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STUDY EXPLORES BENEFITS OF EXERCISE IN PATIENTS WITH HEART FAILURE

How Much Exercise is Needed? Might More be Better?

*****FINAL DATA NOT YET IN***FINAL DATA TO BE PRESENTED*****

Orlando, FL – Recent evidence suggests that exercise not only is safe in patients with heart failure but may modestly reduce the risk of death and hospitalization, while improving quality of life, according to research presented today at the American College of Cardiology’s 58th annual scientific session. ACC.09 is the premier cardiovascular medical meeting, connecting cardiologists and cardiovascular specialists to the latest and most innovative findings in cardiovascular science.

A subanalysis of HF-ACTION (Heart Failure and A Controlled Trial Investigating Outcomes of exercise traiNing) will examine whether long-term clinical outcomes, fitness, and health status might be linked to the amount and intensity of exercise among patients with heart failure.

“Results from HF-ACTION and this new analysis will likely influence how patients with chronic heart failure are managed in the future, the lifestyle recommendations that are made by public agencies for these patients, and decisions by insurance providers as to the extent rehabilitation and exercise programs will become covered benefits,” said Steven Keteyian, Ph.D, program director of Preventive Cardiology at Henry Ford Hospital in Detroit, MI.

The new analysis focuses on 980 patients with moderate-to-severe chronic heart failure who, during the main HF-ACTION trial, were randomly assigned to guideline-based therapy or guideline-based therapy plus supervised, and then home-based, exercise. Each of the patients was stable, having avoided a serious health crisis such as hospitalization for at least three months.

Study participants were asked to ride a stationary bicycle or walk on a treadmill for 30 to 40 minutes three days a week under supervision, for a goal of 36 sessions. After 18 supervised sessions, participants were provided with a heart rate monitor and a treadmill or stationary bicycle, and were asked to exercise an additional two days per week at home. When the supervised training phase was completed they were asked to exercise five days per week at home for the remainder of the follow-up period. Exercise intensity was set at 60 percent to 70 percent of heart rate reserve, a moderate-intensity program.

The target goal was 120 minutes of exercise per week after three months. Only about 35 percent of patients in the exercise group met that goal over a median follow-up period of 2.5 years. Even so, the main HF-ACTION trial showed that exercise produced a modest reduction in the risk of death or hospitalization from any cause, a modest reduction in the risk for cardiovascular death or hospitalization from heart failure, and a modest improvement in health status and exercise capacity.

Using data collected at three months and 12 months, the researchers will report on whether there is a relationship between the amount and intensity of exercise, and clinical outcomes.

“When it comes to lessening the chance of experiencing a clinical event, we hope to better understand how much exercise is needed for patients with chronic heart failure and whether more exercise might be better,” Keteyian said.

Given the nonrandomized nature of this secondary analysis, it must be recognized that other factors besides the amount and intensity of exercise might also influence clinical outcomes, he added. Whenever possible, adjustment for these other factors will be made using statistical techniques, though the possibility of unmeasured confounding variables always exists in such analyses.

HF-ACTION was funded by the National Heart, Lung, and Blood Institute.

Dr. Keteyian will present the study “A Dose-Response Analysis of Patients With Heart Failure Enrolled in a Controlled Trial Investigating Outcomes of Exercise Training” on Sunday, March 29 at 11:04 a.m. in Hall A2.

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The American College of Cardiology (www.acc.org) works to influence health care policy and represents the majority of board certified cardiovascular care specialists through education, research, promotion, and the development and application of standards and guidelines. ACC.09 is the largest cardiovascular meeting, bringing together cardiologists and cardiovascular specialists to share the newest discoveries in treatment and prevention, while helping the ACC achieve its mission to address and improve issues in cardiovascular medicine.