
Exercise is safe, beneficial for heart failure



Amongst patients with heart failure (HF), exercise therapy is positively associated with lower mortality and higher survival rates, along with a significant reduction in cardiac events and hospitalisations, says a review article in *The Journal for Nurse Practitioners*.

"Exercise therapy is a well-documented, cost-effective, safe intervention for patients with HF that has multiple benefits, including decreased cardiac remodelling; increased functional capacity, and improved clinical symptoms, mood, and self-efficacy," explains the article published by Elvira K. Dzubur, MSN, FNP-C, Central DuPage Hospital, Winfield, IL. and Cathlin B. Poronsky, PhD, FNP-BC, chair of the Department of Health Management & Risk Reduction and director of the Family Nurse Practitioner Program, Loyola University, Chicago, Marcella Niehoff School of Nursing.

Heart failure is a chronic and complex clinical condition that is a well-known end point of many cardiovascular disorders. HF places significant burdens on patients, families, and healthcare systems. The complex pharmacologic regimens that form the basis of HF management alone are not sufficient to effectively manage the disease, the article points out.

Nonpharmacologic therapy for HF management includes lifestyle changes of maintaining ideal body weight, smoking cessation, limited use of alcohol and caffeine, and participating in a regular exercise programme.

"Exercise therapy benefits patients with HF without increasing treatment costs," say Dzubur and Poronsky, who note that nurse practitioners are well suited to assist their patients in successfully and safely incorporating exercise into their daily lives.

Exercise is associated with reduced risks of coronary heart disease, myocardial infarction, hypertension, diabetes, and obesity. Some unique benefits for patients with HF include structural and physiologic changes of decreased cardiac remodelling, improved respiratory function and oxygen saturation, improved endothelial function, and enhanced muscle blood flow.

Although multiple studies have shown that exercise training can benefit individuals with HF and that exercise is a safe and effective therapy to improve peak oxygen uptake (VO₂), muscle strength, and quality of life, just one-tenth of patients with HF are referred for exercise therapy after hospital discharge.

"Because many patients who enter cardiac rehabilitation programmes are predominately sedentary, the high level of exercise recommended can be too challenging and can thus negatively affect their adherence," note Dzubur and Poronsky. "In addition to fear, hesitation, and negative feelings about their physical abilities, patients with HF are unclear about exercise expectations."

Many HF patients report that their providers give them vague recommendations, without specific guidelines on the type of exercises they should pursue or the frequency with which they should exercise. Nurse practitioners (NPs), who are educated in caring for patients holistically, can assist their patients in successfully incorporating exercise into their daily lives, according to the article.

"Variables to consider when creating an appropriately tailored exercise plan include the patient's age, sex, comorbid problems, and musculoskeletal limitations. NPs should assess their patients' functional capacity levels, past experience with exercise, current motivation and engagement levels, and explore any barriers to exercise," the article says.

When the patient starts a new exercise programme, the authors explain, strategies such as goal setting, problem solving, and family involvement should be used early to ensure adherence. Ideally, patients should be enrolled in a supervised exercise programme, at least initially, where they will be able to engage in a variety of activities in a safe setting and receive advice and feedback on their performance.

For patients who are unable to participate in supervised programmes, providers can advocate for home-based cardiac rehabilitation programmes, which are deemed to be safe, convenient, and effective. "Because adherence typically declines within 6 to 12 months, the exercise recommendation should be reinforced for every patient at every visit," the authors add.

Source: [The Journal for Nurse Practitioners](#)

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Published on : Tue, 8 May 2018

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