



IMPACT OF EXERCISE CAPACITY BEYOND ANAEROBIC THRESHOLD

ACC Poster Contributions

Georgia World Congress Center, Hall B5

Monday, March 15, 2010, 9:30 a.m.-10:30 a.m.

Session Title: Exercise Physiology and Ventilatory Factors

Abstract Category: Exercise Physiology and Testing

Presentation Number: 1146-215

Authors: *Mahoto Kato, Lynne W. Stevenson, Greg Flaker, L. Howard Hartley, Brigham and Women's Hospital, Boston, MA*

Background: In patients (Pts) with heart failure (HF), the aerobic capacity as measured by ventilatory anaerobic threshold (VAT) and peak oxygen uptake (PVO₂) predicts outcomes. Dyspnea has been found to be more limiting in individuals unable to sustain exercise beyond VAT. The purpose of this study is to compare post-aerobic capacity to HF events and mortality.

Methods: To study this question in a population prior to recommended use of beta blockers which variably limit peak heart rate, we examined data collected in 142 Pts with LVEF < 40% after myocardial infarction (MI) who participated in a randomized trial of the use of captopril for secondary prevention. Maximal bicycle exercise testing with continuous gas exchange measurement was performed 3-6 months after MI. The increase in VO₂ beyond VAT was defined as BAT-VO₂. Cox proportional hazards regression analysis was used and hazard ratios (HR) for PVO₂ and BAT-VO₂ were calculated for increments of 10 ml/min.

Results: Age was 57 ± 10 yrs, LVEF was 33 ± 6 % and NYHA I / II / III / IV were 88 / 41 / 9 / 1 [TABLE]. There were 29 events (22 HF, 10 deaths); hazard ratio (adjusted for age, gender, LVEF and NYHA) for BAT-VO₂ was 0.81 (p=0.013), while that for PVO₂ was 0.91 (p=NS).

Conclusions: In this study BAT-VO₂ was a stronger predictor of adverse events than PVO₂ in Class I-II HF. This suggests ability to exercise beyond VAT as a new integrative measure that is related to severity of disease and may be important in defining factors that limit both activity and survival in heart disease.

Variable	Mean ± SD	Chi-Square	Hazard Ratio	95% CI	p
Age, years	57.3 (10.3)	3.1794	0.958	0.914-1.004	0.0746
Male Gender, n (%)	122 (85.9)	0.1107	0.831	0.280-2.470	0.7393
LVEF, %	32.5 (5.6)	19.8293	0.849	0.790-0.912	<.0001
NYHA	1.4 (0.7)	3.9479	1.618	1.007-2.600	0.0469
PVO ₂ , ml/min	1429.8 (557.7)	0.8047	0.913	0.747-1.114	0.3697
BAT-VO ₂ , ml/min	362.1 (272.0)	6.1281	0.811	0.687-0.957	0.0133

Values are represented as mean (SD) beside Male Gender. The hazard ratios for PVO₂ and BAT-VO₂ were calculated for increments of 10 ml/min. CI, confidence interval; LVEF, left ventricular ejection fraction; NYHA, New York Heart Association functional class; PVO₂, peak oxygen uptake; BAT-VO₂, the difference between PVO₂ and VO₂ at ventilatory anaerobic threshold.