

Recommendation of physical exercise at home during the COVID-19 pandemic. Response



Recomendación de ejercicio físico en casa en periodo de pandemia de COVID-19. Respuesta

To the Editor,

We appreciate the interest shown in our recent editorial¹ and would like to take this opportunity to reply.

First, we would like to thank the authors for the careful and critical review of our work and for their comments and insights, as this dynamic is key to the scientific endeavor and, as they themselves have mentioned, results in clearer, more specific guidance in publications.

We would like to answer each of their comments:

The authors are correct in that we have not considered “type” to be an exercise variable. Type of exercise can refer to aerobic exercise, strength training, etc, hence it would be more appropriate to refer to “exercise style” or even “training protocol.” We also agree with their opinion that the terms “quantity” and “duration” are equivalent to “volume.”

Regarding the Spanish Society of Cardiology/Spanish Heart Foundation (SEC/FEC) reference, the original source for the information has been cited specifically.

Last, the authors state that “a more critical review was required” of the recommendations provided in the literature we selected. Because the text is brief and our main purpose was to collect, summarize, and compare the recommendations proposed by the most prestigious organizations (American College of Sports

Medicine, American Heart Association, etc) in the field of health and physical exercise during this unique lockdown situation, we did not consider a critical review appropriate. Although it is true that we lacked a more specific, individualized approach to the exercise protocols proposed by these institutions, a critical review would be undertaken in another kind of scientific publication.

We hope to have fully and satisfactorily answered the authors' concerns and would like to thank them sincerely for their valuable contributions to our article.

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Telemedicine for patients with valvular heart disease or aortic disease in the era of COVID-19



La consulta telemática para el paciente con valvulopatías o enfermedad aórtica en tiempos de la COVID-19

To the Editor,

The Spanish Society of Cardiology recently published a consensus document on telemedicine for clinical cardiologists in the era of COVID-19.¹ This publication lays out key points for improving health care quality in our new telemedicine visits, as well as an overview of conditions seen by clinical cardiologists: ischemic heart disease, heart failure, and arrhythmias. The aim of our letter is to contribute further information and to address major points to review during telemedicine visits with patients with valve disease, as well as to identify which patients should be seen in person and which patients can receive follow-up by primary care.

Several basic issues should be considered during telemedicine visits with a patient who has valve disease, a valve replacement, or aortic disease, particularly the presence of symptoms (dyspnea, congestion, chest pain, dizziness, syncope, palpitations indicating the development of arrhythmia), anticoagulant monitoring, endocarditis prophylaxis, oral hygiene, or treatment modifications (need for diuretics). In patients with chronic valve disease, symptoms are usually progressive and develop slowly. Thus, particularly in situations where physical activity is diminished, for instance, as in the current epidemiologic context, patients should be confirmed as clinically stable and encouraged to continue with their usual level of physical activity, so that any symptoms are revealed and not overlooked.

Additionally, physicians should evaluate any biometric measurements (blood pressure, heart rate, weight) taken by patients themselves and should review current treatments and therapeutic adherence. In patients with mild symptoms consistent with heart failure decompensation, treatment may be adjusted over the telephone and, if necessary, the patient can be referred for an in-person visit and evaluation for a surgical or percutaneous

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