

Diet/exercise intervention for patients at risk for heart disease improves quality of life

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A lifestyle intervention incorporating exercise training and diet counseling in primary health care settings appears to improve quality of life among adults at moderate to high risk for heart disease and appears cost-effective compared to standard care, according to a report in the September 13 issue of *Archives of Internal Medicine*.

Most individuals in developed countries do not reach recommended levels of <u>physical activity</u>, and are thus at higher risk of illness and death, according to background information in the article. "Extensive and intensive lifestyle intervention programs delay the onset of <u>diabetes</u> <u>mellitus</u> and reduce <u>cardiovascular risk</u> by increasing physical activity, reducing overweight and making changes in dietary habits," the authors write.

"For a comprehensive assessment of an intervention program it is essential to incorporate the individual's broader perspective of wellbeing, not only the conventional medical outcomes," write Margareta K. Eriksson, Ph.D., of Björknäs Health Care Center, Boden, and Umel' University, Umel', Sweden, and colleagues. The researchers assessed the effect on quality of life and the cost-effectiveness of a three-year lifestyle intervention program among 151 men and women at moderate to high risk of cardiovascular disease visiting a primary care center in northern Sweden.

After six patients withdrew, 71 were randomly assigned to the intervention, which included progressive <u>exercise training</u> three times a



week, diet counseling and regular group meetings. After an initial threemonth intervention period, participants were invited to attend group meetings at regular intervals and encouraged to maintain at least 30 minutes per day of physical activity. The control group (74 individuals) was given verbal and written information about exercise and diet at one group meeting.

Differences between the two groups over the three-year period were observed on most of the quality-of-life measurements taken. Costs were \$337 higher for the intervention group than for the control group (\$197 of which was financed by health care and \$140 imposed on participants because of increased physical activity). However, the average number of visits to the family physician decreased by 0.28 per six months among individuals in the intervention group, whereas individuals in the control group made an average of 0.10 more visits per six months. This resulted in a savings of \$384 for health care use and a net savings of \$47 per intervention participant.

"These results should be viewed in the context of the previously reported favorable impact on <u>physical activity</u>, fitness, waist circumference, waist-to-hip ratio, blood pressure and smoking cessation over the three-year period," the authors write.

"Thus, high-intensity and long-lasting interventions can produce sustainable improvements in quality of life and can obviously be costeffective," they conclude. "Such programs may be a wise use of resources in primary health care for patients with disease to which inactivity strongly contributes."

More information: Arch Intern Med. 2010;170[16]:1470-1479



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