

Home-based pulmonary rehabilitation as effective as hospital-based

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Home-based pulmonary rehabilitation may be equally effective in improving fitness and quality of life as a traditional center-based program for COPD patients, according to new research presented at the ATS 2016 International Conference.

"We know that pulmonary rehab is a highly effective treatment for COPD because it improves exercise capacity and symptoms and keeps people out of the hospital," said Anne Holland, PhD, professor of physiotherapy at Alfred Health and La Trobe University, Melbourne, Australia. "But less than 10 percent of all COPD patients in developed countries enter a pulmonary rehab program."

According to Dr. Holland, a number of factors contribute to that fact, including lack of programs and inadequate or no medical reimbursement. Another factor, she said, is that for people who are short of breath, traveling to a hospital or other medical facility for rehabilitation on a regular basis "may seem impossible."

Dr. Holland and her colleagues created a unique 8-week at-home program and compared the results with their hospital's traditional outpatient program in a <u>randomized controlled trial</u> of 166 patients.

After an initial visit from a physiotherapist, those in the home program decided on their own exercise program and reviewed their fitness goals and progress on a weekly call with a health care professional. The caller was trained to motivate patients by asking questions that helped patients



focus on what improvements were important to them. Those in the traditional program attended twice weekly sessions at the hospital. Each session included group exercise and education.

At the end of the pulmonary rehabilitation and a year later, blinded assessors measured change in six-minute walk distance (6MWD), the primary outcome. Patients also completed validated questionnaires to measure changes in dyspnea-related quality of life (Chronic Respiratory Questionnaire) and self-efficacy (Pulmonary Rehabilitation Adapted Index of Self-Efficacy, or PRAISE).

Results on all measures were comparable between participants in the two study arms immediately following program completion. Among homebased participants, 6MWD increased by 28 meters, compared to 29 meters for center-based participants. Neither group, however, retained primary or secondary gains 12 months later—a finding consistent with previous studies. Researchers also tracked hospital admissions and health care utilization and are currently analyzing that data.

The costs of the two pulmonary rehabilitation programs were similar: \$219 (USD) for in-center; \$209 (USD) for at-home. The low cost of athome pulmonary rehabilitation makes it a viable option, said Dr. Holland, if clinical guidelines incorporate at-home pulmonary rehabilitation into their treatment recommendations.

"We would need appropriate funding models that recognize a telephone call from a <u>health care</u> professional can be a treatment," she said. "We're not there yet in Australia, and I suspect in most countries around the world."

More information: Abstract 5176: Low Cost Home-Based Pulmonary Rehabilitation for Chronic Obstructive Pulmonary Disease: A Randomized Controlled Equivalence Trial



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