

Heart attack survivors from poorer neighborhoods get less exercise

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Engaging in physical activity after a heart attack is known to increase the odds of survival. In a study published in the September issue of the *American Journal of Preventive Medicine*, researchers from the Israel Study Group on First Acute Myocardial Infarction found that myocardial infarction (MI) survivors who lived in low socioeconomic status (SES) neighborhoods engaged in lower levels of leisure-time physical activity (LTPA) compared to survivors from wealthier neighborhoods.

"Neighborhood SES is a powerful predictor of LTPA levels, beyond individual SES and clinical factors," commented lead investigator Yariv Gerber, PhD, Department of Epidemiology and Preventive Medicine, School of Public Health, Sackler Faculty of Medicine, Tel Aviv University. "Recommendations for [physical activity](#) should be supported by appropriate infrastructure, and the provision of free or low-cost sports facilities in areas of deprivation. Exercise-based rehabilitation should be available to all MI survivors, with special efforts made to encourage participation in patients from deprived neighborhoods...Further research should investigate provision of services for MI survivors in order to reduce inequalities in post-MI health."

Investigators followed 1,410 MI patients for more than 10 years to determine whether those living in disadvantaged neighborhoods were less likely to engage in LTPA. This association was strongest in the first 5 years following MI. Neighborhood SES was a powerful predictor of LTPA levels, remaining so after extensive adjustment for individual SES

and baseline clinical profile. Overall engagement in LTPA was poor for all patients, with 33-37% reporting no activity and 19-27% reporting only irregular activity during follow-up.

Few studies prior to this have examined the relationship between SES and activity patterns in an unhealthy population using longitudinal research with repeated observations over a long period of time. Structured interviews were conducted approximately 1 week after initial hospitalization and subsequently 3-6 months, 1-2 years, 5 years, and 10-13 years after MI in order to collect individual demographic, socioeconomic, and clinical data. LTPA during follow-up was assessed by a self-reported questionnaire.

More information: *American Journal of Preventive Medicine*, Volume 41, Issue 3, 2011. [doi: 10.1016/j.ampere.2011.05.016](https://doi.org/10.1016/j.ampere.2011.05.016)

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