

Lifestyle program for patients with COPD is health and cost effective

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Patients with moderate COPD were randomized to receive "usual care" or to undergo an interdisciplinary, community-based program (INTERCOM) that offered an intensive lifestyle moderation phase of four months, during which patients were instructed in detail to perform two 15-minute intervals of pleasurable walking or cycling, and offered instruction in other lifestyle changes such as nutrition and smoking cessation. After the four-month introductory period, there was a less intensive 20-month maintenance during which patients were offered guidance but not intensive intervention.

Researcher Carel van Wetering, from the Department of Respiratory Medicine at the Maxima Medical Centre and colleagues randomized [patients](#) with mild to moderate [COPD](#) to receive "usual care" or undergo an interdisciplinary, community-based program (INTERCOM) that offered an intensive lifestyle moderation phase of four months, during which patients were instructed in detail to perform two 15-minute intervals of pleasurable walking or cycling, and offered instruction in other lifestyle changes such as nutrition and [smoking cessation](#). After the four-month introductory period, there was a less 20-month maintenance period.

The study results will be presented at the 105th international conference of the American Thoracic Society, taking place in San Diego from May 15-20.

After two years, the researchers found that, compared with patients who

had gotten the usual care, those who had undergone the INTERCOM program showed significant improvements in health status (SGRQ); exercise capacity, and dyspnea. Improvements were seen at four months with respect to disease-specific quality of life, walk distance, exercise capacity, dyspnea, handgrip force and fat free mass index. After two years improvements in exercise capacity remained significant, as were improvements over the entire period in dyspnea (MRC) and disease-specific quality of life.

Furthermore, perceived effectiveness—the patients' subjective evaluation of the benefits of the program highly favored the INTERCOM program.

While overall costs for the two year period were €2,751 (about \$3686) more per patient for the INTERCOM group, the researchers point out that the expense of the INTERCOM program is "front-loaded" and that maintenance costs were minimal. After exclusion of five patients who were referred to in-patient pulmonary rehabilitation, the difference in costs between INTERCOM and usual care groups was reduced to €909 (about \$1218) over two years. The cost for patients with a low muscle mass who participated in the additional nutritional intervention hospital admission were €4724 (about \$6330) lower per patient in the INTERCOM group compared with the muscle wasted usual care group.

"This is the first randomized controlled trial showing that community-based pulmonary rehabilitation is feasible and effective, even for patients with less advanced airflow obstruction and that the INTERCOM program improves functional [exercise capacity](#) and health related quality of life during 24 months relative to usual care at acceptable costs," said Annemie Schols, Ph.D., professor of nutrition and metabolism in chronic diseases at Maastricht University in the Netherlands. "The INTERCOM program is based upon an integrated view on pulmonary and extra pulmonary manifestations of chronic obstructive pulmonary

disease resulting from smoking, suboptimal diet, inactivity and disease susceptibility. These new findings from the INTERCOM trial could lead to a shift in clinical medicine and public health towards personalized lifestyle intervention."

Source: American Thoracic Society ([news](#) : [web](#))

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