

HF Patients & Exercise

SOCIAL AND PRACTICAL BARRIERS KEEP HEART FAILURE PATIENTS FROM BENEFITS OF EXERCISE THERAPY

Although supervised aerobic physical activity is a proven therapy for [heart failure](#) patients, lack of social support and practical barriers such as lack of transportation, keep many patients from benefitting from [cardiac rehab](#) programs, according to new research in *Circulation: Heart Failure*, an American Heart Association journal.

“Patients, family members and healthcare providers should work together to find solutions to the barriers preventing a patient from participating in a structured exercise program, because exercise programs can help patients manage their condition,” said Lauren B. Cooper, M.D., lead author of the study and a fellow in cardiovascular diseases at the Duke University School of Medicine in Durham, North Carolina.

Researchers studied data from 2,279 heart failure patients in a trial called Heart Failure: A Controlled Trial Investigating Outcomes of Exercise Training (HF-ACTION). Patients were randomly assigned to receive usual care, which included detailed self-management educational materials without a formal exercise prescription, or usual care plus a 36-session supervised exercise program for the first

three months, transitioning to home exercise for two years. Patients in the study were given a survey that measured their perception of social support and evaluated the extent to which 10 potential barriers (for example: finances, child care, weather) may interfere with their participation in an exercise program.

Among those in the exercise group, researchers found:

- Heart failure patients with the highest perceived social support exercised more (average 118 minutes per week) at 12 months, compared to those with the lowest perceived social support (average 92 minutes per week).
- Similarly, at 12 months patients with the fewest barriers exercised more (average 169 minutes per week) than those with the most barriers (average 86 minutes per week).

These findings add to results from a prior HF-ACTION analysis, which included exercise intensity along with exercise time, and showed that moderate exercise was associated with decreased risk of heart failure hospitalization or of dying from heart disease, researchers said.

At one time, lack of Medicare coverage for cardiac rehabilitation was a barrier to participation in these programs. However, since 2014, Medicare has covered cardiac rehabilitation for patients with chronic heart failure, but the treatment is still underutilized. Previous studies documented how physical limitations can reduce participation in exercise programs, but the current study adds information about nonmedical factors.

“Competing responsibilities and lack of support may prevent patients with heart failure from participating in exercise programs. Assessing a patient’s social support system and barriers that may interfere with their exercise program may help medical professionals to customize exercise programs that better fit individual patient needs,” Cooper said. **HI**

Source: [American Heart Association News](#)

