ReachMD
Be part of the knowledge.®

TRANSCRIPT

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting: https://reachmd.com/programs/cme/latest-guidance-on-exercise-therapy-lifestyle-modification-treating-functional-limitations/26785/

Released: 08/20/2024
Valid until: 08/20/2025
Time needed to complete: 1h 06m

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Latest Guidance on Exercise Therapy & Lifestyle Modification – Treating Functional Limitations

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Hamburg:
Hi. My name is Naomi Hamburg, and I'm a Professor of Cardiovascular Medicine at the Boston University Chobanian and Avedisian School of Medicine. And I’m happy to be talking to you today about the latest guidance on exercise therapy and lifestyle modification, how we treat functional limitations in patients with peripheral artery disease.

So the major symptoms that bring patients with PAD to see us is limitations in their ability to walk, pain when they walk, inability to do their daily living because of discomfort or fatigue. The leg symptoms are quite complicated; they all derive from the blockages and blood vessels that are reducing blood flow, but the chronic ischemia and PAD leads to changes in the endothelium, reducing vasodilation, leads to changes in the muscle. And even at the muscle level, there are cellular changes, including in cellular metabolism.

And active research is being done to think about how we are going to better intervene on each of these different elements. But importantly, one key intervention that we can do in patients is exercise therapy, which has benefits across multiple elements: the endothelium, the blood flow, and at the muscle.

And this means that, as the guidelines say, structured exercise is a core component of care for patients with PAD. And one major change in the guideline, this guideline, is that when we're talking about structured exercise now, it includes both supervised exercise therapy and community based, including structured, home-based exercise programs. So now the Class 1 recommendations are that in patients with symptomatic PAD, SET, which is supervised exercise therapy, is recommended to improve walking performance, functional status, and quality of life. It is also now a Class 1 recommendation that similar patients, those with chronic, symptomatic PAD, we know that a structured, community-based exercise program that includes behavioral change techniques is effective to improve walking performance, functional status, and quality of life. This is true for patients who have or have not undergone revascularization before the exercise program. So again, so what this guideline is telling us is that the trial therapy tells us that both a supervised exercise program in hospital and a structured, a home-based exercise program, are going to help our patients move better, walk farther without pain, and do more activities in their daily life.

So just thinking a little bit in detail about what is the difference between a supervised exercise program, or SET, and a community-based program, what are the elements of each of these? So a supervised exercise program includes an intermittent walking exercise, usually treadmill based. It takes place in a hospital or outpatient facility. It's directly supervised with exercise therapists or nurses who are with the participants while they're exercising. It has 60-minute sessions, of which 30 to 45 minutes of that has to be actively doing exercise. It occurs 3 times a week, and for 12 weeks. Patients are instructed to walk to having pain. And it is now covered in the United States by insurance, by Medicare, and by most large commercial insurance companies. These programs often take place in the setting of other cardiac rehab programs, so they can be standalone PAD SET programs. And they're highly effective, and I use them all the time for my

© 2024 ReachMD

patients.

The challenge is that we know that only about 2% of patients who have PAD actually enroll in SET. And so the question is, can we get exercise programs to a larger number of patients by using a community-based program? And so there have been several large, randomized trials that look at this. This is happening in a personal setting. Patients get a prescribed exercise regimen by an exercise therapist or a nurse, but the exercise itself is largely self-directed and walking based. Many of these programs have included coaching that can be virtual coaching and activity monitors and other behavioral approaches to encourage adherence to the exercise, and there may be periodic supervised sessions included.

I think this is really to the future. We have good evidence for this. It's not yet covered by insurance, so harder to deliver to our patients. But I think ultimately, if we have these types of programs, this is what we're going to be able to tell our patients to do in the office along with combining with some behavioral approaches. And this is quite different from just telling our patients to go out and walk, for which we have a little evidence that there's benefit in terms of improving exercise ability, 6-minute walk, or reduction in pain symptoms.

I want to talk about another important element of lifestyle change, which is helping to quit tobacco. We know that patients with PAD who have ongoing smoking have higher progression of disease and worse outcomes after interventions. And so it's important to develop a quit plan that combines pharmacologic and behavioral approaches for all patients with PAD who have ongoing tobacco use. The options for pharmacologic therapy, they've all been proven, including dual nicotine replacement, varenicline, or bupropion. And there's also a recommendation to avoid second-hand smoke.

I focused on both stopping smoking or helping our patients to quit, as well as how we get people to move better through structured exercise programs. But these are all important elements of the overall American Heart Association Life's Essential 8, which includes other medical therapies that you'll hear about in other episodes, as well as improving sleep habits and dietary approaches and weight management strategies that are all critical to both helping patients with PAD move better, reduce events, and ultimately a future where we can reduce the incidence of PAD overall.

Thank you so much for your attention to this topic and for helping your patients improve their Life's Essential 8.

Announcer:
You've been listening to CME on ReachMD. This activity is jointly provided by Global Learning Collaborative, GLC and Total CME, LLC and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.

© 2024 ReachMD