

# Exercise Training in Congenital Heart Disease.

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We hypothesize that exercise training will: 1. Improve aerobic fitness; 2. Will not result in adverse remodeling and/or decline of ejection fraction; 3. Will increase daily activity levels; 4. Will improve health related quality of life and...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving gestopt
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON22464

### Bron

Nationaal Trial Register

### Verkorte titel

TOFFIT

### Aandoening

congenital heart disease - aangeboren hartafwijking

Fontan procedure

Tetralogy of Fallot - Tetralogie van Fallot

### Ondersteuning

**Primaire sponsor:** Erasmus MC

**Overige ondersteuning:** Nederlandse Hartstichting

Stichting Rotterdamse Kinderrevalidatie Fonds Adriaanstichting

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

1. Aerobic fitness; <br>
2. Cardiac functioning; <br>
3. Daily physical activity; <br>
4. Health related quality of life.

## Toelichting onderzoek

### Achtergrond van het onderzoek

A multi-centered study in the Netherlands to the effect of an exercise training program in children and adolescents (aged 12-20) who have undergone treatment for congenital heart disease (Tetralogy of Fallot and Fontan procedure) on:

1. Aerobic fitness;
2. Cardiac functioning;
3. Daily physical activity;
4. Health related quality of life.

The study has a prospective, randomized, controlled, interventional design.

### Doel van het onderzoek

We hypothesize that exercise training will:

1. Improve aerobic fitness;
2. Will not result in adverse remodeling and/or decline of ejection fraction;
3. Will increase daily activity levels;
4. Will improve health related quality of life and psychosocial functioning.

### Onderzoeksopzet

Exercise group:

1. Baseline measurements: Within 2 months of the start of the exercise program (T0);
2. Repeated measurements: Within 2 weeks after the completion of the exercise program (T1).

Control group:

Approximately 3 months between baseline measurements and repeated measurements.

Measurements:

1. Aerobic fitness (oxygen uptake and peak power in last half minute of graded bicycle ergometer test);
2. Cardiac functioning (end-systolic and end-diastolic volume of RV and LV (Fallot group) or single ventricle (Fontan group), ejection fraction, functional reserve, NT-proBNP level);
3. Daily physical activity (percentage of day during which dynamic activities have been performed, average motility, assessed by means of an Activity Monitor);
4. Health related quality of life (assessed by TACQOL 12-15 CF and PF, SF-36 and TAAQOL-CHD);
5. Psychosocial functioning (assessed by YSR, ASR, CBCL and ABCL; STAIC, STAI-DY; SPP-A, GSES-12).

### **Onderzoeksproduct en/of interventie**

The patients randomized to the exercise program will perform exercise training. The exercise training program will consist of 3 training sessions of 1 hour per week, for a 3-month period. Training will be aerobic at 60-70% (instead of 60%) of heart rate reserve. Standardized training will be performed group-wise under supervision of a physiotherapist at local fitness-centers. The patients randomized to the control group will continue their daily activities.

A multi-centered study in the Netherlands to the effect of an exercise training program in children and adolescents aged 10-25 instead of aged 12-20.

## **Contactpersonen**

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## **Deelname eisen**

### **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

1. Surgical repair for Tetralogy of Fallot through transatrial-transpulmonary repair, below the age of 2 years, or;
2. Surgical repair for single ventricle physiology, with intracardiac or extracardiac tunnel, performed before the age of 6 years as a (at least) 2-stage procedure (previous partial cavopulmonary repair);
3. At least 10 years of age;
4. Being followed in Erasmus MC, LUMC, UMC St Radboud, UMCU Wilhelmina Children's Hospital.

### **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. Inability to exercise;
2. Mental retardation;
3. Standard contra-indications for MRI;
4. Ventricular outflow obstruction (peak Doppler gradient > 60 mm Hg).

## **Onderzoeksopzet**

## Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Enkelblind
Controle:	Actieve controle groep

## Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	28-01-2010
Aantal proefpersonen:	150
Type:	Werkelijke startdatum

## Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

**Wordt de data na het onderzoek gedeeld:** Nog niet bepaald

## Ethische beoordeling

Positief advies	
Datum:	03-02-2011
Soort:	Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 37291  
Bron: ToetsingOnline  
Titel:

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

Register	ID
NTR-new	NL2603
NTR-old	NTR2731
CCMO	NL25800.078.09
ISRCTN	ISRCTN wordt niet meer aangevraagd.
OMON	NL-OMON37291

## Resultaten

### Samenvatting resultaten

N/A