



# A Comparative Study on the Effectiveness of Two Exercise Therapy Programs for Cardiac Rehabilitation

Priyanka Sharma\*

Department of Cardiology, King George's Medical University, Lucknow, India

## Abstract

Cardiac rehabilitation plays a crucial role in the recovery and management of individuals with cardiovascular conditions. Exercise therapy is an integral component of cardiac rehabilitation, as it aims to improve cardiovascular health, enhance physical fitness, and reduce the risk of future cardiovascular events. While there are various exercise therapy programs available, this article will compare the effectiveness of two popular approaches: aerobic exercise and high-intensity interval training (HIIT).

**Keywords:** Cardiovascular; Exercise; Cardiac rehabilitation

## Introduction

Aerobic exercise involves continuous and rhythmic activities that elevate the heart rate and improve cardiovascular endurance. This form of exercise typically includes activities such as brisk walking, jogging, cycling, swimming, and dancing [1]. The primary goal of aerobic exercise in cardiac rehabilitation is to improve the heart's efficiency, increase oxygen utilization, and enhance overall cardiovascular fitness.

## Benefits of aerobic exercise

1. Improved cardiac output and blood flow to the muscles and organs.
2. Enhanced cholesterol profiles with increased levels of HDL (the "good" cholesterol) and reduced LDL (the "bad" cholesterol).
3. Better control of blood sugar levels, especially in individuals with diabetes.
4. Weight management and potential reduction in body fat.
5. High-Intensity Interval Training (HIIT)

It has gained popularity in recent years due to its time-efficiency and potential to produce significant health benefits. In the context of cardiac rehabilitation, HIIT has shown promising results in improving cardiovascular function and overall fitness.

## Benefits of HIIT

1. Efficient workouts: HIIT sessions are typically shorter, making it more feasible for those with busy schedules.
2. Improved cardiovascular performance: HIIT has been associated with increased VO<sub>2</sub> max, a marker of cardiovascular fitness.
3. Enhanced insulin sensitivity, making it beneficial for individuals with diabetes or insulin resistance.
4. Potential for continued calorie burn even after the workout, thanks to the "afterburn" effect.

Both aerobic exercise and HIIT have demonstrated significant improvements in cardiovascular health. Aerobic exercise provides steady improvements in cardiac output, heart rate, and blood pressure over time. HIIT, on the other hand, can produce similar or even superior cardiovascular benefits in a shorter period, due to its high-intensity nature and the added benefits of intermittent stress on the heart [2]. HIIT is renowned for its time-efficiency, as shorter workout durations

are often required to achieve comparable results to traditional aerobic exercise. For individuals with time constraints, HIIT may be a more attractive option, allowing them to fit exercise into their busy lifestyles.

While both exercise programs are generally safe for individuals undergoing cardiac rehabilitation, HIIT may pose higher risks for certain individuals, particularly those with severe cardiac conditions. As HIIT involves intense bursts of exercise, it may not be suitable for everyone. Aerobic exercise, being more moderate and continuous, tends to be a safer starting point for most individuals [3].

Aerobic exercise is often considered more sustainable and easier to maintain over the long term due to its less intense nature. HIIT can be mentally and physically demanding, potentially leading to lower adherence rates over time. However, some individuals may find the variety and challenge of HIIT workouts more engaging and rewarding, resulting in better adherence for them.

While both approaches offer cardiovascular benefits, HIIT has been shown to induce more significant improvements in VO<sub>2</sub> max (maximal oxygen consumption) in a shorter time compared to traditional aerobic exercise. VO<sub>2</sub> max is a measure of the body's ability to utilize oxygen during exercise and is considered a key indicator of cardiovascular fitness.

## Literature Review

Cardiac rehabilitation is not only about improving cardiovascular health but also about addressing risk factors such as high blood pressure, cholesterol levels, and insulin resistance. Both aerobic exercise and HIIT can positively impact metabolic health [4].

Aerobic exercise especially when performed regularly, leads to improved lipid profiles, with increases in HDL cholesterol (the "good" cholesterol) and decreases in LDL cholesterol (the "bad" cholesterol). It

\*Corresponding author: Priyanka Sharma, Department of Cardiology, King George's Medical University, Lucknow, India, E-mail: priyankasharma@gmail.com

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also aids in managing blood pressure levels and may improve insulin sensitivity, making it beneficial for individuals with diabetes or pre-diabetes.

