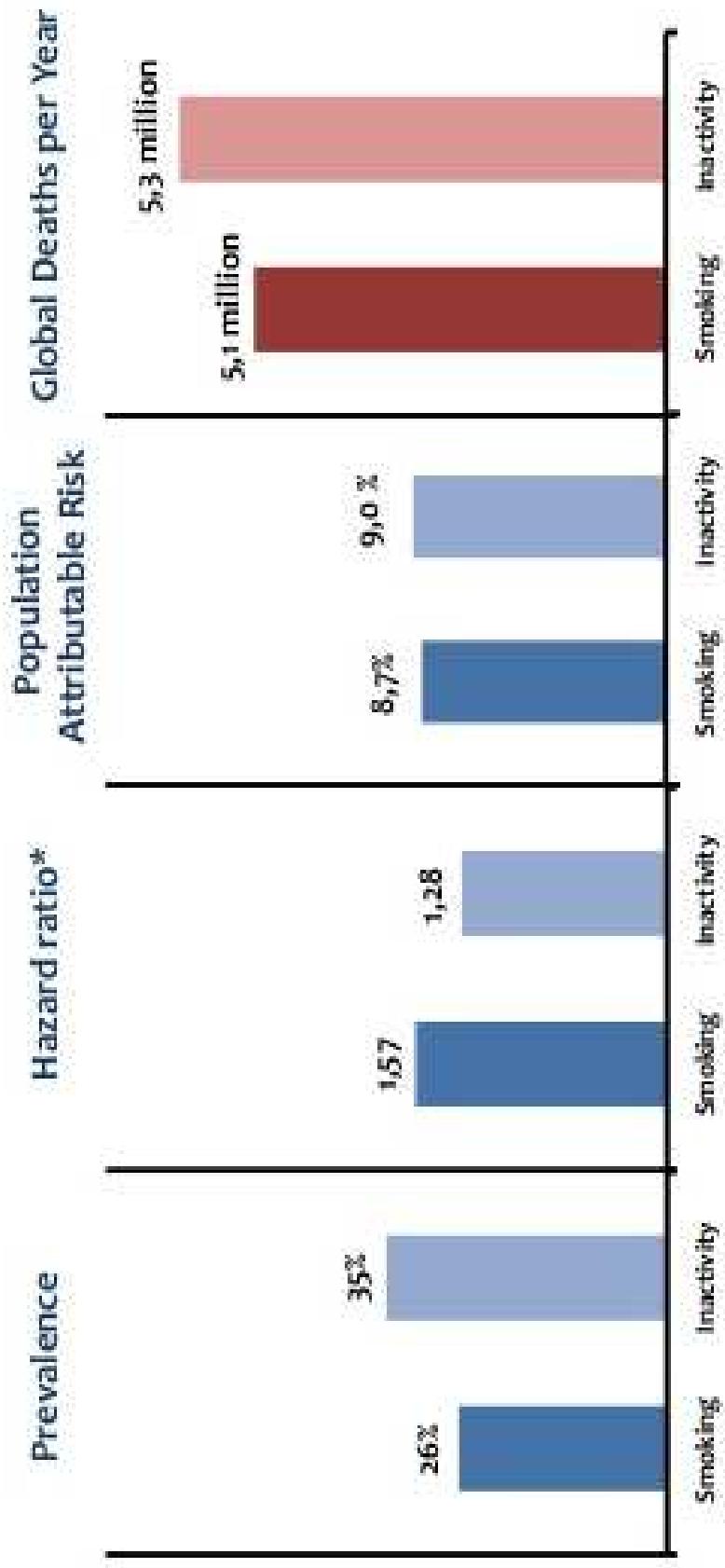


Attività fisica e prevenzione cardiovascolare

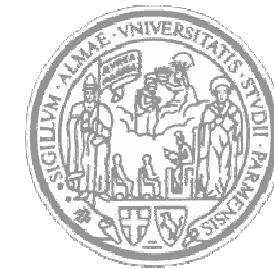
Dott. Davide Lazzeroni

Sedentary Lifestyle: the Smoking of the 21st Century?



Comparison of global burden between smoking and physical inactivity (*from meta-analyses).

Centro Territoriale per la Prevenzione Cardiovascolare Primaria e Secondaria



Physical exercise in cardiology

A DIAGNOSTIC
TOOL

Part 1
A PROGNOSTIC
TOOL

"The ST segment"

"Beyond The ST segment"



Part 2
A THERAPEUTIC TOOL

"The cardiovascular fitness"

Esercizio fisico:

uno strumento utile a fini prescrittivi e prognostici

CARDIOPULMONARY EXERCISE TESTING



FUNCTIONAL CAPACITY

$\text{VO}_2 \text{ max}$

Prescrizione
dell'attività
fisica

AUTONOMIC FUNCTION

Heart rate
recovery

Physical activity prescription

At least:

- 30 min/day, 5 days/week of moderate intensity (i.e. 150 min/week)
- 15 min/day, 5 days/week of vigorous intensity PA (75 min/week),
or a combination of both, performed in sessions with a duration of at least 10 min.

ESC Guidelines 2016

Table 7. General Guidelines for Endurance and Resistance Training

Endurance training

Frequency

≥5 d/wk

Intensity

55%–90% maximum predicted HR* or
40%–80% $\dot{V}o_{2\max}$ or HR reserve
RPE 12–16

