

CORRESPONDENCE

Re: ‘Why Do Health Systems Not Fund Supervised Exercise Programmes for Intermittent Claudication?’

More studies are needed to determine which exercise programmes for intermittent claudication should be funded.

We read with interest the editorial by Popplewell and Bradbury.¹ Treatment of claudicants aims at improving health related quality of life (HRQoL) by improved daily-life walking. Treadmill walking distance but not HRQoL improves more with, for example, hospital based supervised exercise programmes (SEP) than with unsupervised exercise programmes (UEP). Treadmill walking, the primary outcome in many studies, is also used as training modality in many SEPs but not in UEPs or home based (HEP) supervised exercise programmes, introducing a risk of bias. Moreover, the outcome treadmill walking is questioned and daily-life walking (GPS monitored) or corridor tests (e.g. 6 minute walk test, 6MWT) correlate better to HRQoL.² Many claudicants dislike prolonged training programmes and compliance to SEP may be only 20–40% at 1 year.³ We identified seven randomized and two non-randomized controlled trials in a recently submitted systematic review (unpublished) evaluating HEP compared with SEP or UEP. HEP and UEP were inferior to SEP regarding treadmill walking whereas HEP improved the 6MWT compared with UEP and SEP.

Hence, although SEP improves treadmill walking, the generalizability to claudicants in general may be uncertain and the links to improved daily-life walking and HRQoL unclear. We agree that further RCTs are required and suggest these should include ≥ 12 month follow up, HRQoL, and “daily-life” walk tests. We have started such a study comparing SEP, HEP, and UEP (SUNFIT Trial, ClinicalTrials.gov NCT02341716) and hopefully further studies will be initiated. We believe they are needed.

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L. Jivegård*, J. Nordanstig
Department of Vascular Surgery, Sahlgrenska University
Hospital, Göteborg, Sweden

*Corresponding author. Department of Vascular Surgery, Sahlgrenska University Hospital, Göteborg, Sweden.
Email-address: lennart.jivegard@vgregion.se (L. Jivegård)

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Re: ‘More Studies are Needed to Determine Which Exercise Programmes for Intermittent Claudication Should be Funded’

We would like to thank the authors of the SUNFIT trial for their input on this important issue in response to our recent editorial on this subject.¹ We agree that good quality evidence surrounding patient-centred outcomes such as health-related quality of life is missing in the current literature, with too many studies focusing on multiple “performance”-related outcomes such as maximal walking distance and treadmill walking.

Hopefully the upcoming SUNFIT trial will shed some light on which intervention, if any, provides a more long-term, clinical, and cost-effective therapy for our patients with intermittent claudication, vital evidence that the National Institute for Health Care and Excellence called for in the published Clinical Guideline 147.² We would also advocate the need for such a study in the UK to help advise patients, clinicians, and healthcare providers.

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M.A. Popplewell*, A.W. Bradbury
Birmingham University Department of Vascular Surgery,
Heart of England Foundation Trust, UK

*Corresponding author. M.A. Popplewell, University Department of Vascular Surgery, First Floor, Netherwood House, Solihull Hospital, Lode Lane, Solihull B91 2JL, UK.
Email-address: popplewell@doctors.org.uk (M.A. Popplewell)