





Conference Abstract  Free

Adherence to home-based pulmonary rehabilitation among COPD patients

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Abstract

Introduction: Pulmonary rehabilitation (PR) has a great potential to improve management of COPD patients by reducing respiratory symptoms, improving life quality and preventing complications. These positive effects depend on adherence to PR.

Aims: Our study aimed to evaluate training adherence to 8-week home-based PR program among COPD patients.

Methods: 72 COPD male patients (mean age 68.4 ± 10.3 years, GOLD 2-4, COPD groups C, D) were recommended to perform PR program for 8 weeks. The training program was based on home facilities, tailored according to body composition and severity of airflow limitation, and required daily involvement.

Results: 17 patients (23.6 %) rejected to perform PR at the randomization visit. 40 patients (55.6 %) started PR program but didn't complete 8 weeks of training. Only 17 persons (20.8 %) completed the whole program. There was a significant difference in baseline COPD Assessment Test (CAT) score between patients who rejected and agreed to perform PR (20.0 ± 7.1 vs 14.5 ± 7.9 , $p=0.021$). Patients who failed and completed PR had significant difference in baseline FVC (57.0 ± 16.8 vs 66.3 ± 9.8 %, $p=0.02$), and worse skeletal muscle dysfunction (handgrip strength (27.3 ± 7.2 vs 34.6 ± 9.0 kg, $p=0.01$) and fat-free mass index (18.9 ± 2.4 vs 20.7 ± 2.7 kg/m², $p=0.023$). Mean duration of PR was 1.3 ± 2.1 months and had a positive correlation with hand-grip strength ($r=0.319$, $p=0.019$) and fat-free mass index ($r=0.289$, $p=0.033$).

Conclusions: Training adherence was 20.8 % with a mean duration 1.3 ± 2.1 months. Patients who refused to follow PR were more symptomatic. Persons who completed the program primarily had better spirometry data and were less affected by skeletal muscle dysfunction.

Footnotes

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