

# High-Intensity Interval Training (HIIT) and Its Application in Stable Coronary Artery Disease Patients

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## Introduction

- HIIT consists of alternate short bouts of high intensity training and recovery training, last from 40 seconds to few minutes in each bout
- The training is challenging, tough, fun but short lasting. It aims to improve cardiovascular fitness and performance of physically active people nowadays
- It conducts in forms of free weight or resistance circuit training or training modalities such as treadmill, cycling or sky-walking

## Objective

- The study aims to explore the feasibility of HIIT in stable coronary artery disease patients (CAD) with percutaneous coronary intervention (PCI) who were comparatively young, energetic and physically active



# Benefits of HIIT

## Healthy Subjects

- Significantly reduce subcutaneous fat, abdominal fat and total body mass (Boutcher et al., 2011)
- Improve maximum oxygen uptake  $\text{VO}_2$  max and insulin sensitivity (Helgerud J et al., 2007)
- Burn more calories and increase post-exercise oxygen consumption /fat oxidation & energy expenditure (King J et al., 2002)
- Improve blood lipid profile (i.e. decrease total cholesterol, LDL-cholesterol and increase HDL-cholesterol) (O'Donovan G et al., 2005)
- Increase muscle fiber area, capillary density, glycogen and glycogen synthase (Wang Y, et al., 2009)

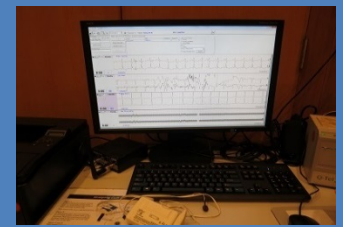
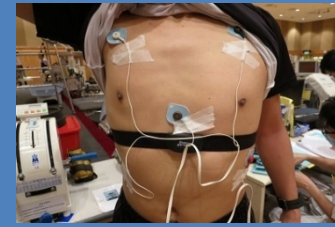
## Cardiac Patients

- Improve max oxygen uptake ( $\text{VO}_2$  max) in stable CAD patients (Rognmo et al., 2004, Warburton et al., 2005) and stable heart failure patients (Wisloff et al., 2012)
- Improve in the artery endothelial function in terms of artery flow-mediated dilation (Wisloff et al., 2011)
- Increase patients exercise compliance and adherence (Drigny et al., 2011)



# Methodology

Study Period: between Dec 2015 to Sept 2016



**Stable CAD patients (N=26)**

**High Intensity Interval Training (HIIT) (n=13)**

(9 male, 4 female;  $61.4 \pm 7.7$  years old)

**Moderate Intensity Training (MIT) (n=13)**

(7 male, 6 female;  $65.8 \pm 4.2$  years old)

Trained at **70-85% Maximal Heart Rate (MHR)** for about 20 min in each session

Trained at **50-60 % Maximal Heart Rate (MHR)** for the whole session

**Outcome Measures**  
**Distance & Rate Pressure Product**  
**In 6MWT**

# Results

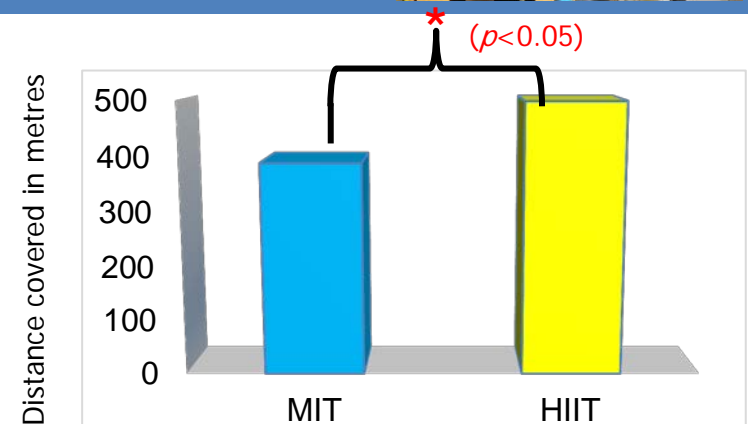
## Six-Minute Walk Test



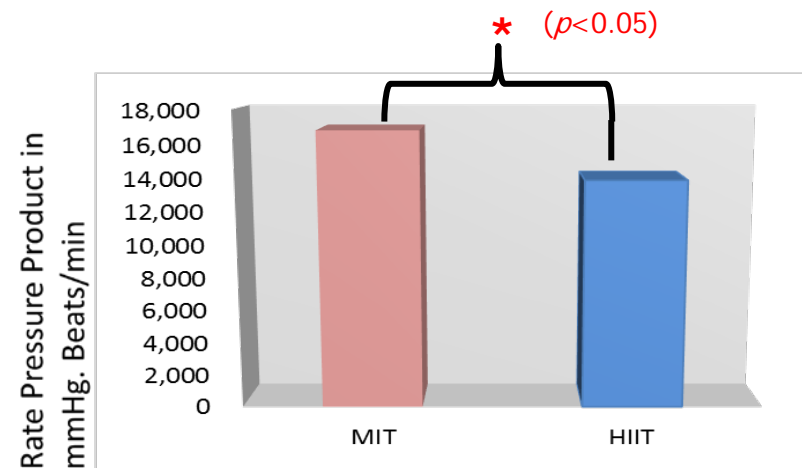
- After eight weeks training, there was a **significant improvement** in the **total distance covered** in 6MWT ( $499 \pm 12.6\text{m}$  in HIIT group and  $389 \pm 18.3\text{m}$  in MIT group,  $p < 0.05$ )

## Rate Pressure Product

- There was a **significant reduction** in the **RPP** in the HIIT group as compared with the MIT group ( $13,843 \pm 1876 \text{ mmHg.Beats/min}$  in HIIT and  $16,788 \pm 2190 \text{ mmHg.Beats/min}$  in MIT group,  $p < 0.05$ )



Change in distance of 6MWT of cardiac patients with MIT and HIIT



Change in RPP of cardiac patients with MIT and HIIT

# Conclusions



- Stable coronary artery disease patients undergone PCI with HIIT showed greater improvement in physical capacity and exercise tolerance (6MWT and RPP)
- HIIT group demonstrated higher exercise capacity with less effort
- Close monitoring is necessary in order to uphold quality and safety for cardiac patients during HIIT