



Task force recommends greater use of exercise testing in chronic disease

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27 February 2007, Exercise testing can be a powerful tool for diagnosing chronic heart and lung conditions and measuring response s to treatment, according to new research published in the European Respiratory Journal.

The findings come from a three-year international research project by the European Respiratory Society's (ERS) task force on clinical exercise testing, which has evaluated the technology and its benefits and provided recommendations on its use for clinicians.

Clinical exercise testing measures the functioning of the heart, lungs and muscles during exercise and is very sensitive to changes in per formance – important in chronic conditions where improvements can be small and very slow.

Professor of Sports Science at the University of Leeds and member of the ERS task force, Sue Ward said: "We were asked to review the latest developments in this kind of testing and look at the reasons why physicians should be considering it as a diagnostic tool. It does require expensive equipment and trained staff, but our review showed that the benefits for a large number of patients suffering from chronic conditions can be considerable."

One of the biggest problems for people suffering from chronic heart and lung disease is an intolerance to exercise – often to the point of struggling to get up out of a chair or to walk across a room without getting breathless. This inability to exercise leads to further problems, such as a loss of body mass and muscle wasting, and can mean a lower life expectancy for the patient.

Clinicians usually attempt to tackle this problem through interventions such as exercise training, drug treatments, additional oxygen or di etary changes, but as the improvements in the patient can be quite small the effectiveness of the treatment is very hard to judge. Clinical exer cise testing enables small incremental changes to be measured and so interventions can be properly evaluated and applied for each patient.

The task force also found that, because the indices it uses are very sensitive to change, clinical exercise testing can be used to diagnos e certain conditions and diseases and can also have a prognostic value.

Clinical exercise testing has been used in North America, Japan, Italy and Germany since the 1970s and 80s, but is still rare in the UK. C ardiovascular disease remains the UK's biggest killer, and although death rates have been falling rapidly since the 1970s, rates in the UK are st ill amongst the highest in Western Europe.

The initial findings from the task force are published in the latest issue of the European Respiratory Journal and will be the subject of a E uropean Respiratory Society monograph later in the year.

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