

Pulmonary rehabilitation

The patient and healthcare professional perspective



A patient's perspective: David

David is a COPD patient who has completed a course of pulmonary rehabilitation and is now a mentor for others on the course.

I was visiting a respiratory consultant for my breathlessness when they referred me for pulmonary rehabilitation. I've always led an active life and although my symptoms didn't prevent me from carrying out daily activities, I wanted to give anything a go that might prevent my lifestyle from deteriorating.

Pulmonary rehabilitation was explained to me as a course of exercise and education, designed to improve my endurance and teach me about my condition. I was told I would spend the first hour of the session doing

different exercises on either an exercise bike, treadmill or something similar, followed by a second hour of education where I would hear from specialists about the best way to manage my condition.

I felt open minded about the prospect of the course. I'd always had an interest in my condition but didn't know a lot about it. In addition to improving my exercise capacity, this would give me the opportunity to learn more about COPD and how it could affect me in the future.

The course gave me the opportunity to meet others and share our experiences. I noticed this was a great benefit for all members of the group, particularly for those who lived on their own or who were more isolated. I also learnt more about my treatment. For example, during the educational sessions I learnt about the sometimes serious side-effects that can sometimes occur from inhalers and medicinal alternatives.

I took part in two sessions a week, each two hours long. A healthcare professional supervised the exercise, setting us targets for the time we should complete a period of activity within, for example completing a set walking distance in a certain amount of time. This was encouraging as I had a target to beat and I would take on the challenge at each session.

I've noticed a number of ways in which the course has impacted my life. I now understand

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more about my condition and I've learnt about new breathing techniques, inhaler techniques and how to manage my exacerbations. I also keep myself active, putting into practice the skills I learnt during pulmonary rehabilitation. When I first started I wasn't able to walk more than 3 minutes on the treadmill, but now I do up to 45 minutes.

I would definitely recommend rehabilitation to others. After I completed my course, I managed to go back and volunteer at the sessions to help support others who were starting for the first time. Some people are often apprehensive to begin with. They worry about the prospect of being breathless and don't want to put themselves under any additional pressure. I would say to them that everyone worries about this but they shouldn't be defeated before they've started. Being breathless is a scary prospect but the long-term rewards of better well-being balance out the couple of minutes that you may struggle with your breathing. There is also a good team around you during a pulmonary rehabilitation session, so you can always feel reassured that you are in safe hands.

The healthcare professionals' perspective: Sally and Sarah

Sally Singh is the head of cardiac and pulmonary rehab and Sarah Ward is a senior pulmonary rehabilitation specialist. Both work at the University Hospitals of Leicester NHS Trust, UK.

Pulmonary rehabilitation is recognised as a key part of the treatment of people with COPD. David's case provides us with a clear example of the benefits it can bring to someone struggling with breathlessness.

David visited the hospital with symptoms of chronic obstructive pulmonary disease (COPD), along with bronchiectasis. He was being treated with inhaled medication including SABA, LAMA and combined ICS/LAMA. He received outpatient reviews with a respiratory consultant, who referred him for pulmonary rehabilitation to help reduce symptoms during daily life.

Patients are referred to us for a number of reasons. These include reducing limiting symptoms, improving exercise capacity and performance of activities in day to day life, improving knowledge and understanding of

their condition and its management and to improve self-management skills.

In David's case, we aimed to improve symptoms during his daily life and improve his self-management skills so he could cope with his own condition independently.

We describe pulmonary rehabilitation to patients as a course of education and exercise designed to improve physical fitness, knowledge and management skills to allow a person to lead a more active lifestyle. We inform all patients of the structure and length of the programme and also details on a home programme of exercise that would be expected from each patient alongside their sessions with us.

A number of healthcare professionals are involved in the programme. Pulmonary rehabilitation should be implemented by a dedicated team of healthcare professionals, including doctors, physiotherapists, respiratory therapists, nurses, psychologists, nutritionists, social workers and occupational therapists. We also have a representative from the UK patient organisation, the British Lung Foundation, to support the sessions.

David's progress was monitored twice a week during supervised exercise and education sessions and also via a home exercise diary completed daily by David.

Following pulmonary rehabilitation David's exercise capacity improved by 120 metres on the Incremental Shuttle Walking Test (ISWT) and his walking endurance increased by more than 10 minutes on the Endurance Shuttle Walk Test (ESWT). David's health status also improved, particularly in the area of mastery (a person's feeling of control over their symptoms).

Throughout David's course of pulmonary rehabilitation he was encouraged and helped to make formal plans for ongoing exercise and at completion of the programme was also offered a referral to an Active Lifestyle Scheme; patients with medical conditions known to be benefitted by exercise are referred to a local leisure centre for guided exercise in a leisure environment.

Not all patients across Europe have access to pulmonary rehabilitation. In these instances, I would recommend support to help increase patients' knowledge and understanding of their condition and its management. Other methods to support patients include checking the accurate use of inhalers and technique, producing an action plan for exacerbations and advice on how to incorporate regular exercise into their lifestyle.

Further reading

- European Lung Foundation. Chronic obstructive pulmonary disease. www.europeanlung.org/COPD
- Nici L, Donner C, Wouters E, *et al.* American Thoracic Society/European Respiratory Society Statement on Pulmonary Rehabilitation. *Am J Respir Crit Care Med* 2006; 173: 1390–1413.