



The 11th Palliative Care Congress Glasgow 2016

Session Abstract

Abe Guz Lecture: Should every hospice have a gym?

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Exercise has been shown to be of benefit in a wide range of pathologies, including the treatment of cancer. Underlying mechanisms appear to differ with the type of tumour; exercise testing should be tailored to the individual. The effects may be linked with altered inflammation or hormonal status, or tumour metabolism. Radio/chemotherapy-induced hypoxaemia plus cachexia often induces profound exercise intolerance, with treatment likely leading to impaired cardiovascular health indices. Routine occupational therapy/ambulation, and strength/flexibility exercises, may be beneficial. While patients in remission likely have the most benefit from exercise training, current emphasis on care plans in oncology may benefit from supplemental exercise therapy at diagnosis (to help normalise tumor vasculature and aid drug perfusion), while symptomatic (to reduce muscle wasting), during chemotherapy (to aid lymph flow), between cycles (to attenuate tumour regrowth), and following treatment (to rebuild physical fitness and improve mental health). Many questions remain, e.g. can exercise decrease peripheral neuropathy, what effects decreased gut blood flow has on drug pharmacokinetics etc. Although the evidence base is not large, the permanent side-effects of anti-cancer therapy (e.g. scar formation, cardiomyopathies) may also be responsive to exercise training. Importantly, the psychological benefits (particularly with respect to depression) may be profound. Interestingly, recent systematic reviews indicated positive effects of exercise training delivered prior to surgery upon functional capacity, HRQL and postoperative length of stay. However, it is unclear whether different exercise regimes are equally effective in driving physiological outcomes.