|  |  |
| --- | --- |
| DATE | 11/11/2022 |
| TEAM ID | PNT2022TMID07543 |
| PROJECT NAME | VISUALIZATION AND PREDICTION OF HEART DISEASE USING DATA ANALYTICS |

AVERAGE OF EXERCISE ANGINA AND EXISTING HEART DISEASE:

HEALTH-RELATED QUALITY OF LIFE, EXERCISE PERFORMANCE, AND PHYSICAL ACTIVITY IN SUBSTANCES WITH STABLE ANGINA

In order to compare exercise performance, daily physical activity, and health-related quality of life, we looked at 115 patients with stable angina and 441 healthy volunteers.

In comparison to the controls, subjects with stable angina had shorter 6-min walk distances (p = 0.003) and less overall leisure-time physical activity (p = 0.003). After taking into account factors such as age, race, current smoking, diabetes, hypertension, and obesity, group disparities in these measurements persisted (p 0.05). Although group differences did not persist (p > 0.05), those with stable angina also showed lower health-related quality of life for physical function (p 0.001), general health (p = 0.002), and vitality (p 0.001).

compared to the controls (p = 0.003). After taking into account factors such as age, race, current smoking, diabetes, hypertension, and obesity, group disparities in these measurements persisted (p 0.05). After controlling for co-morbid diseases, group differences did not persist (p > 0.05) but subjects with stable angina also showed lower health-related quality of life for physical function (p 0.001), overall health (p = 0.002), and vitality (p 0.001).

Exercise, life quality, and stable angin

Table I displays the clinical features of the participants with and without stable angina. In comparison to the controls, the participants with stable angina were younger (p = 0.021) and had a lower percentage of Caucasians (p 0.001). Furthermore, the participants with stable angina had a greater body mass index (p = 0.008), a higher waist/hip ratio (p), and a higher waist circumference (p). compared to the controls (p = 0.003). After taking into account factors such as age, race, current smoking, diabetes, hypertension, and obesity, group disparities in these measurements persisted (p 0.05). After controlling for co-morbid diseases, group differences did not persist (p > 0.05) but subjects with stable angina also showed lower health-related quality of life for physical function (p 0.001), overall health (p = 0.002), and vitality (p 0.001).

Exercise, life quality, and stable angin

Table I displays the clinical features of the participants with and without stable angina. In comparison to the controls, the participants with stable angina were younger (p = 0.021) and had a lower percentage of Caucasians (p 0.001). Furthermore, the participants with stable angina had a greater body mass index (p = 0.008), a higher waist/hip ratio (p), and a higher waist circumference (p).