Patients with IC Should Have a Trial of Exercise Treatment and be Informed About Risks and Benefits before they are Treated Interventionally

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The Evidence from RCTs

- Exercise programmes are more cost-effective than revascularisation
- Exercise plus revascularisation may improve clinical effectiveness
- NICE recommends a trial of 3/12 exercise before revascularisation
- Who offers their patients an exercise programme?

SEP vs HEP

- Advice to take more exercise doesn’t work
- Supervised Exercise Programmes (SEP) have problems with compliance
- Home-based Exercise Programmes (HEP) are less expensive than SEP but may be less effective
- Both suffer from lack of immediate benefit

Augmented HEP

- Structured programme that promotes regular self-managed walking in a community setting
  - Specified duration and frequency of exercise:
    - Three times a week for 30 minutes
  - Walking aided by Nordic poles (immediately improve walking distance)
  - Instruction, monitoring and support:
    - Taught to use Nordic poles
    - Walking diaries and pedometers
    - Weekly telephone support for three months

Nordic Pole Walking (NPW)

- Longer than standard walking poles (0.7xheight)
- Glove grip and angled foot
- Better stability and more upright posture
- Decreased load on legs and increased stride
- Improved cardiovascular workload

Augmented vs Standard HEP

Single Centre RCT (n=38)

Long-term Follow-up

Patient compliance at 1 year

100% 80% 60% 40% 20% 0%

- Compliance at 1 year

Informed Consent

- A doctor must inform a patient of all the treatment options and the risks associated with each (Montgomery 2013)
- Failure to do so represents a Breach of Duty
- A claudicant who suffers complications following revascularisation can sue if exercise option not discussed/offered
- How many now plan to offer that option?