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# HARVARD UNIVERSITY
## SCHOOL OF PUBLIC HEALTH

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Multiple Risk Factor Intervention Trial (MRFIT)
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December 28, 1973

Henry W. Blackburn, M.D.
Lab of Physiological Hygiene
University of Minnesota
Stadium Gate 27
Minneapolis, Minnesota 55455

Dear Henry,

I am enclosing a copy of a memo I received from Bill Armstrong regarding exercise advice for the study group participants.

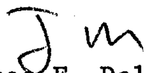
As I told you, we discussed this at some length in Portland. We still have not solved this problem.

One of the issues is in addition to what advice should be given, in what setting? Should we have a brochure to be given to all the participants? Or rather should this advice be given verbally by the clinic physician?

I have also circulated a letter by Kevin McIntyre, one of our cardiologists, on the same topic.

Please let me know what you think.

Sincerely,



James E. Dalen, M.D.
Director
Harvard MRFIT Center

JED:ca
enclosure

12/26/73 Exec'd

Draft

W. T. Armstrong, M.D.
Exercise Advice for the Study Group Participants

In view of the increased general interest and news media emphasis on physical fitness and exercise, we must anticipate that our MRFIT participants will seek our advice concerning their personal exercise habits. At the direction of the National Heart and Lung Institute, exercise therapy was excluded as an intervention modality in MRFIT. Therefore, it would be inappropriate for any MRFIT clinical center to actively provide a structured exercise program for its participants. Nevertheless, there are several reasons for encouraging our study group to achieve and maintain an optimal body weight and a reasonable level of physical fitness.

As there are no conclusive data showing a positive preventative influence of exercise on the development of coronary artery disease, and as we have specifically sought out for our study group highly coronary-prone individuals, our advice must emphasis exercise activities of greatest safety and the least potential for precipitation of a coronary event.

The advice on physical activity given to an individual participant must be individualized by the physician-counselor. It is the policy of the national MRFIT study that no subject will be encouraged to begin vigorous athletic activities if he has been previously sedentary. If a sedentary individual strongly wishes to commence such a program, he should be cautioned to enroll in a closely supervised (preferably by a physician), well structured, slowly progressive group program. The results of the MRFIT treadmill stress study will be made available to the director of such a program, after the appropriate medical information release has been signed. Persons already involved in a physical fitness program should be encouraged to continue, providing the MRFIT physician defines no contraindications, either clinically or from the

treadmill stress test.

Activities that provide pleasure without causing prolonged discomfort or fatigue may be recommended. Participants should be encouraged to develop the habit of walking whenever and wherever possible. "Think Walk" could be a motto, with examples of walking to work, parking the car a few blocks from work and walk, walk rather than drive on short errands and develop family recreational activities that include walking.

Participants receiving any exercise advice must be referred again to the MRFIT brochure on early warning signs of an acute myocardial infarction. They must also be told to cease exercise and report to their physician or to the clinic any symptoms of chest discomfort occurring during exercise. After such an event is reported, further individualized advice will need to be given regarding future exercise activities.