

# Exercise-based Rehab for Heart Failure Can Improve Quality of Life

April 14 2010, By Patricia McAdams

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Your heart is an incredible muscle, pumping an estimated 2,000 gallons of blood through about 60,000 million miles of blood vessels — and beating maybe 100,000 times a day, year after year after year. Time and disease can weaken a heart, however, so it can't pump enough blood to keep up with your body's needs: this is called heart failure.

Chronic heart failure is becoming more prevalent worldwide. According to the American Heart Association, 670,000 Americans receive a diagnosis of heart failure each year.

New research finds that exercise-based rehabilitation clearly improves the health-related quality of life of persons with heart failure, said Rod Taylor, Ph.D., a professor of health services research at the Peninsula Medical School at the University of Exeter in England.

“Health-related quality of life focuses on those aspects of one's life that may impact on one's health — particularly physical, psychological and social well being,” he said.

Taylor said that he and his colleagues in the UK and Australia had looked at the benefits of [exercise](#) in an earlier Cochrane Review, published in May 2004. While this previous review showed exercise training improved a patient's fitness, there was insufficient evidence available to comment on the potential influence on patient mortality.

The role of exercise in heart failure has been controversial. In the past,

for example, because of the concern over the risk of exercise, a clinician would be likely to restrict this patient to “armchair treatment,” Taylor said.

“We now know from our updated review, however, that participating in rehabilitation programs not only improves patient’s well being, but does not increase that patient’s risk of death,” he said. “This is very reassuring, not just to patients, but to their partners and caregivers as well.”

Another key finding from this study, Taylor said, is that exercise rehabilitation reduced the number of [hospital admissions](#) for heart failure. Hospitalizations are the single major driver of the health care costs of heart failure.

This review appears in the current issue of The Cochrane Library, a publication of The Cochrane Collaboration, an international organization that evaluates research in all aspects of health care. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing trials on a topic.

A combined 3,647 patients with heart failure participated in the 19 randomized controlled trials selected for this review. All studies included low-risk aerobic exercises — mostly walking and cycling. Five also included strength training. Exercise sessions varied from 15 to 120 minutes in length, with two to seven sessions a week, for 24 to 52 weeks.

Most participants in this study were white men. Exercise studies represent older individuals, some ethnic groups and women poorly. Taylor said that there is good evidence from other sources, for example, that women feel more uncomfortable in undertaking group-based exercise than men.

Most of these studies took place in supervised hospital or community

centers, where patients had the benefit of a physical therapist as well as a medical team should any problem arise. Given that this study shows no evidence of harm, Taylor and his colleagues see a need for research to examine self-supervised home-based exercise programs for heart failure.

Traditionally, heart failure patients have poor prognoses, Taylor said, but it is improving all the time. The introduction of effective drugs, along with pacemakers and similar interventions, can improve a poorly functioning heart.

“Clinical guidelines for caring for heart failure patients should give more weight to the role of exercise training as part of the ongoing management of these patients,” he said.

Randal Thomas, M.D., a preventive cardiologist at the Mayo Clinic, said that patients with heart failure have high five-year death rates and “for this reason, it’s important to see from this excellent [review] that exercise training is not dangerous for them. In fact, [exercise training](#) is beneficial for most patients with heart failure.”

“If cardiac rehabilitation were a medication, it would be one of our best medications for treating heart disease,” Thomas said. “Unfortunately, cardiac rehabilitation services are not generally covered for patients with heart failure. It would be great if this [review] helps to convince policymakers to include [heart failure](#) as a service that is covered by medical insurance policies.”

**More information:** Davies EJ, et al. Exercise-based rehabilitation for heart failure (Review). Cochrane Database of Systematic Reviews. Issue 4, 2010.

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