

EDITOR'S PAGE

It Is Time to Exercise Change for Heart Failure



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On December 22, 2005, the Center for Medicare and Medicaid Services (CMS) proposed that the evidence was adequate to conclude that cardiac rehabilitation was reasonable and necessary for patients following acute myocardial infarction, coronary artery bypass grafting, stable angina pectoris, valve repair and replacement, percutaneous transluminal coronary angioplasty and heart or heart-lung transplant. In addition, CMS determined the evidence was not adequate to conclude that cardiac rehabilitation was reasonable and necessary in congestive heart failure and therefore it would not be covered. During this time period, the HF-ACTION (Heart Failure: A Controlled Trial Investigating Outcomes of Exercise Training) study was ongoing, a trial of 2,331 patients with heart failure with reduced ejection fraction randomized to exercise training vs. usual care. The trial was designed to understand whether this therapy influenced cardiovascular morbidity and mortality. In this issue of *JACC: Heart Failure*, we have 2 articles, a meta-analysis of exercise training in heart failure, and a state-of-the-art position paper reviewing the benefits of exercise therapy in heart failure patients. The evidence is clear from the totality of information from all the clinical trials conducted to date that cardiac rehabilitation for chronic heart failure is beneficial. Fortunately, the evidence for providing coverage equals or exceeds all the other disease states under current approval. It was noted in the 2005 analysis by CMS that HF-ACTION was an ongoing clinical trial, and they waited for results of this trial. Indeed, the trial is now complete and extensively evaluated, with over 50 peer-reviewed, published manuscripts. The findings of HF-ACTION have suggested that there is:

1. an important reduction in time to first heart failure hospitalization.
2. an improvement in quality of life as determined by KCCQ questionnaire;
3. a reduction in depressive symptoms;
4. an improvement in New York Heart Association Class.; and
5. improvement in physical fitness determined by peak VO₂ and other measures.

Perhaps most pertinent to cardiac rehabilitation for heart failure patients was a paper by the HF-ACTION authors published in *JACC* in 2012 (1) which described the relationship between volume of exercise and clinical outcomes, indicating a dose-response relationship, such that moderate exercise volume was associated with a 30% reduction in clinical events.

Over the next 6 months CMS will complete their review to determine if there is enough evidence to add the diagnosis of chronic heart failure to the list of approved indications for coverage for cardiac rehabilitation. As heart failure clinicians, let's hope that CMS leaders 'exercise' a good decision for our patients.

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REFERENCE

1. Keteyian SJ, Leifer ES, Houston-Miller N, et al., HF-ACTION Investigators. Relation between volume of exercise and clinical outcomes in patients with heart failure. *J Am Coll Cardiol* 2012;60:1899-905.