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Since a long time ago, medicine was used to treat many humans and animal diseases. Sometimes, the knowledge about health e ects of some substances are only in popular domain, empiric experienced information without methodological and scienti c tests certi cations of security and safety application [1].

Although the pharmacological treatment not always result in better clinical outcomes, around 50-70% about medical consults result in drug prescription. is procedure is a common practice because the patient and medical intention converge to satisfy one point: the

52 million in 2030 [10]. Furthermore, the synergism among several - XI & Q Q \$ VFDQGDORXVO\ VKRUW LQWURGXF factors, such as obesity, diabetes and cardiovascular diseases, alandedn) University Toronto Press Incorporated. diseases that exercise might t as therapy combined to pharmacologic \$IRODEL 6HOI OHGLFDWLRQ 'UXJ'HSHQGHQ agents; represent a relevance to study exercise and pharmacology are-A Review, in Public Health - Social and Behavioral Health. InTech. together.

As many drugs, dosage is extremely important to obtain Updating the Beers criteria for potentially inappropriate medication use in the bene cial e ects of exercise. A real comprehension from the ROGHU DGXOWV UHVXOWV RID 86 FRQVHQVXV SI professionals has great importance about has great importance to 163: 2716-2724. prescribe exercise properly [11]. It is important to point out that various. Fialová D, Topinková E, Gambassi G, Finne-Soveri H, Jónsson PV, et al. studies, papers and books refer the exercise as a pharmacologic agen(2005) Potentially inappropriate medication use among elderly home care but are also necessary to advance this knowledge. e combination SDWLHQWV LQ (XURSH - \$0\$ of exercise and drugs requires a new format of both prescriptions: Hale T (2008) History of developments in sport and exercise physiology: A. drug and exercise prescription for chronic diseases. In this way V. Hill, maximal oxygen uptake, and oxygen debt. J Sports Sci 26: 365-400. some examples may be listed, such as the combinations: between exercise and hypoglycemiant drugs (risk inducing hypoglycemia or potential adjuvant for glycemic control?); between exercise and anti-hypertensive drugs (similar prescription of exercise to people who utilizes beta-blockers? Risk of dehydration for diuretic agents combined to exercise?); between anti-in ammatory treatment and acute exercise response (impaired pro-in ammatory response?) and chronic exercise adaptation (impaired anti-in ammatory response?), in other words, the e ect of drugs and exercise in immune responses. e last one may be relevant to know about HIV individuals that combine antiretroviral drugs with exercise to improve life quality [12].

from noncommunicable diseases to rise from 36 million in 2008 t&eferences

us, is clear and actual the necessity to increase research and detailed teaching of combination of exercise and pharmacological therapy responses in several diseases. e public health requires a professionalism and optimal knowledge about this common interaction. Summarizing is essential to increase the quality and quantity of the studies in this eld: "Pharmacology and exercise".

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