Modality

Walking, treadmill, cycling, etc

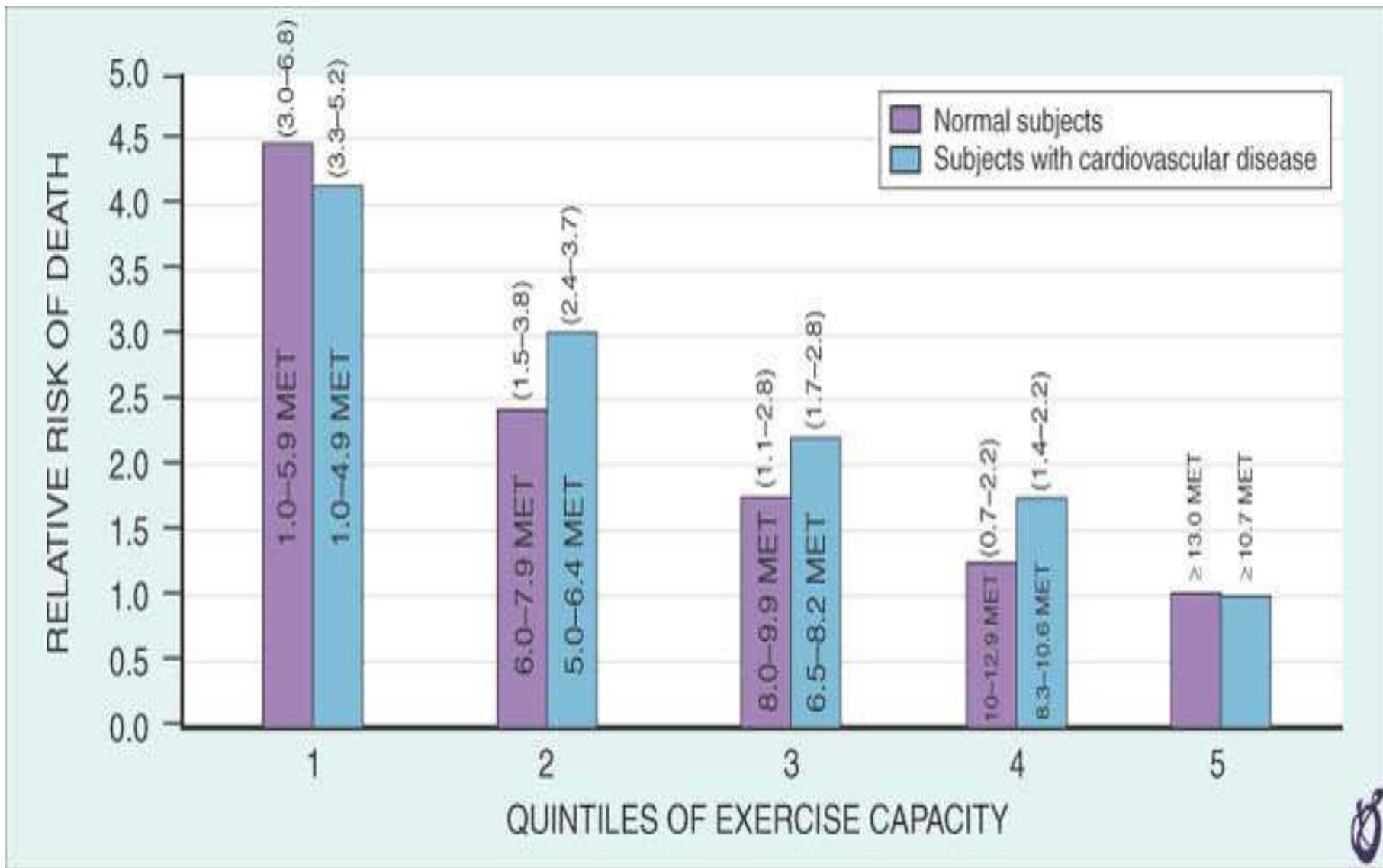
Duration

30–60 min

AHA Guidelines

Circulation. 2013;128:873-934;

Functional capacity and prognosis



(From Myers J, Prakash M, Froelicher V, et al: Exercise capacity and mortality among men referred for exercise testing. *N Engl J Med* 346:793, 2002.)

Physical exercise in cardiology

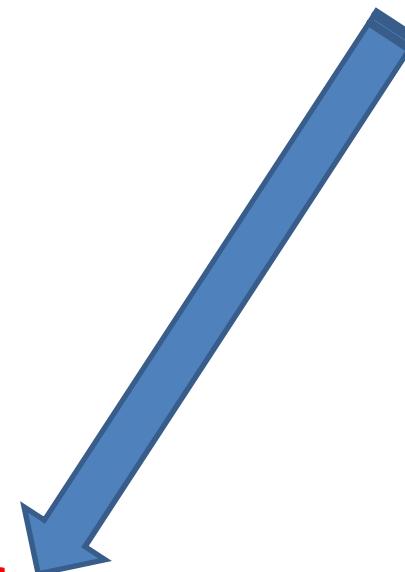
A DIAGNOSTIC
TOOL

"The ST segment"



Part 1
A PROGNOSTIC
TOOL

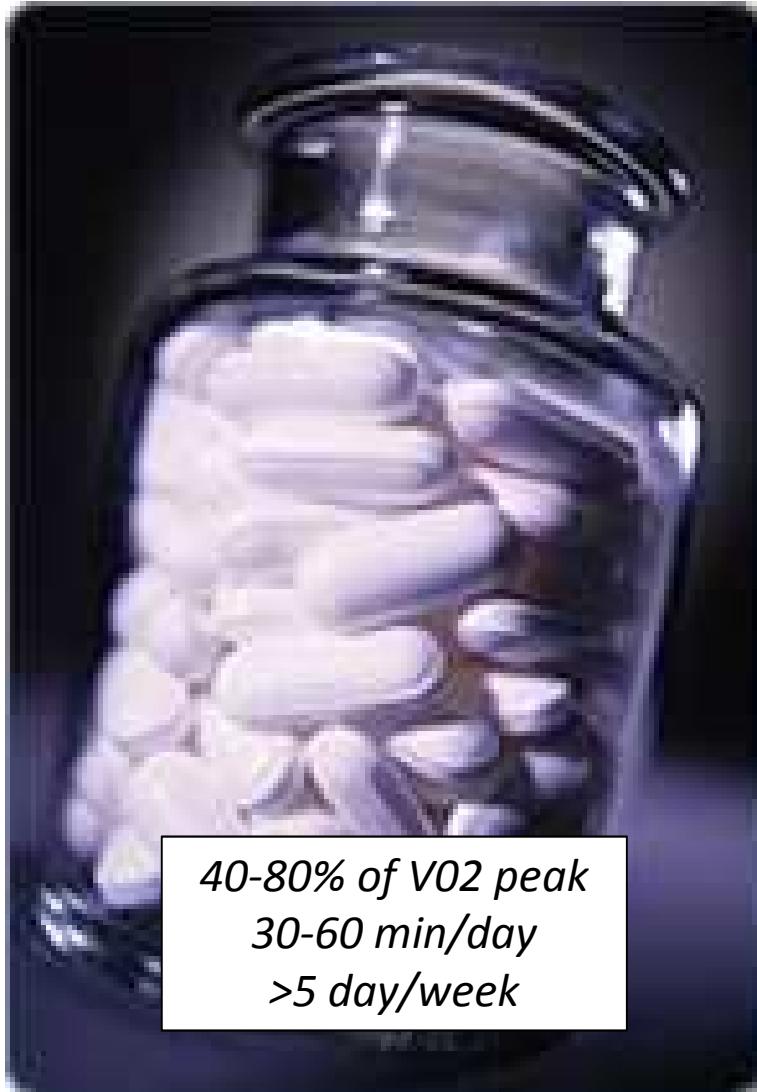
"Beyond The ST segment"



Part 2
A THERAPEUTIC TOOL

"The cardiovascular fitness"

