

Home-based walking exercise program improves speed and endurance for patients with PAD

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In a trial that included nearly 200 participants with peripheral artery disease (PAD), a home-based exercise intervention with a group-mediated cognitive behavioral intervention component improved walking performance and physical activity in patients with PAD, according to a study in the July 3 issue of *JAMA*.

"Few medical therapies improve the [functional impairment](#) associated with lower extremity [peripheral artery disease](#). Supervised [treadmill exercise](#) increases maximal treadmill walking distance by 50 percent to 200 percent in individuals with PAD. However, [supervised exercise](#) is typically not covered by medical insurance and requires regular transportation to the exercise center. Thus, few patients with PAD participate in supervised treadmill [exercise therapy](#)," according to background information in the article.

"Home-based walking exercise is a promising alternative to supervised exercise. However, several clinical trials of home-based exercise in people with PAD have been small and inconclusive. Recent, larger [randomized trials](#) have yielded mixed results. Current clinical practice guidelines state that there is insufficient evidence to recommend home-based walking exercise for people with PAD. Most physicians do not recommend home-based walking exercise to patients with PAD," the authors write.

Mary M. McDermott, M.D., of the Northwestern University Feinberg School of Medicine, Chicago, and colleagues conducted a study to determine whether a home-based walking exercise program that uses a group-mediated cognitive behavioral intervention, incorporating both group support and self-regulatory skills, can improve functional performance compared with a health education control group in patients with PAD with and without intermittent claudication (pain in the calf that typically is felt while walking and usually subsides with rest). The [randomized clinical trial](#), conducted between July 2008 and December 2012, included 194 patients with PAD (72 percent without classic symptoms of intermittent claudication). The primary measured outcome was 6-month change in 6-minute walk performance.

The researchers found that at 6-month follow-up, participants in the intervention group improved their 6-minute walking distance compared with the control group by 1,173 to 1,312 feet vs. 1,159 to 1,123 feet for those in the control group, an average difference of 176 feet. Also, participants in the intervention group, compared with the control group, significantly improved their maximal treadmill walking time (7.91 to 9.44 minutes vs. 7.56 to 8.09 minutes); improved their pain-free walking time; increased their physical activity; improved their Walking Impairment Questionnaire (WIQ) distance score and WIQ speed score.

Participants randomized to the intervention group were about 3 times more likely to achieve a small meaningful improvement (66 feet) in the 6-minute walk and approximately 6 times more likely to achieve a large meaningful improvement (164 feet).

"Based on these findings, clinical practice guidelines should advise clinicians to recommend home-based walking programs with a weekly group-mediated cognitive [behavioral intervention](#) component for patients with PAD who do not have access to supervised exercise," the authors write. "These findings have implications for the large number of

patients with PAD who are unable or unwilling to participate in supervised exercise programs."

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