

Study conducted by the President of Smart Fit Heart, Mike Fussell, a Registered Respiratory Therapist (Rrt)



Special Considerations

- ① **Medications such as beta-blockers and diuretics impair the ability to regulate body temperature during exercise in hot and/or humid environments and provoke hypoglycemia. Thus, people using these medications should be educated on the signs/symptoms of heat illness, the role of adequate hydration, proper clothing to help cool the body, the optimal times of the day to exercise, the importance of decreasing the amount of exercise (time and intensity) during periods of increased heat or humidity, and methods to prevent hypoglycemia. In addition, beta-blockers can substantially lower maximal exercise capacity.**
- ① **Because medications such as alpha blockers, calcium channel blockers, and vasodilators may lead to hypotension after stopping activity, extending the cool down period is generally recommended.**
- ① **Many persons with HTN are overweight or obese. Therefore, an exercise program that emphasizes a daily caloric expenditure of more than 300 kcal during the exercise, coupled with reducing food intake, should be recommended. This may be accomplished best with moderate-intensity, prolonged exercise, such as walking. The combination of regular exercise and weight loss should be effective in lowering resting BP.**
- ① **Older persons appear to demonstrate similar reductions in BP with exercise training as young adults.**
- ① **Patient education regarding the importance of regular exercise for BP control and management may increase exercise adherence. Patients may be especially responsive if this information comes from their personal physician.**
- ① **Individuals with severe or uncontrolled BP should add exercise training only after physician evaluation and initiation of drug therapy.**
- ① **Other precautions or modifications may be necessary for selected patients, particularly higher risk patients, such as those with coronary artery disease or chronic heart failure. For example, in the hypertensive patient with coronary artery disease, the above-referenced guidelines are still appropriate, but the intensity of training should be set safely below (< 10 beats/min) the ischemic ECG or anginal threshold.**