Two trials with particularly large sample sizes found no effects for mortality or morbidity, nor indeed for measures of psychological morbidity. However, the interventions in these studies were mainly targeted at reducing patients' stress levels. In one trial this was done by monthly telephone contact with further interventions where necessary, which would not meet any generally accepted definition of cardiac rehabilitation. The other trial, aiming at psychological improvements, had seven weekly sessions with a psychologist and health visitor and did not include interventions aimed at risk factor modification.