

Exercise Training and Heart Failure with Preserved Ejection Fraction: What the Evidence of the Studies Show?

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Editorial

Exercise intolerance is a common symptom in patients with heart failure with preserved ejection fraction (HFpEF). HFpEF is characterized through the lack of proven effective therapies. Exercise training (ET) is associated with improved exercise tolerance among sedentary, metabolic syndrome, diabetes, obese, and hypertensive participants who are at high risk for HFpEF [1-8].

Pandey and colleagues reported a study to evaluate the efficacy of exercise training in patients with HFPEF in a meta-analysis. Primary outcome of the study was change in cardiorespiratory fitness (CRF), measured as change in peak oxygen uptake. Effect of ET on quality of life, and left ventricular systolic and diastolic function was also assessed. The authors included 276 patients who were enrolled in 6 randomized controlled trials. Patients with HFpEF undergoing ET had significantly improved CRF (mL/kg per min; weighted mean difference, 2.72; 95% CI, 1.79-3.65) and quality of life (weighted mean difference, -3.97; 95% CI, -7.21 to -0.72) when compared with the control group. No significant change was observed in the systolic function (EF-weighted mean difference, 1.26; 95% CI, -0.13% to 2.66%) or diastolic function (E/A-weighted mean difference, 0.08; 95% CI, -0.01 to 0.16) with exercise training in patients with HFpEF [9].

ET in patients with HFpEF is associated with an improvement in CRF and quality of life without significant changes in left ventricular systolic or diastolic function. Adherence methods of the ET program should be implemented in this population towards a lower morbidity and mortality.

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