Physical exercise: a therapeutic tool

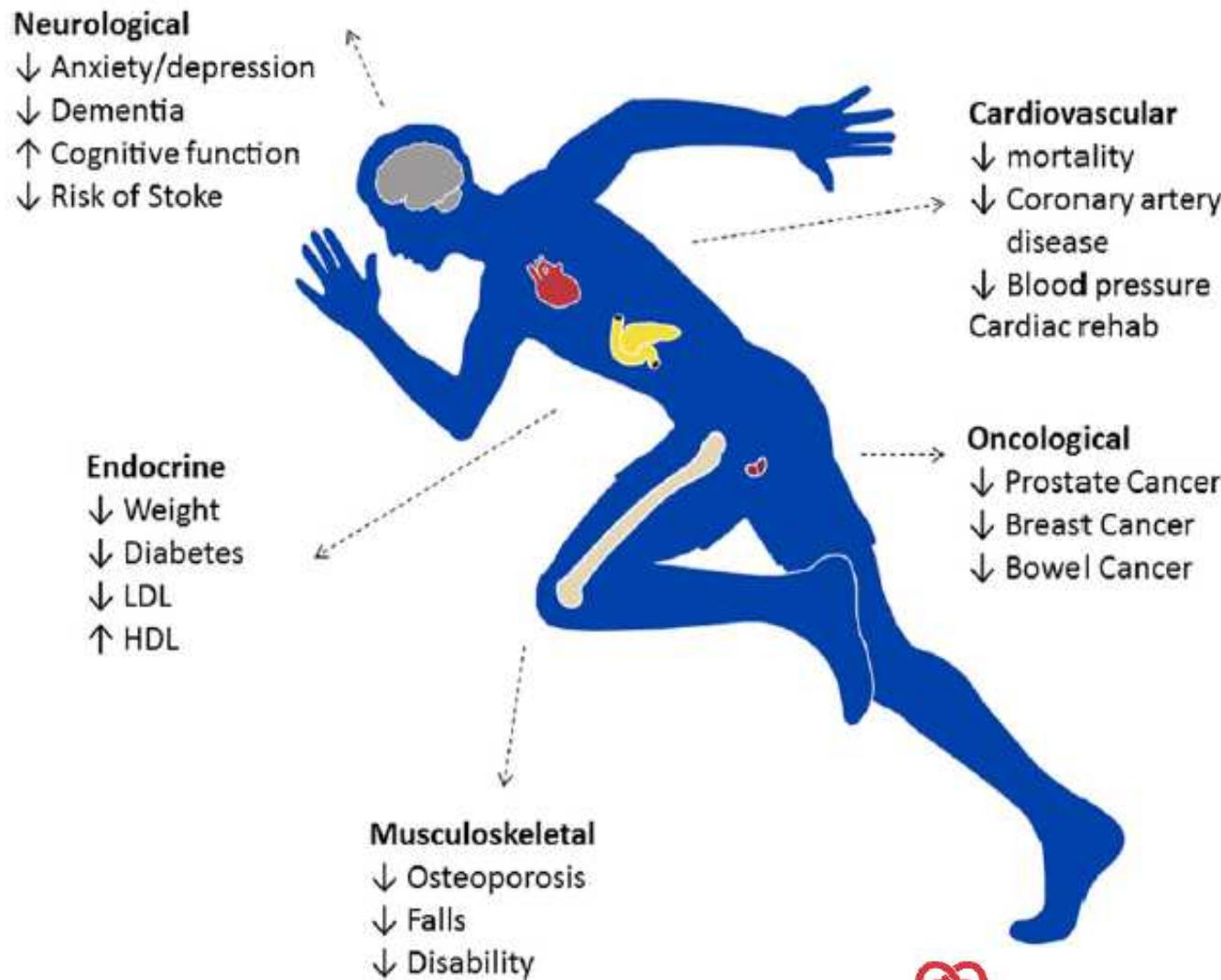


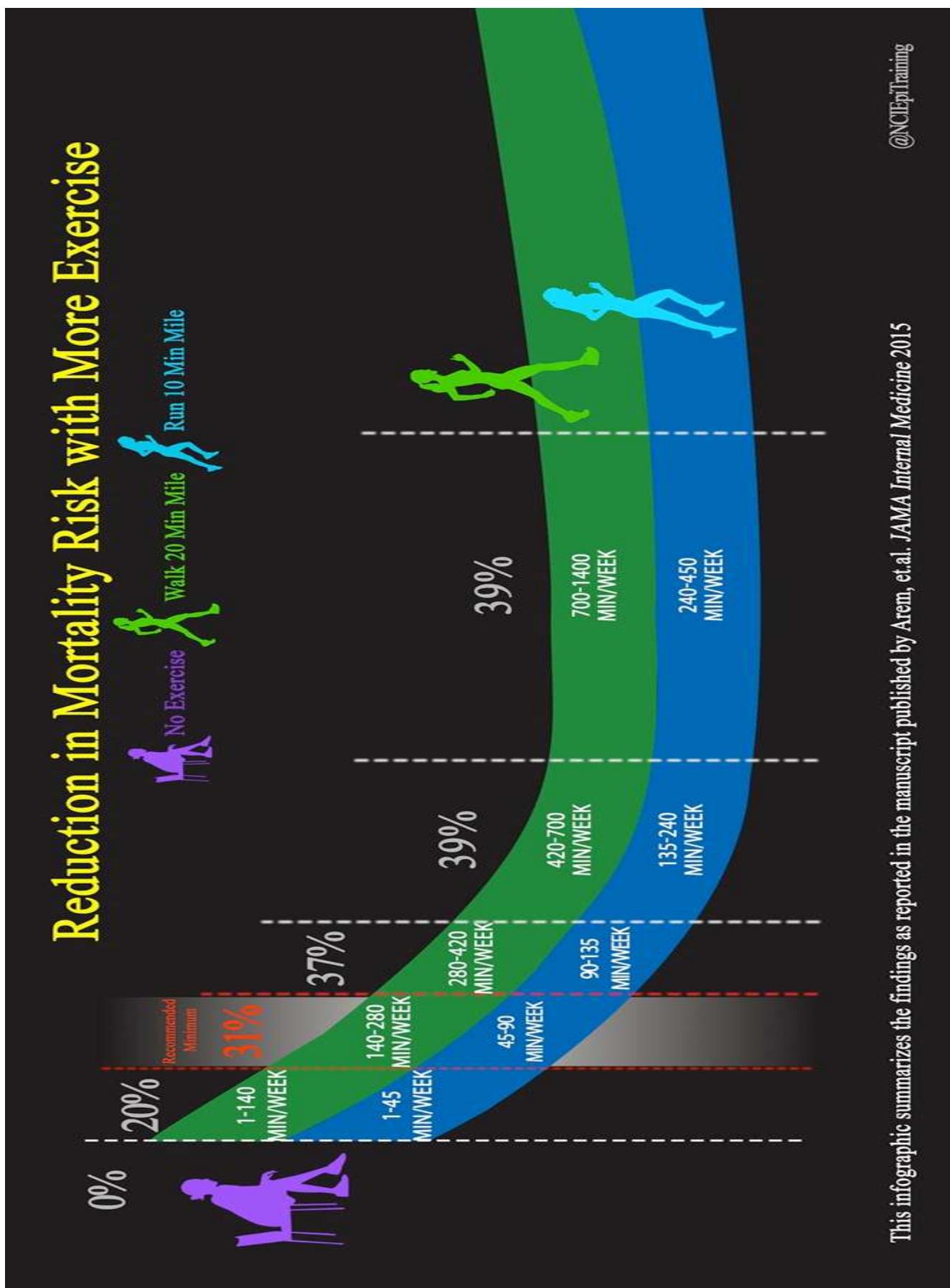
*40-80% of V02 peak
30-60 min/day
>5 day/week*

