



**EXERCISE-BASED CARDIAC REHABILITATION FOR PATIENTS WITH
CORONARY ARTERY DISEASE AND OBESITY: A COMPREHENSIVE REVIEW**

Ruzibaeva Dilafruz Sanjarbekovna

Master's degree student at Tashkent Medical Academy

Abstract: Coronary artery disease (CAD) remains a leading cause of mortality worldwide, with obesity being a significant risk factor that exacerbates CAD outcomes. Exercise-based cardiac rehabilitation (CR) has emerged as a crucial intervention for managing CAD, offering benefits such as reduced cardiovascular mortality and improved health-related quality of life (HRQoL). This review aims to evaluate the clinical effectiveness and cost-effectiveness of exercise-based CR in patients with CAD, including those with obesity, focusing on quality of life and cardiovascular outcomes.

Keywords: coronary artery disease, obesity, exercise-based cardiac rehabilitation, quality of life, cardiovascular outcomes.

Introduction

Coronary artery disease is a major global health concern, responsible for a significant portion of deaths worldwide. Obesity complicates CAD management due to its impact on exercise capacity and metabolic health. Exercise-based CR has evolved from exercise-only programs to comprehensive secondary prevention programs that address lifestyle-related behaviors, including weight management and risk factor modification.

Background

Exercise-based CR is designed to enhance cardiovascular health by mitigating risk factors associated with CAD, such as hypertension, high cholesterol, and smoking. Obesity, being a behavioral condition, requires a comprehensive behavioral approach for effective management. Studies have shown that obese patients with CAD can benefit from CR, although improvements in exercise capacity may be less pronounced compared to non-obese patients. CR typically involves supervised exercise sessions, lifestyle counseling, and education on heart-healthy behaviors.

Objectives

This review aims to assess the clinical effectiveness of exercise-based CR compared to no exercise in patients with CAD, including those with obesity, focusing on quality of life and cardiovascular outcomes. The study involves a randomized clinic trial of 80 participants.

Literature Review

Impact of obesity on CAD

Obesity is a significant risk factor for CAD, contributing to insulin resistance and metabolic syndrome. These factors exacerbate CAD outcomes by reducing exercise capacity and increasing cardiovascular risk factors. Effective management of obesity is crucial for improving CAD

outcomes.

Exercise-Based CR

Exercise-based CR has evolved from simple exercise programs to comprehensive secondary prevention strategies. These programs include supervised exercise, lifestyle counseling, and education on heart-healthy behaviors. They aim to improve cardiovascular health by reducing risk factors associated with CAD.

Benefits of exercise-based CR

Exercise-based CR offers several benefits for patients with CAD, including improved HRQoL, reduced cardiovascular mortality, and enhanced physical function. It also helps in managing risk factors such as hypertension and high cholesterol. Recent studies confirm that CR reduces cardiovascular mortality by approximately 26% and hospital readmissions by 18%.

Effectiveness in obese patients

While obese patients may experience less pronounced improvements in exercise capacity compared to non-obese patients, they still benefit significantly from CR. The comprehensive approach of CR helps in managing obesity-related factors that complicate CAD management.

Cost-Effectiveness

Exercise-based CR is not only clinically effective but also cost-effective. By reducing hospital readmissions and improving long-term health outcomes, CR can lead to significant cost savings in healthcare systems.

Methodology

This review involves a systematic search of major databases to identify studies focusing on the clinical effectiveness of exercise-based CR in patients with CAD, including those with obesity.

A randomized clinical trial of 80 participants was conducted to assess the impact of exercise-based CR on quality of life and cardiovascular outcomes.

Participants

The study included 80 patients with CAD, divided into two groups: those receiving exercise-based CR and those receiving standard care without exercise. Participants were aged between 40 and 70 years and had a confirmed diagnosis of CAD.

Intervention

The exercise-based CR program consisted of supervised exercise sessions three times a week for six months. Each session included aerobic exercise, strength training, and flexibility exercises. Participants also received lifestyle counseling and education on heart-healthy behaviors.

Outcome measures

Primary outcomes included changes in HRQoL, measured using the SF-36 questionnaire, and cardiovascular outcomes, such as reduction in blood pressure and cholesterol levels. Secondary outcomes included improvements in exercise capacity and weight management.

Results

The results of the randomized clinical trial showed significant improvements in HRQoL and

cardiovascular outcomes among participants receiving exercise-based CR compared to those receiving standard care. The CR group demonstrated better scores on the SF-36 questionnaire and significant reductions in blood pressure and cholesterol levels.

Quality of life

Improvements in HRQoL were evident across all domains of the SF-36 questionnaire, including physical function, emotional well-being, and social functioning. These improvements were more pronounced in the CR group compared to the standard care group.

Cardiovascular outcomes

The CR group showed significant reductions in systolic blood pressure and LDL cholesterol levels compared to the standard care group. These changes indicate a reduced risk of future cardiovascular events.

Exercise Capacity and Weight Management

Participants in the CR group demonstrated improvements in exercise capacity, measured by increased walking distance during a six-minute walk test. Additionally, there was a significant reduction in body mass index (BMI) among obese participants in the CR group.

Discussion

The findings of this review highlight the clinical effectiveness and cost-effectiveness of exercise-based CR for patients with CAD, including those with obesity. The comprehensive approach of CR addresses not only physical health but also lifestyle behaviors, leading to improved HRQoL and reduced cardiovascular risk.

Implications for Practice

Healthcare providers should consider incorporating exercise-based CR into the management plan for patients with CAD, especially those with obesity. This approach can lead to better patient outcomes and reduced healthcare costs.

Future Research Directions

Future studies should focus on optimizing CR programs for obese patients with CAD, exploring innovative strategies to enhance exercise capacity and weight management. Additionally, cost-effectiveness analyses should be conducted to further support the integration of CR into healthcare systems.

Conclusion

Exercise-based CR is a valuable intervention for managing CAD, particularly in patients with obesity. By improving HRQoL and reducing cardiovascular risk factors, CR can significantly enhance patient outcomes. Healthcare systems should prioritize the integration of CR into standard care for CAD management.

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