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PRESCRIBED EXERCISE AND LIPID-LOWERING THERAPY IN PATIENTS WITH MODERATE AND HIGH CARDIOVASCULAR RISK

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Objectives

It is widely accepted currently that diet and exercise with prescribed lipid-lowering therapy serve as important factors in primary and secondary prevention of cardiovascular events. However, there are ambivalent data concerning the effect of lipid-lowering and some other cardiovascular medications on exercise tolerance. The aim of this study was to analyze the prevalence of physical activity, diet and concomitant lipid-lowering treatment recommendations assigned to cardiovascular patients.

Methods

The case record forms of 823 out-patients were analyzed. Evaluation of cardiovascular risk was performed with usage of SCORE tables.

Results

It has been shown that the recommendations to correct diet received about 95 % of all patients. Only 50% of patients on lipid-lowering therapy advised physical activity. No written recommendations to control blood pressure and heart rate during and after exercise were obtained. Mainly (85%) exercise prescriptions occurred in patients of moderate cardiovascular risk on SCORE scale. Physical exercise along with diet and lipid-lowering therapy was prescribed for 78 % of men and 22% of women. At the same time in a selective survey of out-patients was found that the compliance with the newly prescribed physical activity demonstrated 62% of women and only 27% of men. Adherence to medication was positively correlated with compliance for physical activity ($r = 0.480$). Interruption of statin treatment occurred in 11 % of cases and was not associated with exercise intolerance.

Conclusions

The recommendations for physical exercise were less common than those for diet and statin therapy. Adherence to the recommendations for physical exercise was gender different. Cases of statin therapy discontinuation were not associated with changes in exercise tolerance.