- Antiatherogenic effects
- Anti-inflammatory effects
- Effects on vascular endothelial function
- Effects on blood clotting
- Autonomic functional changes
- Anti-ischemic effects
- Antiarrhythmic effects
- Reduction in age-related disability

Circulation. 2013;128:873-934;

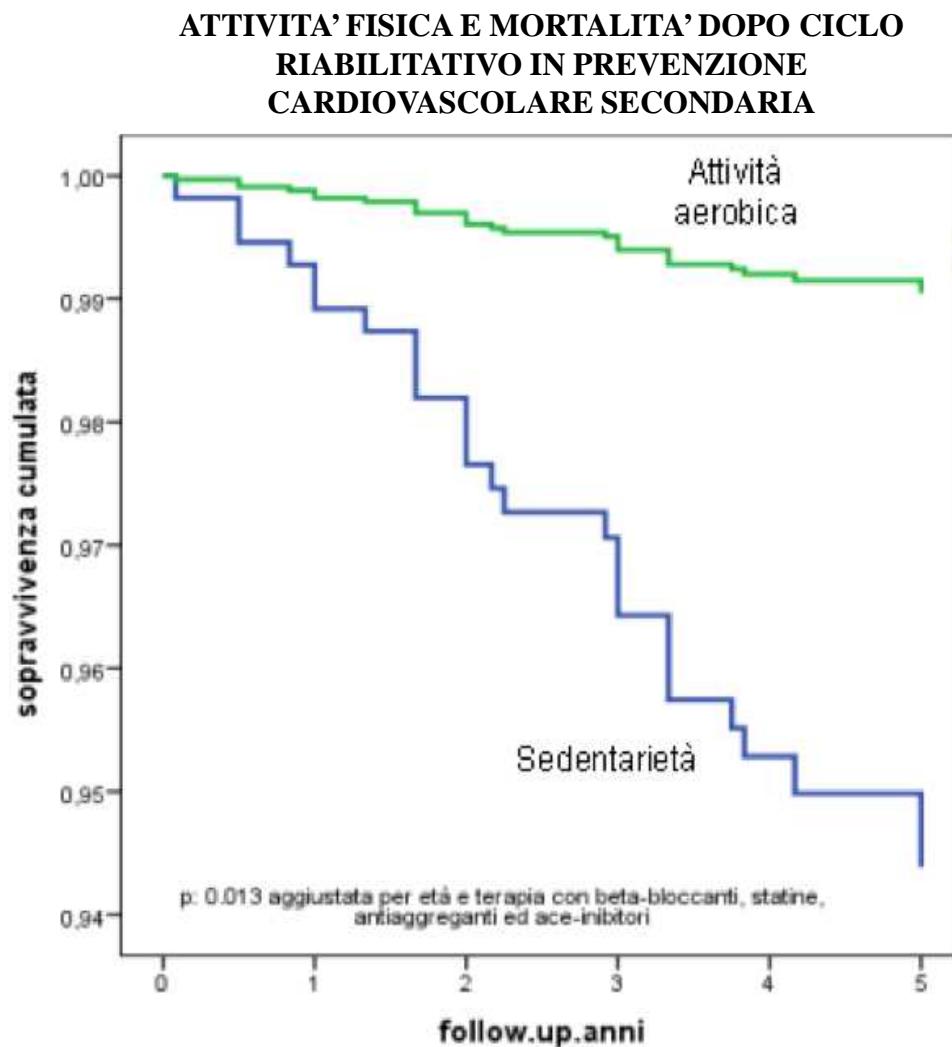
Physical exercise: a therapeutic tool







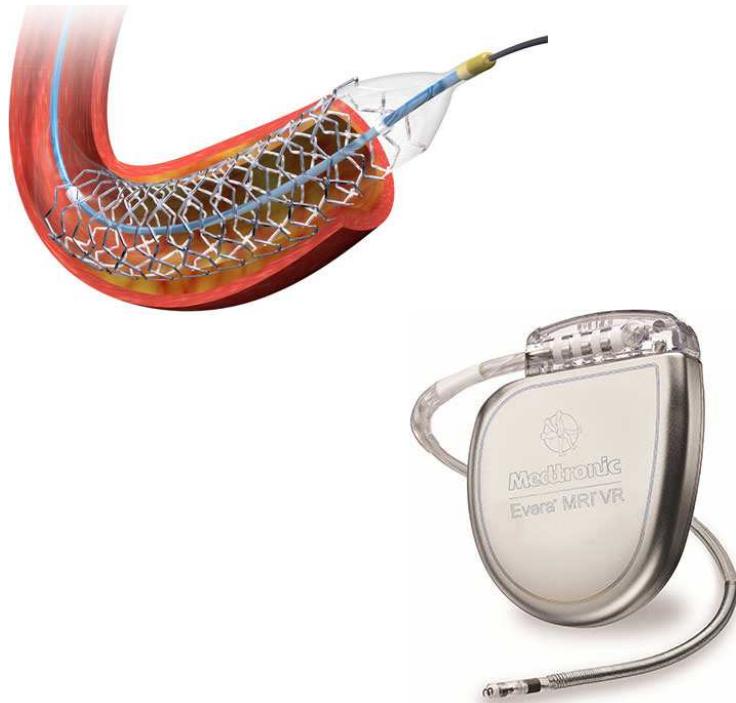
Attività fisica e sopravvivenza: prevenzione secondaria



Numero pazienti totali: 1.254
Follow-up : 4.5 anni

	N	%
Attività fisica aerobica (>150 min/sett)	482	38
Sedentarietà	713	57
Attività fisica non costante	64	5
Terapia		NNT
Beta-bloccante	16	
Statina	20	
ACE-i	31	
Antiaggregante	10	
Esercizio fisico aerobico	11	

