes, indicating that rehabilitation should focus not only on

reducing distress but also on enhancing positive psychological resources.

3. Technology and Home-Based Rehabilitation

Home-based rehabilitation removes geographical and logistical barriers. McDonagh et al. (2023) showed that home-based programs are equally effective as center-based programs for psychological and physical outcomes.

Su et al. (2025) demonstrated that eHealth psychological interventions significantly reduce anxiety and depression. Mobile apps, tele-counseling, and virtual monitoring improve engagement and continuity of care.

Biofeedback interventions (Alneyadi et al., 2021) help patients understand physiological stress responses and develop emotional control. Digital peer groups reduce isolation and provide emotional validation.

Technology thus enhances autonomy, accessibility, and psychological empowerment.

4. Social and Community Support Systems

Human connection is fundamental to recovery. Bidwell et al. (2017) found that caregiver well-being directly affects patient outcomes. Emotional interdependence within families enhances coping capacity.

Albasheer et al. (2024) identified loneliness as a major cardiovascular risk factor. Social isolation increases depression, anxiety, and mortality risk.

Community rehabilitation programs foster peer bonding, group discussions, family education, and community participation. These interactions restore social identity and reduce stigma.

Reynolds et al. (2018) confirmed that community-based chronic disease programs improve psychosocial adjustment and long-term adherence.

5. Holistic and Lifestyle-Centered Rehabilitation

Holistic care integrates nutrition, sleep, stress management, and spirituality. Zuccarella-Hackl et al. (2024) emphasized that positive psychological well-being protects cardiovascular health.

Butler et al. (2020) highlighted nutrition as therapeutic care influencing mood and energy. Wang et al. (2023) showed that sleep quality strongly affects emotional regulation.

Spiritual practices such as Salat provide emotional comfort, hope, and meaning (Chamsi-Pasha & Chamsi-Pasha, 2021). Such culturally sensitive approaches increase acceptance and satisfaction.

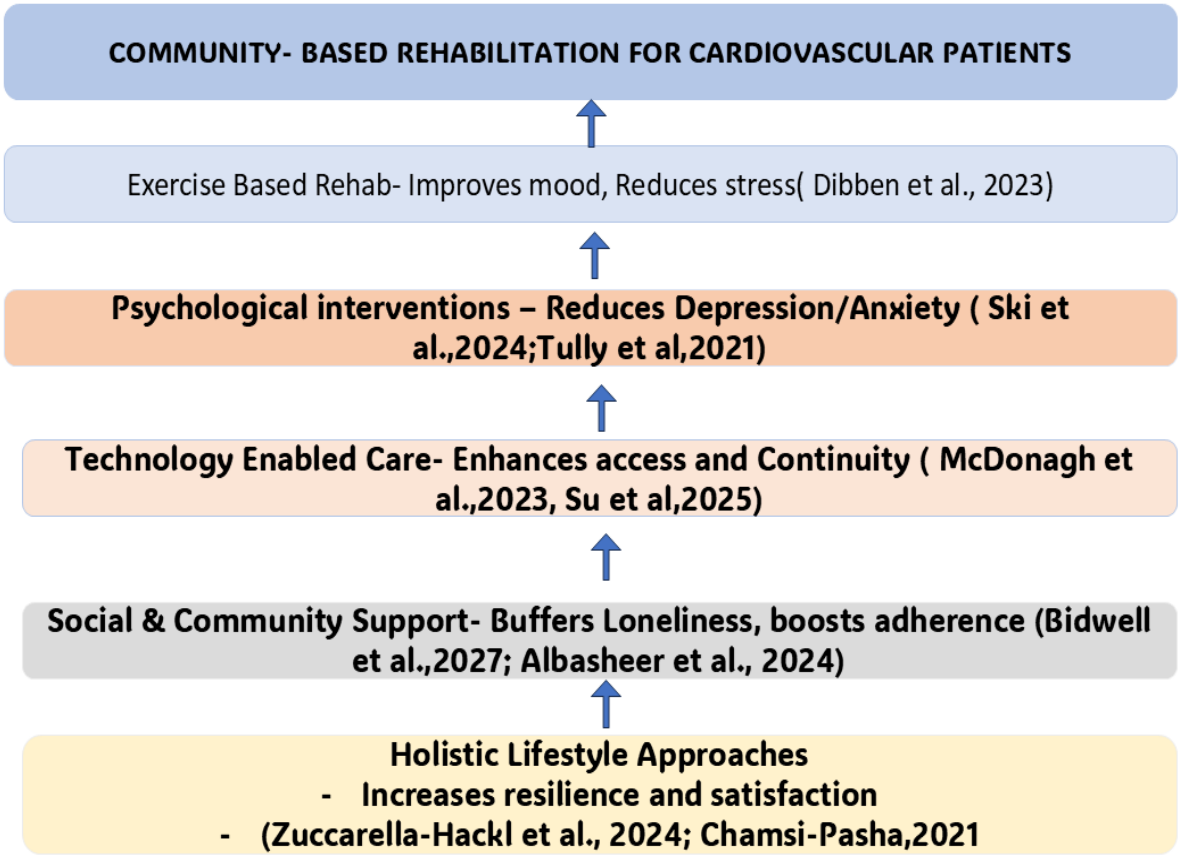
Riegel et al. (2017) emphasized self-care as central to cardiovascular management. Community rehabilitation strengthens self-monitoring, decision-making, and responsibility.

Empowered patients experience greater self-efficacy, reduced helplessness, and improved emotional stability. Psychological well-being strongly predicts quality of life. Patients with better emotional health show greater treatment adherence, fewer hospitalizations, and improved social functioning.

Community rehabilitation ensures sustainability by embedding care into daily life rather than limiting it to clinical settings.

Integrated Interpretation

The findings of this review indicate that the identified themes do not function independently but interact dynamically to create a comprehensive and sustainable rehabilitation ecosystem. Exercise-based rehabilitation builds physical capacity and simultaneously enhances confidence, self-efficacy, and emotional resilience. Psychological care restores emotional balance by reducing distress, strengthening coping mechanisms, and fostering positive mental health. Technology-supported interventions ensure continuity of care by improving accessibility, monitoring, and patient engagement beyond clinical settings. Social and community support nurtures a sense of belonging, reduces isolation, and strengthens motivation through meaningful interpersonal connections. Holistic and lifestyle-centered care ensures sustainability by integrating nutrition, sleep, stress management, and cultural or spiritual practices into daily living. Collectively, these interconnected components form an integrated rehabilitation framework that supports long-term psychological well-being and overall recovery among cardiovascular patients.



Limitations

- The review is limited to English-language publications, potentially excluding culturally diverse perspectives.
- Variability in study designs and outcome measures may affect comparability.
- Psychological outcomes are often self-reported, which introduces subjectivity.
- Long-term sustainability of CBR programs requires further empirical validation.

CONCLUSION

Community-based rehabilitation plays a transformative role in enhancing psychological well-being among cardiovascular patients. By integrating physical activity, psychological therapy, technology, social support, and holistic lifestyle care, community rehabilitation addresses the full spectrum of patient needs.

Psychological well-being is not a secondary outcome but a core determinant of cardiovascular recovery and survival. Health systems must prioritize multidisciplinary, culturally sensitive, and community-oriented rehabilitation models.

Strengthening community-based rehabilitation will not only reduce mortality but also restore dignity, confidence, and quality of life among cardiovascular patients.

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