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Peer Support Interventions: Enhancing Outcomes in Cardiovascular Rehabilitation

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Emotional support for accepting the diagnosis of a chronic illness is a universal link across all peer support programs. A mentor with lived experience provides psychological safety, reduces feelings of isolation, and helps patients accept their new reality faster than medical reassurance alone[1,2]. Thus, an experienced patient-mentor serves as an invaluable bridge between the clinical team and the patient's daily life[2]. Examples of peer supporting interventions vary depending on the type of disease and the corresponding needs:

- *Diabetes:* Mentors assist with self-management (glycemic control, diet, medication adherence) and diabetes distress to prevent long-term complications[3].
- *Inflammatory Bowel Disease:* Peer support interventions play a key role in reducing social stigma and managing unpredictable disease exacerbations[4].
- *Chronic Obstructive Pulmonary Disease:* Mentor support focuses on living with limited lung capacity, emphasizing breathing techniques, proper use of inhalers and devices, and planning physical activity within safe limits[5].
- *Coronary artery disease:* In secondary prevention, peer support complements cardiovascular rehabilitation (CVR) programs by actively promoting physical recovery and alleviating cardiophobia and kinesiophobia in newly diagnosed patients[2,6,7].

Integrating mentors into CVR programs faces barriers such as low initial awareness and healthcare provider skepticism. A patient with lived experience of a cardiac event who has completed CVR and maintains a stable health status (augmented by additional training, communication skills, and empathy) can help other patients demystify symptoms and rebuild trust in their bodies[2,6]. Interventions are delivered in-person, via hybrid models, or through digital platforms[2,8]. Evidence supports the effectiveness of this intervention. Clark *et al* demonstrated that weekly physical activity levels following CVR completion were maintained with peer support, whereas the control group experienced a decline of 211 minutes per week[9]. Weddell *et al* identified a significant reduction in hospital readmissions associated with peer support (RR 0.25, 95% CI 0.10–0.60)[2]. Lim *et al* confirmed improvements in blood pressure and LDL cholesterol levels following virtual peer support interventions[8].

Mentors have an additional rehabilitative, educational, and psychological role in CVR programs. Introducing peer mentorship requires active engagement from the CVR team in mentor screening, coordination, and ongoing clinical supervision. Guided by this evidence, the Institute "Srčana" has successfully introduced peer support program for newly enrolled patients in its outpatient CVR program.

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