

# Coping techniques help patients with COPD improve mentally, physically

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Coaching patients with chronic obstructive pulmonary disease to manage stress, practice relaxation and participate in light exercise can boost a patient's quality of life and can even improve physical symptoms, researchers at Duke Medicine report.

In a study published online Sept. 25, 2014, in the journal *Psychosomatic Medicine*, Duke researchers examined how telephone-based coaching could help patients with chronic [obstructive pulmonary disease](#), or COPD, a progressive disease that limits airflow in the lungs.

About 15 million Americans have COPD, and it is now the third leading cause of death in the U.S., according to the Centers for Disease Control and Prevention.

"COPD is an increasingly important public health problem. It's a debilitating and distressing illness," said author Scott Palmer, M.D., MHS, an associate professor of pulmonary medicine at Duke and medical director of the project. "Our work has established an innovative and important intervention that could improve patient quality of life. Although it has not translated into improved survival rates, this approach is worthy of further investigation."

During the five-year study, which was based at Duke University Health System and Ohio State University, 147 COPD patients participated in coping skills training. Psychologists provided regularly scheduled phone sessions, offering patients and their caregivers general information about

COPD, step-by-step instruction in relaxation techniques such as deep breathing, tensing and releasing muscles, and ways to manage their reactions to stressful events.

For comparison, psychologists provided a separate group of 151 patients with phone consultations on topics including medication and nutrition. They did not teach specific coping techniques.

Participants who received coping skills training reported improvements in their overall mental health, and lessened depression, anxiety, fatigue and shortness of breath when compared to the control group.

Although there were no improvements in COPD-related hospitalizations or deaths, the study suggests that the low-cost approach could enhance quality of life, reduce distress and somatic symptoms, and improve physical functioning for patients.

"Patients with COPD do not often seek [mental health services](#)," said James Blumenthal, Ph.D., the J.P. Gibbons Professor of Behavioral Medicine in the Department of Psychiatry and Behavioral Sciences at Duke. "Given the other issues patients face with this illness, they may not feel as though [mental health treatment](#) is a priority.

"This model offers privacy and minimal inconvenience," Blumenthal said. "This could be a valuable treatment for patients with other chronic conditions in which traditional [mental health](#) services are not easily accessible, or when [patients](#) are reluctant to seek such services."

Provided by Duke University Medical Center

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