Comment on six-minute walk test as an outcome measure for the assessment of treatment in intervention trials of chronic heart failure

Olsson et al. outlined in their article that the 6-minute walk test (6MWT) has not yet been proven to be a robust test for identification of the effectiveness of pharmacological treatment because of many even subtle factors influencing the results. They also found that in many studies the exact protocols of the 6MWT were not reported. Especially, practice runs prior to the exact protocols of the 6MWT were not reported. They also found that in many studies the exact protocols of the 6MWT were not reported. Also, there is a lack of data on patients being treated with β-blocking agents and/or ICD’s, that have proven to prolong survival but do not increase or even decrease VO2max, and a CPET is not as easily performed as a 6MWT.

The ‘gold standard’ of heart failure assessment (at least for survival) remains the maximal cardiopulmonary exercise test (CPET) with measurement of peak VO2, even though it does not reflect daily activity. Also there is a lack of data on patients being treated with β-blocking agents and/or ICD’s, that have proven to prolong survival but do not increase or even decrease VO2max, and a CPET is not as easily performed as a 6MWT.

References
2. Refsgaard J. ‘This is a walking test, not a talking test’: the six minute walking test in congestive heart failure. Eur Heart J 2005; 26:749–750.

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