PERCEPTIONS OF PHYSICAL ACTIVITY AND EXERCISE IN THOSE WITH HYPERTROPHIC CARDIOMYOPATHY

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Background Since 2018 NHS Ayrshire and Arran (NHSA&A) has offered a specialist nurse-led hypertrophic cardiomyopathy (HCM) clinic, providing assessment and education to those with clinically stable HCM, and those genetically at risk of HCM. Though there is growing evidence on the safety of exercise in this population, an HCM diagnosis often leads to concern around the risk of physical activity and exercise participation.

Aims This study aimed to explore perceptions of physical activity and exercise in those with established HCM.

Methods A physiotherapist conducted telephone interviews with six NHSA&A HCM clinic attendees. All had been diagnosed with HCM several years prior to the clinic being established. None had ever accessed a cardiovascular prevention and rehabilitation programme (CVPRP) or specialist exercise professional. Interviews were semi-structured and focused on ‘Given your HCM diagnosis, what are your thoughts on physical activity and exercise?’ with additional prompts used to guide discussions. All were audio-recorded, and took 20-30 minutes. Qualitative data generated were transcribed and thematically analysed.

Results Of the six (mean age 62.7 [SD10.17] years, 3 female/3 male; average time since diagnosis 11.2 [SD 5.26] years), five reported being physically active and recognising the health benefits of this. Only one participant regularly engaged in structured exercise. Much of the discussions focused upon physical, psychological and social limitations to being active, with psychological limitations most prevalent and underpinning all interviews (figure 1). Participants highlighted how they valued the nurse-led HCM clinic support, and how this had been lacking in the period immediately following their diagnosis.

Conclusion Following HCM diagnosis, there is a need for early reassurance and clear individualised physical activity advice. Expansion of the nurse-led clinic service to enable access to an individually-tailored multidisciplinary CVPRP may reduce physical, psychological and social barriers to safely and effectively facilitate long-term structured exercise participation in this population.

Abstracts

Heart 2023;109(Suppl 5):A1–A15

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