HIIT has shown promising effects on metabolic health as well. Some studies indicate that HIIT can lead to greater improvements in insulin sensitivity and glycemic control compared to continuous aerobic exercise. Additionally, it may help reduce body fat and waist circumference, contributing to improved overall metabolic health [5].

One of the key advantages of HIIT over traditional aerobic exercise is its time efficiency. HIIT workouts are typically shorter, ranging from 15 to 30 minutes, including warm-up and cool-down. In contrast, aerobic exercise sessions often require 30 to 60 minutes or more to achieve similar cardiovascular benefits.

The time efficiency of HIIT makes it an appealing option for individuals with busy schedules or those who struggle to find extended periods for exercise. This characteristic also makes HIIT more feasible for people who may not be inclined to engage in longer exercise sessions regularly [6].

## Discussion

When considering the effectiveness of exercise therapy programs for cardiac rehabilitation, it's crucial to acknowledge the importance of individualized exercise prescriptions. No two individuals are exactly alike, and the response to exercise can vary significantly from person to person. Factors such as age, fitness level, medical history, specific cardiac condition, and personal preferences all play a role in determining the most suitable exercise program [7]. The most effective cardiac rehabilitation programs involve tailored exercise prescriptions that take into account each individual's unique characteristics and needs. Healthcare professionals, including cardiologists, exercise physiologists, and cardiac rehabilitation specialists, should work together to develop personalized exercise plans that strike the right balance between safety and effectiveness [8].

## Conclusion

In conclusion, both aerobic exercise and high-intensity interval training (HIIT) offer valuable benefits for cardiac rehabilitation. Aerobic exercise is a well-established and safe approach that steadily improves cardiovascular health and endurance. It is generally more sustainable and accessible for a broader range of individuals.

HIIT, on the other hand, provides time-efficient workouts and can

elicit significant cardiovascular improvements in shorter durations. It may also offer benefits for muscle strength and endurance, making it an attractive option for those seeking more intense and challenging workouts.

Ultimately, the effectiveness of either exercise modality depends on individual needs, preferences, and health conditions. For most individuals undergoing cardiac rehabilitation, a combination of both aerobic exercise and HIIT, when appropriate, can provide a well-rounded and effective exercise therapy program. However, it is crucial to seek guidance from healthcare professionals to ensure safety and optimize the benefits of the chosen exercise approach.

## Acknowledgement

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## Conflict of Interest

None

## References

1. Grace SL, Bennett S, Ardern CI, Clark AM (2014) Cardiac Rehabilitation Series: Canada. *Prog Cardiovasc Dis* 56: 530-535.
2. Anderson L, Oldridge N, Thompson DR, Dorte Zwisler A, Rees K, et al. (2016) Exercise-Based Cardiac Rehabilitation for Coronary Heart Disease Cochrane Systematic Review and Meta-Analysis. *J Am Coll Cardiol* 67: 1-12.
3. Kabboul NN, Tomlinson G, Francis TA, Grace SL, Chaves G, et al. (2018) Comparative Effectiveness of the Core Components of Cardiac Rehabilitation on Mortality and Morbidity: A Systematic Review and Network Meta-Analysis. *J Clin Med* 7: 514.
4. Woodruffe S, Neubeck L, Clark RA, Gray K, Ferry C, et al. (2015) Australian Cardiovascular Health and Rehabilitation Association (ACRA) core components of cardiovascular disease secondary prevention and cardiac rehabilitation 2014. *Heart Lung Circul* 24: 430-441.
5. Hamm LF, Sanderson BK, Ades PA, Berra K, Kaminsky LA, et al. (2011) Core competencies for cardiac rehabilitation/secondary prevention professionals: 2010 update: Position statement of the American Association of Cardiovascular and Pulmonary Rehabilitation. *J Cardiopulm Rehabil Prev* 31: 2-10.
6. Buckley JP, Furze G, Doherty P, Speck L, Connolly S, et al. (2013) BACPR scientific statement: British standards and core components for cardiovascular disease prevention and rehabilitation. *Heart* 99: 1069-1071.
7. Candido E, Richards JA, Oh P, Suskin N, Arthur HM, et al. (2011) The relationship between need and capacity for multidisciplinary cardiovascular risk-reduction programs in Ontario. *Can J Cardiol* 27: 200-207.
8. Martin BJ, Hauer T, Arena R, Austford LD, Galbraith PD, et al. (2012) Cardiac rehabilitation attendance and outcomes in coronary artery disease patients. *Circulation* 126: 677-687.