

Exercise Corner

Updated European Guidelines for Exercise and Sports for People with (or without) Cardiovascular Disease. Eur Heart J 2020 Aug 29 The revised set of guidelines from the European Society of Cardiology reduces restrictions on exercise for many patients with cardiac conditions. Key Points

- Healthy individuals: Recommendations for weekly exercise are ≥ 150 minutes of moderate-intensity or ≥ 75 minutes of vigorous-intensity aerobic activity, spread across at least 4 to 5 days.
- Obesity (body-mass index >30 kg/m²): These individuals should include resistance training 3 days weekly, plus 150 minutes of moderate-intensity aerobic activity.
- Coronary artery disease: Before patients begin engaging in exercise, risk stratification (including exercise stress testing) is recommended.
- Myocardial bridging: Competitive sports are not recommended if these patients have ischemia or complex arrhythmias during exercise stress testing.
- Asymptomatic valvular heart disease: intense or competitive exercise is not recommended in people with severe aortic stenosis, aortic regurgitation with left-ventricular ejection fraction (LVEF) $<50\%$, mitral regurgitation with LVEF $<60\%$, or severe mitral stenosis.
- Hypertrophic cardiomyopathy (HCM): High-intensity exercise is not recommended if any of these high-risk features are present: history of cardiac arrest or unexplained syncope, moderate risk at 5 years (ESC score, $>4\%$), LV outflow tract gradient at rest >30 mm Hg, abnormal blood-pressure response to exercise, or exercise-induced arrhythmias.
- Arrhythmogenic cardiomyopathy: Competitive sports or high-intensity exercise is not recommended, including in genotype-positive patients who are phenotype-negative.
- Dilated cardiomyopathies: High-intensity exercise or competitive sports are not recommended if any of these features are present: history of cardiac arrest or unexplained syncope, LVEF $<45\%$, frequent or complex ventricular arrhythmias, extensive late gadolinium enhancement on cardiac magnetic resonance, or high-risk genotype (e.g., lamin A/C).
- Myocarditis: Return to moderate-to-high-intensity exercise is not recommended until 3 to 6 months after recovery.
- Long QT syndrome (LQTS): High-intensity or competitive exercise is not recommended (even with beta-blocker use) when patients have QTc >500 milliseconds or are confirmed genetically to have LQTS plus QTc ≥ 470 milliseconds in men or ≥ 480 milliseconds in women. Competitive sports are not recommended if patients have histories of prior cardiac arrest or arrhythmic syncope, regardless of implantable cardioverter-defibrillator use.