

BACKGROUND

- The benefits of exercise are well established.
- Historical exercise recommendations in inherited cardiac conditions (ICCs) adopted a conservative stance.
- Although the 2020 ESC guidelines¹ on exercise in patients with ICCs are more liberal, issues with exercise prescription remain due to:
- **1. Lack of evidence** guidelines mostly based on consensus recommendations
- **2. Heterogeneity of ICCs** restrict guideline applicability.
- **3. Lack of physician education** around exercise prescription.
- **4.** Absence of structured cardiac rehabilitation programmes in ICCs.

AIMS

- 1. To assess whether health professionals discuss exercise and provide exercise advice.
- 2. To identify if this cohort of patients would benefit from a change in exercise prescription practice.
- 3. To empower and educate health professionals to prescribe exercise.
- 4. To create educational resources for patients.

Exercise Prescription in Inherited Cardiac Conditions

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Audit: Retrospective examination of 100 ICC clinic letters in a tertiary centre (Jan-Mar 2023)

Documentation of exercise habits and advice?

Data presented. Educational session (ES)

Re-audit: Retrospective examination of further 50 ICC clinic letters (Jan 2024)

Documentation of exercise habits and advice?

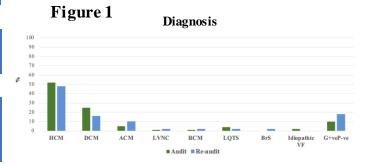
Data provided to Director of Moving Medicine (MM) in support of a physical activity (PA) resource for ICC physicians and patients.



MM is an initiative by The Faculty of Sports and Exercise Medicine UK to provide health professionals and patients with accessible, evidence based, condition specific information around PA.

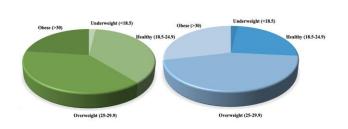
RESULTS

• In the initial audit and re-audit respectively, mean age was 51.5±15.4y vs 57±16.5y, 60% vs 50% male, 70% vs 52% white and the majority had hypertrophic cardiomyopathy (HCM) (52% vs 48%) (**Figure 1**).



• The average BMI was 27.4±6.1 kg/m² vs 28.5±5.3kg/m² (**Figure 2**).

Figure 2 BMI Kg/m²

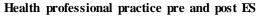


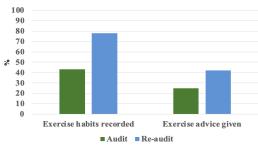
• 25% vs 34% had ≥ 1 risk factor for coronary artery disease (CAD) and 6% vs 10% demonstrated existing CAD.

• In the re-audit exercise habits were recorded in 78% (vs 43%) and exercise advice was given to 42% (vs 22%) (**Figure 3**).

Oxford University Hospitals

Figure 3





CONCLUSIONS

- A large proportion of ICC patients are overweight/obese with risk factors/established CAD. This cohort stands to derive significant benefit.
- Documentation of exercise habits and advice improved nearly twofold following the ES.
- Further support around exercise prescription is required. In collaboration with MM work has begun to create PA resources for ICC health professionals and patients, starting with HCM.

REFERENCES

1. Pelliccia A, Sharma S, Gati et al. 2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease. Eur Heart J. 2021

