

Do primary care physicians assess physical activity and propose exercise in patients with different cardiovascular diseases? An Italian pilot study

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Introduction. Every current guideline underlines physical activity cardinal role in both prevention and rehabilitation of patients with cardiovascular diseases (CVD). Despite exercise guidelines are available, the EAPC (European Association of Preventive Cardiology) EXPERT (Exercise Prescription in Everyday practice & Rehabilitative Training) working group recently described a large variance in exercise prescription between clinicians involved in CV rehabilitation. Therefore, the EXPERT tool, a digital training and decision support system, was developed.

Purpose. The aim of this pilot study is to analyse Italian primary care physicians' clinical routine on prescribing exercise training in patients with CV risk factors.

Methods. A standard survey is submitted to primary care physicians (PCP): participants are requested to provide their professional experience, to report the number of CV patients they weekly examine, and if they regularly assess physical activity level. The survey explores how exercise prescription is carried out and if the compliance is verified. Finally, CPC are asked to evaluate their current exercise prescriptions and the possible utility of a guidelines-based tool.

Results. Currently, 20 PCP (55% males, age 58.2±10.4, years of work 25.5±13.4) who regularly manage CV patients replied to the survey. 100% of PCP consider exercise prescription useful, 85% assess the physical activity level of patients and 95% regularly prescribe exercise training. 37% based their prescription on specific tests (43% exercise testing, 14% CPET, 43% a combination of different tests), and only 11% provide it in written format. 90% of CPC declare to tailor exercise prescription to patients specifying weekly frequency (73.7%), session duration (78.9%) and descriptive intensity (59.7%). On the other hand, the type of exercise, heart rate-based intensity and program duration are stated in less than half of cases; strength training is rarely promoted (5%). Patients' compliance is verified in 89% but a clinical reevaluation is only performed in 12%. 63% of PCP adjust the prescription during follow-up. Overall, more than 79% of PCP acknowledged clinical benefits of their exercise prescriptions, but 95% considered their current prescription as, at best, sufficient and 90% would welcome a guidelines-based digital tool.

Conclusions. This ongoing study emphasises that Italian primary care physicians believe in the cornerstone role of exercise training in CV patients. On the other hand, the current management of exercise prescription and its adherence are variegated and considered inadequate by PCP. Our preliminary data stress out the need for specific education and standardized prescription methods. Within the next months we aim to considerably increase the sample. Subsequent steps will request CPC to prescribe exercise to standardized clinical cases, evaluating the inter-physician variance and thus the usefulness of the EXPERT tool as training support.