

## Excise Training for Health Benefits and Preventive Cardiology

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**Received:** February 16, 2019; **Published:** February 25, 2019

It is well known that aerobic capacity, which is expressed as peak oxygen consumption ( $VO_{2peak}$ ), is an independent predictor of all-cause mortality and cardiovascular prognosis. This is true even for people with various coronary risk factors and cardiovascular diseases (CVDs). Thus, it has become a major goal in the medical field to improve  $VO_{2peak}$  in subjects with lifestyle-related diseases with (as a secondary prevention strategy) or without (as a primary prevention strategy) cardiac disorders. Although exercise training is the best method to improve  $VO_{2peak}$ , the guidelines of most academic societies recommend 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity physical activity per week to gain health benefits. For general health and cardiovascular prevention, high-intensity interval training (HIIT) has been recognized as an efficient exercise protocol that does not require a long time to accomplish. Because the HIIT protocol has many types, which can be classified into aerobic HIIT and anaerobic HIIT (usually called sprint interval training (SIT)), professionals in health-related fields including primary physicians and cardiologists might find it confusing to choose which protocol should be selected for their patients. Differences between aerobic HIIT and SIT in terms of effects, target subjects, adaptability, working mechanisms, and safety should be always considered. Understanding the HIIT protocols and adopting the correct type for each subject would lead to better improvements in  $VO_{2peak}$  with higher adherence and less risk. HIIT and SIT for 6 - 8 weeks increase  $VO_{2peak}$  more than or at least comparable to MCT. General practitioners and cardiologists should pay more attention to exercise and physical activity rather than to the prescription of drugs.

**Volume 6 Issue 3 March 2019**

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