

### Healthy lifestyle behaviors after coronary bypass surgery: What about cardiac rehabilitation?

Dear Editor,

I read the article written by Alkan et al.<sup>[1]</sup> titled "Assessment of healthy lifestyle behaviors after coronary bypass surgery." Such descriptive studies are important for planning interventional studies and making appropriate policies in the future. However, I have some concerns about this study. This letter may help the authors eliminate some of these concerns.

First, the main instrument of the study is the Health-Promoting Lifestyle Profile questionnaire. I saw no information about this form in the manuscript. A brief description would be very useful for readers. For example, it is hard to understand whether higher scores are good or bad based on what is provided in the manuscript. At least the meaning of the scores, including which values are deserving of special attention, should have been mentioned.

Second, in the statistical analysis section, it is mentioned that "variables with normal distribution were compared using..." There is no information about what was used to compare variables with abnormal distribution. Usually, the Mann-Whitney U test is preferred in such comparisons.

Third, I give special importance to patient education. Discharge education is an important factor in patient compliance. Table 1 used the term "partly sufficient" in the education section. I couldn't comprehend what

### Authors reply

Dear Editor,

We would like to thank the reader for the comments and interest in our manuscript.

First, I would like to mention that there is a brief description of the Health-Promoting Lifestyle Profile scale in the methods section. The low and high scores of the full scale were also mentioned in the same section. Subscales of the form were also included, and the source of the validity and reliability of the Turkish version was provided.

The scale was first created by Walker in 1987. In 1996,

was meant by "partly sufficient." The authors might like to provide some definition of this phrase.

Fourth, and most importantly, there is no mention of rehabilitation for these patients, either in the introduction or in the discussion. Cardiac rehabilitation is the combination of promoting various lifestyle changes, including exercise, and incorporating education, a psychosocial approach, and risk factor modification in an integrated fashion. Although there is no specific study addressing the benefits of cardiac rehabilitation after coronary bypass surgery,<sup>[2]</sup> data extrapolated from other studies support the use of cardiac rehabilitation after coronary bypass surgery in cases with a class I or IIa indication. I could not determine if it was recommended that these patients attend a cardiac rehabilitation unit.

I hope very much to be informed about these concerns.

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### References

1. Alkan S, Topal E, Hanedan MO, Matarcı İ. Assessment of healthy lifestyle behaviors after coronary artery bypass surgery. *Turk Kardiyol Dern Ars* 2018;46:169-74.
2. Mendes M. Is there a role for cardiac rehabilitation after coronary artery bypass grafting? *Circulation* 2016;133:2538-43.

it was revised and renamed the Healthy Lifestyle Behaviors Scale II. The scale consists of 52 items and 6 subscales. These 6 subscales consist of health responsibility (9 items), physical activity (8 items), nutrition (9 items), spiritual development (9 items), interpersonal relations (9 items), and stress management (8 items). All of the items are positive statements that are evaluated and scored never (1) to regularly (4). For the full scale, the lowest possible score is 52 and the highest score is 208. A high total score means that the individual has a high level of health-promoting behavior and achievement.<sup>[1,2]</sup> In our study, we only discussed factors that affected the total score. We included the items from the subscales that were most answered.