

Study examines effect of depressed mood on pulmonary rehab completion

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Researchers from The Miriam Hospital have found that people with Chronic obstructive pulmonary disease (COPD) who are also depressed have difficulty sticking to a pulmonary rehabilitation program. This appears to be particularly true for women, and screening and brief treatment of depression should be considered as part of treatment. The study and its findings are published in print in *Respiratory Medicine*.

Chronic [obstructive pulmonary disease](#) is a common and often disabling inflammatory lung disease characterized by a progressive airway obstruction that is not fully reversible. An important component of non-medication treatment for COPD is multidisciplinary pulmonary rehabilitation (PR), which improves exercise tolerance, shortness of breath, depression and anxiety, and quality of life. However, as many as 30 percent of patients who begin PR programs drop out prematurely, and depressed mood has been associated with PR non completion.

"Given its prevalence and disease burden, there has been relatively little research on COPD," says lead researcher Andrew Busch, Ph.D., of The Centers for Behavioral and Preventive Medicine at The Miriam Hospital. He and his colleagues sought to uncover how depression interacts with medical care of those with COPD to help improve COPD treatment programs.

"Depression interferes with COPD treatment, so it may be particularly important for those with COPD and depression to receive adequate [depression treatment](#)," Busch says. "Depression is more common in women than men with COPD, and historically, women with COPD have been understudied."

Busch led a study of 111 COPD patients who enrolled in the outpatient pulmonary rehabilitation program at The Miriam Hospital Center for Cardiac Fitness in Providence, Rhode Island. Those who

attended 20 or more sessions were designated "completers." Depression was measured using a standard self-report scale. The researchers analyzed whether depressed mood predicted completion of PR.

The analysis found 68 percent of patients completed PR. Across the whole group, lower depressed mood independently predicted finishing PR. However, when men and women were looked at separately, lower depressed mood was an independent predictor of PR completion for women, but not for men.

"Depression predicts earlier mortality in those with COPD," Busch concludes. "Our results suggest that non completion of [pulmonary rehabilitation](#) may be one variable that explains this relationship, and we plan to use these results to help design and implement treatment for [depression](#) among those with COPD."

Provided by Lifespan

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