In the present study, we investigated the effectiveness of 12 weeks early (within one month post-discharge) Hospital versus Home-based cardiac rehabilitation in low and moderate risk coronary artery disease patients; to our knowledge, it was the first study including two developing countries; India & Iran in one randomized controlled trial.

- We found that that early (within one month post-discharge) 12 weeks structured individually tailored Hospital-based and Home-based cardiac rehabilitation significantly improved quality of life of patients compared to Control group; in terms of both Physical and Mental Composite Scores, however Home-based program was as effective as Hospital-based program to improve both physical and mental components. From our results, we concluded that Home-based program was as effective as Hospital-based program and both significantly improved all subdomains of quality of life SF-36. We also found that highest improvement achieved in Social Function (SF) and Role Physical (RP) subdomains of SF-36 after 12 weeks of cardiac rehabilitation.

- We found that Hospital-based and Home-based CR programs significantly improved LVEF compared with Control group. In pairwise comparison we found there was significant difference between Hospital-based & Home-based groups in favor of Hospital-based approach in improving LVEF.

- We found that Hospital-based and Home-based CR programs significantly improved Functional Capacity by means of symptom limited exercise test (Bruce Protocol) compared with Control group. In pairwise comparison we found there was significant difference between Hospital & Home-based groups in favor of Hospital-based approach in improving Functional Capacity.

- With respect to our secondary outcomes, we found that Home-based group was as effective as Hospital-based group and both significantly reduced BMI compared to control group. We found no significant difference in reduction of waist circumference between study & control.
groups. We also found that Hospital-based group reduced abdominal and Suprailiac skinfolds more significantly compared to Home-based program.

In summary, we concluded that 12 weeks structured individually tailored Home-based cardiac rehabilitation was as effective as Hospital-based program in improving quality of life of post-coronary event patients. Therefore in developing countries like India & Iran with less number of CR centers & access to facilities, Home-based CR programs has the potential to be used as a successful alternative to improve the Quality of Life in Low & Moderate risk CAD patients. However Hospital-based program was more effective than Home-based program to improve other physiological indices like LVEF and functional capacity. Therefore, proper evaluation and selection of patients for appropriate program should be considered in clinical practice.