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& DUGLDF UHKDELOLWDWLRQ DQG FKDQJHV LQ VHUXP DQG VDO artery disease

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Introduction & Aim: Cardiac rehabilitation is a key part in the management of coronary risk factors by its anti-in ammatory e ects. However, the e ect of exercise training programs on salivary concentrations of hs-CRP in patients with coronary artery disease has not been well studied. e objective of this study was to evaluate the e ect of an exercise based cardia rehabilitation program on serum and salivary concentrations of hs-CRP, in relation to the anthropometric measurements of obesity and the relationship between salivary and serum levels of hs-CRP in male patients who received coronary artery bypa gra ing (CABG).

Materials & Methods:40, 45 to 75 year old male volunteers with coronary artery disease participated in 6-8 weeks of moderate intensity aerobic exercise training consisting of 45 min sessions of treadmill, stationary bicycle and arm bicycle. Anthropometric measurements of obesity (body mass index (BMI), waist, hip circumference, waist- hip and waist-height ratio), levels of hs-CRP concentration in the serum, stimulated and non-stimulated saliva were measured at the beginning, in the middle and at the end of exercise sessions.

Results:All anthropometric measurements increased (P<0.05) following cardiac rehabilitation except waist-hip ratio (P>0.05). e exercise training induced reduction in serum CRP levels by 36% independent of changes in anthropometric measurements. Stimulated and non-stimulated salivary hs-CRP concentrations decreased by 68% and 54%, respectively a er 24 sessions exercise-based cardiac rehabilitation. Non-stimulated salivary hs-CRP levels appear to be correlated to serum levels of hs-CF at baseline and following exercise training.

Conclusion: 24 sessions of exercise based cardiac rehabilitation seem to be e ective to improve serum and salivary hs-CR concentrations independent of anthropometric measurements.

Clinical Signi cance: Non-stimulated salivary hs-CRP measurement could be a surrogate for blood measurement for determining cardiovascular disease risk expressed by hs-CRP during cardiac rehabilitation in male patients with CAD.

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