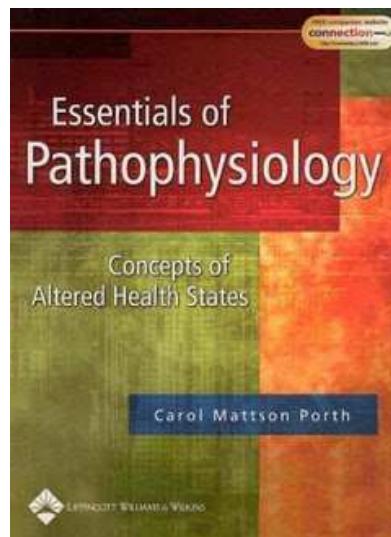
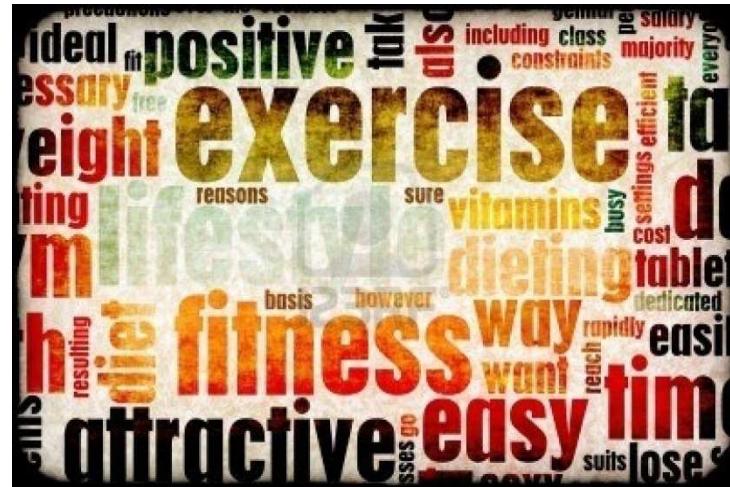
“Terapie palliative” vs “terapie curative”

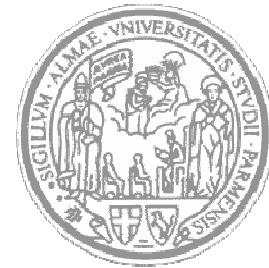


palliare dal b. lat. PALLIARE coprire di un velo, di un mantello da PÀLLIUM velo, pàllio (v. q. voce).

Coprire di una scusa, come di un mantello; Coprire di belle apparenze atti non buoni.

In medicina. Guarire in apparenza; onde Palliativo dicesi un rimedio, che ha la virtù di calmare momentaneamente i più gravi sintomi del male.





