



Aristotle University of Thessaloniki

Introduction

Cardiac autonomic nervous system (CANS) dysfunction is a common complication in (CKD), leading to increased cardiovascular morbidity and mortality(1).

Exercise training during hemodialysis (HD)(2).

•improves physical function and quality of life in HD patients suppress the sympathetic over-excitation

•restores the sympathetic (SNS) to parasympathetic nervous system (PNS) balance It was supported that musical auditory stimulation influences heart rate variability (HRV)(3). However, the effects of music on CANS in HD patients have never been studied before.

Thus, the **aim** of this study was to investigate the effectiveness of a 6-month, music and physical training combined program during HD on CANS in CKD patients.

Method

40 HD patients 50.0 ±14.7 yrs

Group A combined music and exercise training program n=10

Group C sole music program n=10

Group **B**

sole exercise training program n=10

Group **D** none of the above-mentioned interventions (control group) n=10

Intervention program

<u>Static Cycling Exercise:</u> 3x/wk, 30'- 60', 12 -13 RPE

Music during program: Patients' preference music: 45'-60' Relaxation music: pre and post monitoring

Measurements

1) Ambulatory **24-hour Holter monitoring** (Gbi-3s Burdick): Time- and frequency- domain analysis HRV calculation from Vision Series Holter System SW program

2) Polar HR monitoring during intervention (s810i): Time- and frequency- domain analysis HRV calculation, pointcare plots from Precision Performance SW and Kubios HRV SW program

HRV indices:

HR: mean heart rate SDNN: standard deviation of NN intervals RMSSD: root mean square of successive differences pNN50: proportion of NN50 divided by total number of NNs

EFFECTS OF MUSIC AND EXERCISE TRAINING DURING HEMODIALYSIS ON THE CARDIAC AUTONOMIC NERVOUS SYSTEM ACTIVITY

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Dialysis prescription medications and level of anemia were constant during the study.







Results

The functional ability of HD patients increased in the combined music-exercise group [F(3,36)=13.095, p=0.000]. Similar results were observed for the HR[F(3,36)= 1.910, p= 0.145]; the SDNN [F (3,36)=11.671, p=0.000]; the RMSSD [F (3,36)=12.395, p=0,000]; and the pNN50 [F (3,36)=45.752, p=0.000] respectively.





GROUPS MHR (b/min) 79±10 A (pre) 73±13* A (post) 85±11 B (pre) 81±13* B (post) C (pre) 88 ± 11 C (post) 84±12* 82±5 D (pre) 82±5 D (post)



Conclusion

Combined musical auditory stimulation with exercise training during HD: •influences on the balance of SNS and PNS beneficially • improves the functional capacity

References

1. Deligiannis et al., 1999. Effects of physical training on heart rate variability in Patients on hemodialysis. Am J Cardiol, 84:197-202.

2. Kouidi et al., 2010. Depression, heart rate variability, and exercise training in dialysis patients. Eur J Cardiovasc Prev Rehabil, 17: 160–167. 3. Valenti et al, 2012. Auditory stimulation and cardiac autonomic regulation. Clinics, 2012; 67(8):955-958.

p<0.05 pre versus post,
:p<0.05 between groups A and B
+ :p<0.05 between groups A and C
≠ :p<0.05 between groups A and D
‡ :p<0.05 between groups B and C
\$:p<0.05 between groups B and D
§ :p<0.05 between groups C and D