

Pulmonary rehab associated with lower COPD mortality

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(HealthDay)—Initiation of pulmonary rehabilitation within three months

of hospital discharge for chronic obstructive pulmonary disease (COPD) is significantly associated with a lower risk for mortality at one year for Medicare beneficiaries, according to a study published in the May 12 issue of the *Journal of the American Medical Association*.

Peter K. Lindenauer, M.D., from the University of Massachusetts Medical School-Baystate in Springfield, and colleagues evaluated claims data from fee-for-service Medicare beneficiaries hospitalized for COPD in 2014 at 4,446 acute care hospitals in the United States. Patients were followed through 2015. The analysis included 197,376 [patients](#) (mean age, 76.9 years; 58.6 percent women). The association between the initiation of pulmonary rehabilitation within 90 days of hospital discharge and one-year survival was evaluated.

The researchers found that 1.5 percent of patients initiated pulmonary rehabilitation within 90 days of discharge. A total of 19.4 percent of patients died within one year of discharge, including 7.3 percent of patients who initiated pulmonary rehabilitation within 90 days and 19.6 percent of patients who initiated pulmonary rehabilitation after 90 days or not at all. There was a significant association noted between initiation within 90 days and lower risk for death over one year (absolute risk difference [ARD], -6.7 percent; hazard ratio [HR], 0.63). Across start dates, initiation of pulmonary rehabilitation was significantly associated with lower mortality: ≤30 days for initiation (ARD, -4.6 percent; HR, 0.74) and 61 to 90 days after discharge (ARD, -11.1 percent; HR, 0.40). The investigators also observed a significant association between every three additional sessions completed and a [lower risk](#) for death (HR, 0.91).

"These findings support current guideline recommendations for pulmonary rehabilitation after hospitalization for COPD," the authors write.

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