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Benefit of Exercise, Diet in Patients with Heart Failure

According to a study published in *JAMA*, calorie restriction or aerobic exercise can improve the ability of obese older patients with a common type of heart failure to exercise without experiencing any shortness of breath. However, neither intervention had any significant effect on their quality of life.

Heart failure with preserved ejection fraction (HFPEF) is the most common and the most rapidly increasing form of heart failure. It occurs mainly in older women and results in illness, death and increased healthcare expenditures. Approximately 80 percent of patients of HFPEF patients are overweight or obese and one of the primary symptoms of chronic HFPEF is exercise intolerance.

During this study, Dalane W. Kitzman, MD, of the Wake Forest School of Medicine, Winston-Salem, N.C., and colleagues randomly assigned 100 older obese participants (average age, 67 years) with chronic, stable HFPEF to 20 weeks of diet, exercise, or both, or a control group. 26 patients were assigned to exercise, 24 to diet, 25 to exercise plus diet and 25 to control. The exercise capacity (peak oxygen consumption [Vo2]) and QOL (with the Minnesota Living with Heart Failure Questionnaire; MLHF) was measured in all participants.

The findings showed that exercise capacity increased significantly by both exercise and diet. The combination of both diet and exercise produced an even greater increase in exercise capacity and the change in peak exercise capacity was found to be positively correlated with the change percent lean body mass. Weight decline in the diet group was 7 percent as compared to 3 percent in the exercise group, 10 percent in the exercise plus diet group and 1 percent in the control group. No significant change was observed in the MLHF score with exercise or diet.

The study researchers note that before recommending diet for obese patients with HFPEF, it is important to conduct more studies in order to determine whether the favourable changes are associated with an actual reduction in clinical events.

In an accompanying editorial, Nanette K. Wenger, MD, of the Emory University School of Medicine, Atlanta also states that the findings warrant "further investigation in a community population, with longer follow-up, either with or without specific provision of meals to effect caloric restriction, although translation of this type of intervention to the community will be challenging. Whether nonprofessionally administered diet and nonmedically supervised exercise could safely attain similar benefit is uncertain but worthy of exploration."

See also: Zoom On: Nanette Wenger, Professor of Medicine and Consultant - Emory Heart & Vascular Center

Source: JAMA

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