

European Respiratory Society Annual Congress 2012

Abstract Number: 4345

Publication Number: P494

Abstract Group: 9.2. Physiotherapists

Keyword 1: Physiotherapy care **Keyword 2:** Physical activity **Keyword 3:** Surgery

Title: Cardiac autonomic responses exercise-induced during inpatient cardiac rehabilitation in patients undergoing CABG and left ventricular function different

Dr. Renata G. 26312 Mendes mendesrg@hotmail.com¹, Mr. Rodrigo P. 26313 Simões rpssimoes@yahoo.com.br¹, Mr. Fernando S.M. 26314 Costa fernandocostafisio@yahoo.com.br¹, Ms. Camila B.F. 26315 Pantoni camilapantoni@gmail.com¹, Ms. Luciana 26316 Di Thommazo lucianadt@gmail.com¹, Dr. Sérgio 26335 Luzzi sluzzi@uol.com.br MD², Dr. Othon 26341 Amaral-Neto ctcv@uol.com.br MD², Dr. Aparecida M. 26348 Catai mcatai@ufscar.br¹, Dr. Ross 26362 Arena rarena70@gmail.com³ and Dr. Audrey 26412 Borghi-Silva audrey@ufscar.br¹. ¹ Cardiopulmonary Physiotherapy Laboratory, Federal University of Sao Carlos, SP, Brazil ; ² Cardiology Department, Irmandade Santa Casa Misericordia Hospital, Araraquara, SP, Brazil and ³ Physiotherapy Department, University of New Mexico, Albuquerque, NM, United States .

Body: Introduction: Patients undergoing coronary artery bypass graft (CABG) with reduced left ventricular function (LVF) are those who experience greater cardiac autonomic adaptation at rest after inpatient cardiac rehabilitation (CR). However, the acute cardiac autonomic response (CAR) during exercise remains to be investigated. Aim: To assess whether physical exercises can evoke beneficial CAR in post-CABG patients with different LVF. Method: Forty-four patients, divided into LVF normal (LVFN, n=23) composed of patients with left ventricular ejection fraction (LVEF) $\geq 55\%$ and LVF reduced group (LVFR, n=21) with LVEF = 35–54% were evaluated. CAR was assessed by heart rate variability (HRV) during extremity ROM exercises and ambulation on the first postoperative day (PO1) and before discharge, respectively. Results: PO1 were observed significant intragroup differences for mean heartbeats intervals and heart rate to rest and exercise in both groups. During ambulation were found lower values of HRV (STDRR, TINN, SD2, shannon entropy and correlation dimension) to LVFR as well as for the change between rest and ambulation for the total HRV indices (STDRR, RRtri, TINN and SD2), parasympathetic activity (rMSSD) and complexity of the data (correlation dimension) (P <0.05). Conclusion: In patients with normal LVF, physical exercise triggered more attenuate CAR compared with patients with reduced LVF post-CABG. Thus, prescribed intensities of physical exercises at this time should be reviewed considering the differences of ventricular function of patients involved. Support: PNPd /Capes 23038.008208/2010-25, FAPESP 2009/54194-5.