Grazie per l'attenzione



Dott. Davide Lazzeroni

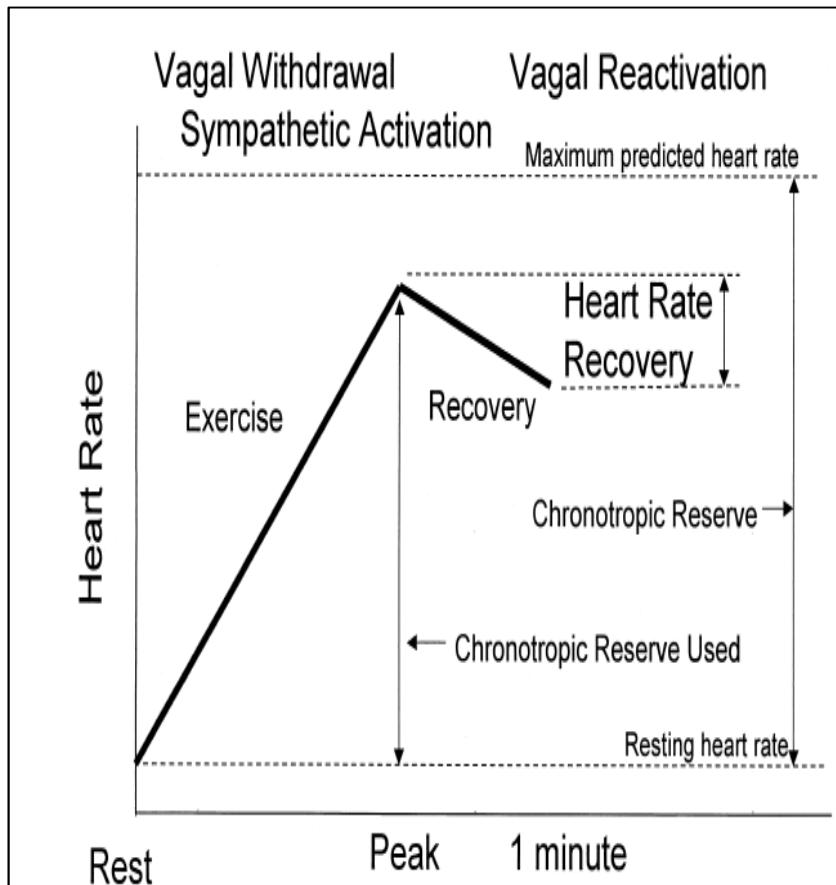


UNIVERSITÀ DEGLI
STUDI DI PARMA

Autonomic function and prognosis

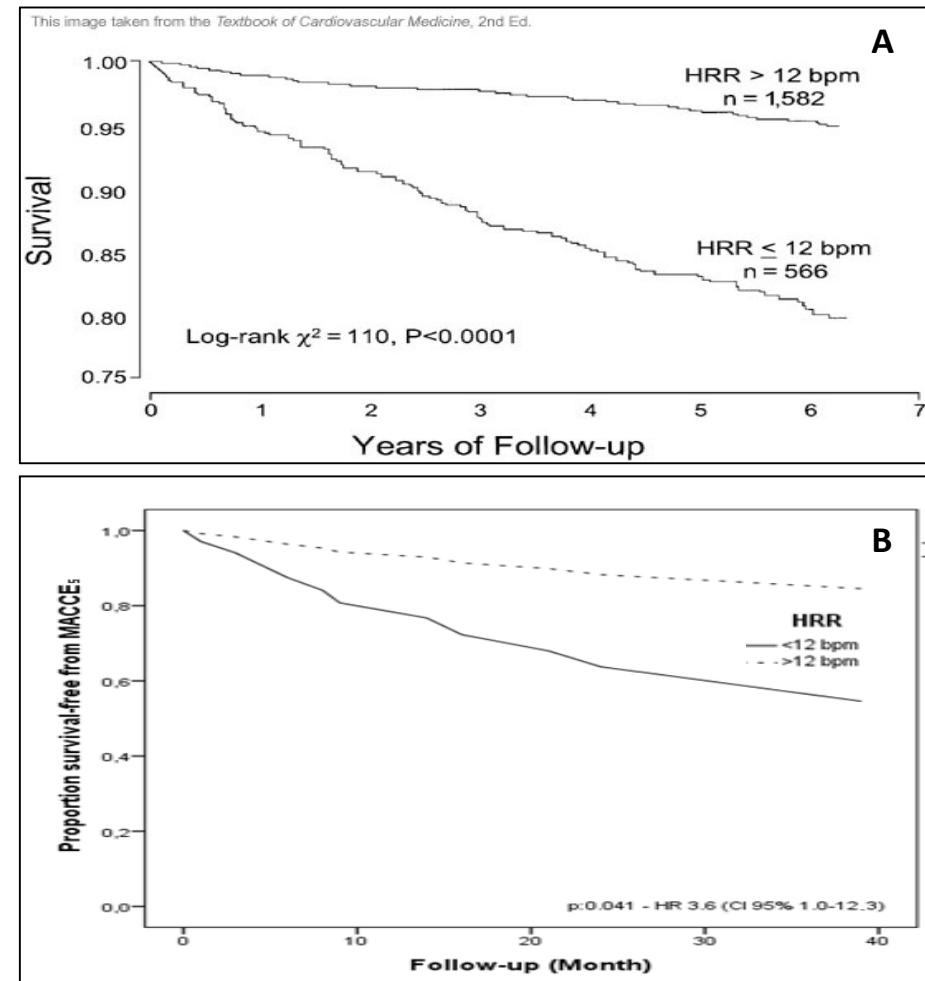
Fondazione
Don Carlo Gnocchi
Onlus

Heart rate recovery and prognosis after cardiac rehabilitation



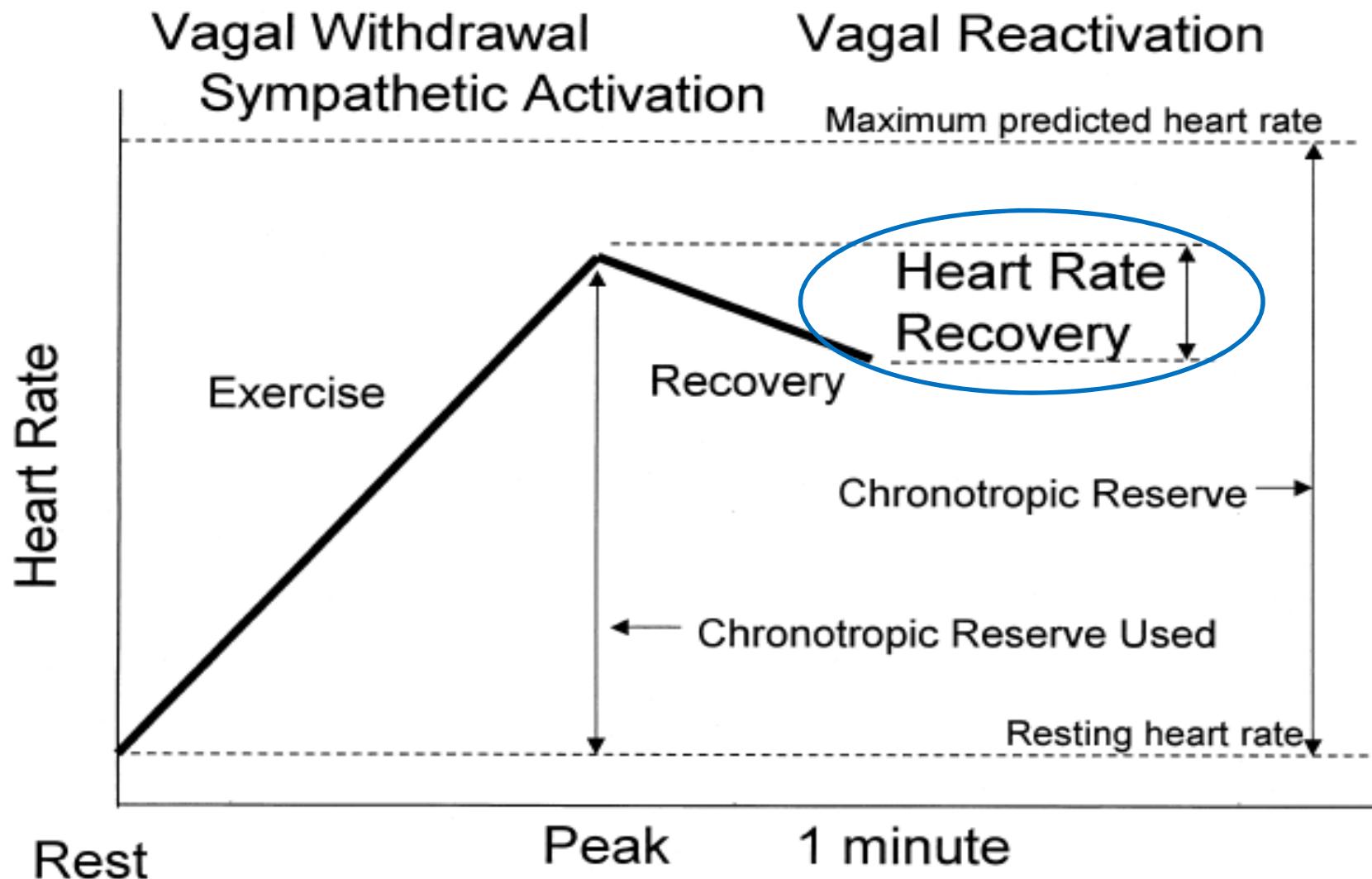
A) Jolly et al. Circulation

B) Don Gnocchi 2015 – dati non pubblicati

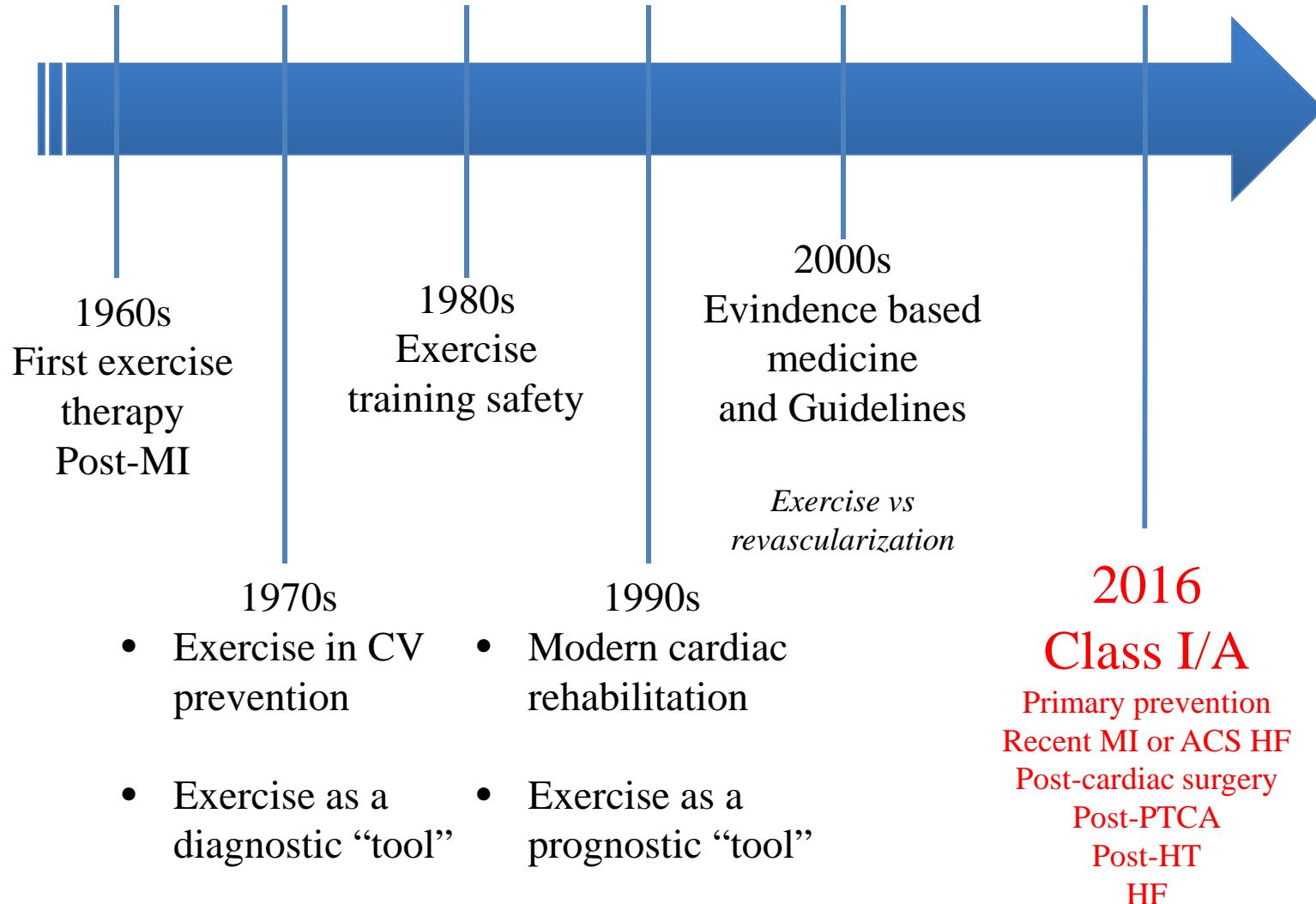


N=100 patients / FU: 1-3 years

CARDIOPULMONARY EXERCISE TEST: Autonomic function evaluation



Physical exercise in cardiovascular diseases: historical viewpoint



Mortalità per patologia cardiovascolare

Negli ultimi 30 anni

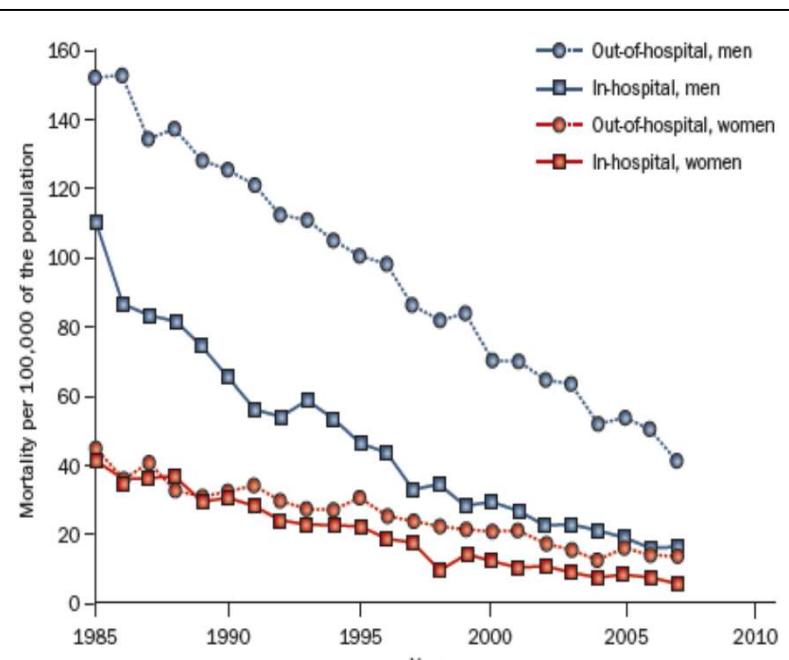


Figure 1 | Temporal trends in in-hospital and out-of-hospital cardiovascular mortality among men and women living in Minneapolis-St Paul, MN, USA.

Nei prossimi 30 anni

Table 1. Projections of Crude CVD Prevalence (%), 2010–2030 in the United States

Year	All CVD*	Hypertension	CHD	HF	Stroke
2010	36.9	33.9	8.0	2.8	3.2
2015	37.8	34.8	8.3	3.0	3.4
2020	38.7	35.7	8.6	3.1	3.6
2025	39.7	36.5	8.9	3.3	3.8
2030	40.5	37.3	9.3	3.5	4.0
% Change	9.9	9.9	16.6	25.0	24.9

CVD indicates cardiovascular disease; CHD, coronary heart disease; HF, heart failure.

*This category includes hypertension, CHD, HF, and stroke.

RIDUZIONE DEI DECESSI

AUMENTO DEGLI EVENTI

Physical exercise in cardiology

Part 1
**A DIAGNOSTIC
TOOL**

"The ST segment"



