

AHA New Orleans November 2008

HF - ACTION Discussant

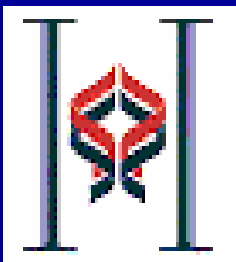
Philip A. Poole-Wilson

Professor of Cardiology, Imperial College London

No conflicts of interest

**Imperial College
London**

**National Heart and Lung institute
Faculty of Medicine, Imperial College London**



Royal Brompton and Harefield NHS Trust

p.poole-wilson@imperial.ac.uk

Exercise for health; current recommendations

At least 30 min of moderate-intensity physical activity on most (and preferably all) days of the week

AHA Guidelines for the primary prevention of cardiovascular Disease and stroke: 002 update Circulation 2002;106:388

At least 30 minutes of regular, moderate-intensity physical activity on most days of the week

WHO. Global strategy on diet, physical activity and health
www.who.int/dietphysicalactivity/publications

Adequate physical activity - at least 30 minutes
5 times a week

European Heart Health Charter 2007 article 3 www.heartcharter.eu

Sources of evidence for benefit of exercise

Numerous large epidemiological studies

Observational data and cohort studies

Scientific support from small, short-term, randomised trials with functional end-points in selected groups of patients

Chronic stable angina

Rehabilitation after MI or event

Heart failure

Some comments on ACTION-HF

71% male, age 59 years, EF 25%, NYHA II 63%,
53% ischemic etiology, well treated with conventional drugs

Annual mortality/hospitalisation event rate about 29%
Annual mortality about 6-7%

Difficult to assess adherence to exercise programme
in exercise group and amount of exercise in control group,
and thus to maintain difference in two arms of the trial

Changes in drug therapy during trial need examination

Quality of life will presumably be presented later

Some facts from ACTION-HF

Missed primary end-point

Positive for a conventional end-point in other HF trials

Positive after adjustment for baseline variables

Coherence between effect on exercise and outcomes

Effect faded with time. ? related to patient decisions

Recruitment slow, trial extended

Safe

Need further analysis of two-way cross-overs
and impact on quality of life

A reaction and an opinion

Strictly a neutral trial; by clinical judgement compelling

Provides the strongest evidence yet of the long-term benefits of exercise in heart failure

Strengthens current recommendations for exercise in patients with heart failure

Provides support for the more general advocacy of exercise in patients with heart disease and in the general population

