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effectiveness of the video was suggested to be due to the realistic and direct approach to the patient's everyday life [16].

A limitation of this study is that since it is a quantitative study, compliance can be directly measured but not the level of the patients'

Physician recommendation for cardiac rehabilitation is one of the most important predictors leading to attendance [35]. It is interesting then to note that rehabilitation is not equally encouraged for both genders. Physicians recommend cardiac rehabilitation to men more than women [36]. Rehabilitation for women has to be designed in a special way. Women are often more in need of psychosocial support than physical [37]. Being married is directly linked with an increase in attendance although it is significantly less than in men [13].

A range of different exercise has been proposed to be offered or strategies to improve social support, support in childcare and house [38]. It is stated that cardiac rehabilitation attendance should be pursued while still inpatient [36]. There are other issues that should be investigated concerning cardiac rehabilitation attendance of women. Female patients have been shown to consider staff behavior an important issue. They also particularly value encouragement through assistance in reaching realistic goals and verbal cues [36]. Women's participation has also been associated with their level of education and the availability of transportation [39].

Apart from the aforementioned methods of achieving adherence to cardiac rehabilitation, the use of diaries for heart rate monitoring, daily activities and diet has been proposed [40]. Rewarding patients in the end of cardiac rehabilitation has also been mentioned in the literature [41].

Patient education	Educational videos
<b>Psychological intervention</b>	Psychotherapy-focus in insight or/and Motivational interviewing or/and Change intervention (while inpatient or outpatient)
<b>Healthcare professional action</b>	Flexible planning of cardiac rehabilitation from health professionals Co-ordination of services from health professionals Regular social worker visits Trained lay volunteer services or past participants in cardiac rehabilitation Rewards following completion of cardiac rehabilitation program
<b>Self-monitoring</b>	Use of diaries (regular contact with health professionals) Aged population considerations: encouragement, slower provision of information in patient education; lower exercise intensity Gender considerations: Additional psychosocial support and staff behavior important for female population
<b>Change</b>	Change habits by applying new goals and experiences

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