Part 2
**A PROGNOSTIC
TOOL**

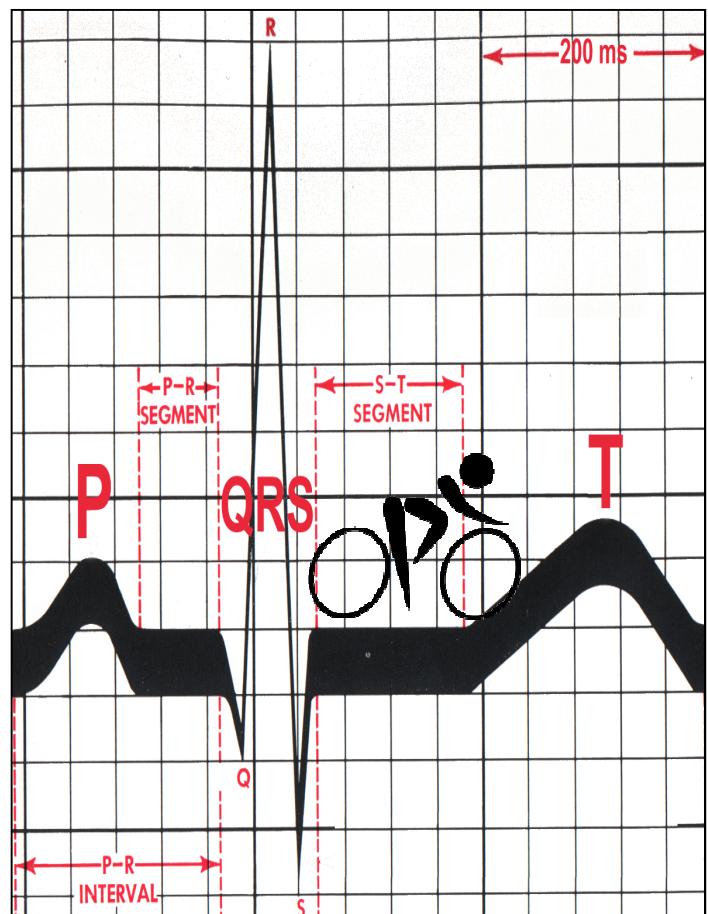
"Beyond The ST segment"

Part 3
A THERAPEUTIC TOOL

"The cardiovascular fitness"

PART 1

Physical exercise: a diagnostic tool



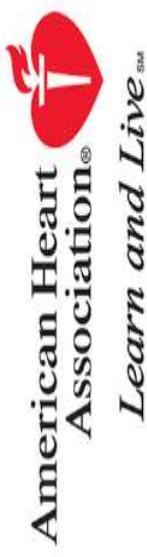
ST SEGMENT DEPRESSION DURING EXERCISE

No ST Depression	J-point only Depression	Upsloping ST Depression	Horizontal ST Depression	Downsloping ST Depression
60-80 ms after j-point	<1.0 mm (0.1 mV)	$\geq 1.0 \text{ mm}$	$\geq 1.0 \text{ mm}$	$\geq 1.0 \text{ mm}$
Negative standard ECG responses	Equivocal standard ECG response			Positive standard ECG responses

Circulation. 2013;128:873-934;

Circulation

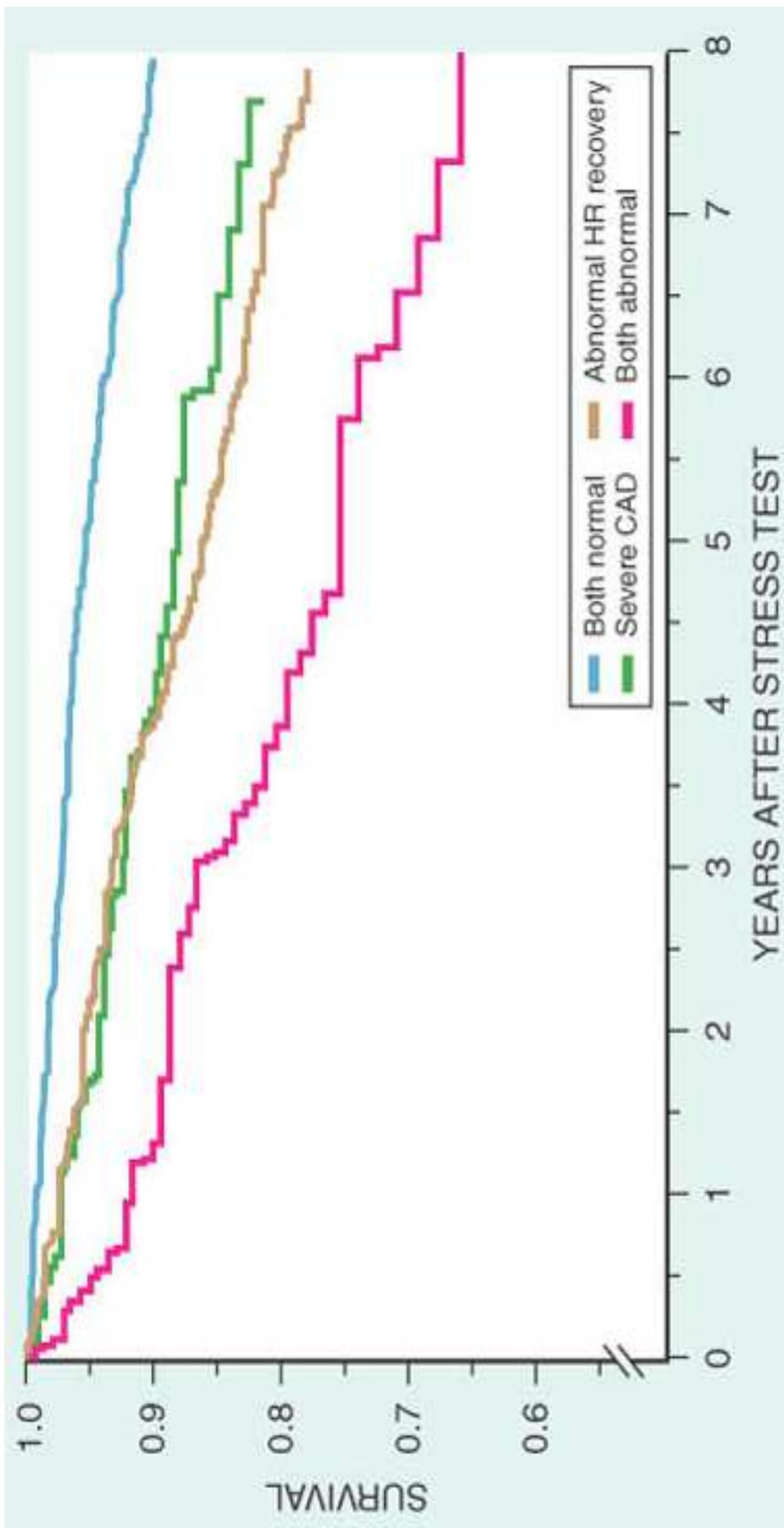
JOURNAL OF THE AMERICAN HEART ASSOCIATION



Heart Rate Recovery and Impact of Myocardial Revascularization on Long-Term Mortality

Michael S. Chen, Eugene H. Blackstone, Claire E. Pothier and Michael S. Lauer

Circulation 2004; 110:2851-2857; originally published online October 25, 2004



Percutaneous Coronary Angioplasty Compared With Exercise Training in Patients With Stable Coronary Artery Disease

A Randomized Trial

Rainer Hambrecht, MD; Claudia Walther, MD; Sven Möbius-Winkler, MD; Stephan Gielen, MD; Axel Linke, MD; Katrin Conradi, MD; Sandra Erbs, MD; Regine Kluge, MD; Kai Kendziorra, MD; Osama Sabri, MD; Peter Sick, MD; Gerhard Schuler, MD

