Pulmonary Rehabilitation: Getting back the “Joie de Vivre”

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Sir,

The National Respiratory (COPD) Framework (2008) estimates (based on international studies) that at least 440,000 people in Ireland have COPD, of whom over 180,000 have moderate or severe disease with only half likely to be diagnosed.¹

Chronic obstructive pulmonary disease (COPD) is characterised by progressive airflow obstruction that not only affects the breathing but also the quality of life of the patient. Pulmonary rehabilitation has been shown to improve exercise capacity, dyspnoea, health status and psychological wellbeing in COPD patients.²

We audited 30 consecutive COPD patients who underwent pulmonary rehabilitation at St Michaels Hospital. Data from their medical charts were examined. We recorded the results of their shuttle walk test pre and post pulmonary rehabilitation. We also recorded their scores on the Short Form Chronic Respiratory questionnaire (SF-CRDQ) which score on dyspnea, fatigue, emotional function and mastery domain pre and post rehabilitation.

Out of the 30 COPD patients, 5(17%) patients were stage 1 COPD, 16(53%) patients were stage 2 COPD, 7(23%) patients were stage 3 COPD and 2(6%) patients were stage 4 COPD. 15(50%) were female. The average BMI was 27. The average distance of the shuttle walk test before the pulmonary rehabilitation programme was 298 m and the average distance of the shuttle walk test after the pulmonary rehabilitation programme was 314 m thereby showing an overall improvement of 6%. Furthermore, a 10% improvement was also noted in the score of the SF-CRDQ questionnaire post rehabilitation.

At St Michaels hospital as well as many other centres in ireland, the pulmonary rehabilitation programme is designed to help COPD patients to cope with their breathlessness and feel stronger and fitter at the same time. It helps the patients to stay as active as possible, improves their quality of life and lives as independently as possible. This programme runs over eight weeks where the enrolled patients have to attend 2 sessions per week. Under the supervision of a multidisciplinary team, this programme teaches the patients how to increase their activity carefully, manage their breathlessness
and cope with periods of panic better.

Our audit clearly showed an improvement in the physical and psychological function after the rehabilitation program. Reflecting on the fact that over half of our patients were stage 2 COPD, we should emphasise the importance of encouraging exercise training at an earlier stage in the natural history of COPD before the patient becomes severely disabled and housebound. Earlier onset of training may maintain the patient’s mobility outside the home for a longer time. As a result these patients find that they are able to do more things before becoming short of breath such as completing their shopping or climbing up the stairs among many other tasks.

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