Update on exercise programmes for intermittent claudication

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No Disclosures

The Evidence from RCTs

- Exercise programmes are more cost-effective than revascularisation
- Exercise plus revascularisation may improve clinical effectiveness
- No point in revascularisation for IC if patients don’t stop smoking
- Trial of 3/12 exercise recommended before considering revascularisation

SEP vs HEP

- Advice to take more exercise doesn’t work
- Supervised Exercise Programmes (SEP) in the gym 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

- 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

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 12 week HEP

Single Centre RCT (n=38)

Cost of augmented HEP £88 vs 288 for SEP

Spafford et al Br J Surg 2014
Summary

- Revascularisation more expensive and less effective than exercise programmes
- Augmented HEP more effective than SEP in terms of walking distance, compliance and cost
- Avoiding one bypass operation will pay for an exercise programme for all your claudicants for a year!