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## To validate the utility of a modified step test and appropriate criteria for HHR that correlates best with fitness levels for children of all age groups and body mass index.

The step test has been widely used to assess cardiorespiratory fitness (CRF) in children, a key indicator of cardiovascular health. It correlates well with the gold standard of Vo2 max assessment. Post-exercise heart rate recovery (HRR) is related to CRF and autonomic function. However, no accepted standards exist for assessing HRR in a step test across all ages and BMI.

Aim: To validate a modified step test to identify appropriate HRR criteria that correlate with fitness levels across age groups and BMI.

Methods: Patients referred to cardiology and obesity outpatient clinics underwent a modified step test with HRR calculated using:

Formula 1 (mean HR during 1 min 5 sec post-exercise) and Formula 2 (peak HR at test end - HR at 1 min post-exercise). Fitness categories (poor to excellent) were created using validated protocols. Data analysis and ANOVA modeling assessed fitness level correlations with BMI percentiles ( $0 \le 95$ th, 95th–120th, 120th–140th, >140th), age, and gender using SAS 9.4. Group comparisons used Tukey test. Vo2 max was derived using:

V02max = 22.246 + 0.343\*(HRR-1min) + 11.722\*(SEX) ml/kg/min

Results:

123 patients (46% female), mean BMI 31.8 (SD 8.9), mean age:14.5 (SD 3.73)

Fitness levels by formula:

Formula 1: Excellent (18%), Good (23.8%), Sufficient (18.85%), Poor (39.34%) (n=122).

Formula 2: Excellent (9.9%), Good (37.2%), Moderate (33.1%), Poor (19.83%) (n=121).

Formula 1 (mean post-HRR for 1 min 5 sec) correlated significantly with BMI percentiles (p<0.005), showing lower fitness with increasing BMI percentiles. Age and gender did not alter model significance (p<0.002), which was driven by BMI, with significant differences between groups 0 and 1 vs. 2 and 3.

Conclusion: Mean HRR for 1 min 5 sec post-step test is a better surrogate marker than HRR at 1 min for assessing fitness in children across all ages, genders, and BMI categories. This supports recording HRR in clinical practice for cardiovascular risk assessment and prognosis.