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INSPIRATORY MUSCLE TRAINING FOR IMPROVING INSPIRATORY MUSCLE STRENGTH AND FUNCTIONAL CAPACITY IN OLDER ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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10.1136/thorax-2020-BTSabstracts.224

Introduction The ageing process can result in the decrease of respiratory muscle strength and consequently increased work of breathing and associated breathlessness during activities of daily living in older adults. This systematic review and meta-analysis aims to determine the effects of inspiratory muscle training (IMT) in healthy older adults given that reduced respiratory muscle strength is associated with a decline in pulmonary function, reduced physical performance, and constitutes an independent risk factor for myocardial infarction and cardiovascular mortality.

Methods A systematic literature search was conducted across four databases (Medline/Pubmed, Web of Science, Cochrane Library and CINAHL) using a search strategy consisting of both MeSH and text words including older adults, inspiratory muscle training, and functional capacity. The eligibility criteria for selecting studies involved controlled trials investigating IMT via resistive or threshold loading in older adults (>60 years) without a long-term condition. Meta-analyses were performed for maximal inspiratory pressure (PI_{max}) and sixminute walk distance (6MWD) using a random-effects model with change scores to obtain effect sizes reported as standard mean differences. Pearson's correlation analysis was performed to determine the association between baseline PI_{max} and change in PI_{max} following IMT within included studies.

Results Seven studies provided mean change scores for inspiratory muscle strength and 3 studies for functional capacity. A significant improvement was found for PI_{max} following training (n=7, 3.03 [2.44, 3.61], p≤0.00001) but not for 6MWD (n=3, 2.42 [-1.28, 6.12], p=0.20; figure 1). The average increase in PI_{max} was 26.3±4.9 cmH₂O within the experimental groups compared to a non-significant average change of

 $3.7\pm~4.1~{\rm cmH_2O}$ within the control groups. There was no significant correlation between baseline ${\rm PI_{max}}$ and post-intervention change in ${\rm PI_{max}}$ values (n=7, r=0.342, p=0.453).

Discussion This study suggests that IMT is beneficial in terms of improving inspiratory muscle strength in older adults without a long-term condition. IMT was also found to be beneficial in older adults regardless of their initial degree of inspiratory muscle weakness. Further research is required to investigate the effect of IMT on functional capacity and quality of life in older adults.

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INTERNET USAGE AND INTERVENTION DELIVERY PREFERENCES IN THE PULMONARY REHABILITATION POPULATION

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10.1136/thorax-2020-BTSabstracts.225

Introduction Due to COVID-19, conventional Pulmonary Rehabilitation (PR) has adapted to a home-based paper and telephone alternative. Web-based PR is available and has the potential to be an effective alternative to conventional PR. However, recent research suggests that patients are unable or unwilling to access it. The aim of the study was to explore internet usage and rehabilitation delivery preferences for those referred to PR.

Methods A survey was conducted between May and August 2020. Information collected included: demographics, qualifications, device ownership, internet hours per week, PR delivery preference and barriers to PR.

Results 89 responses were received from patients (Mean [SD] age 69 [10.5] years, 51 (57.3%) female). 68 (76.4%) reported having internet capable devices (Smartphone 50.6%, PC/Laptop 47.2%, Tablet 36.0%). 67 (75.3%) used the internet weekly. 50 (56.2%) responders used the internet regularly (>1 hour/week) and 26 (29.2%) very regularly (>10 hours/week). There was a weak correlation between age group and hours

	- 1	MT		C	ontrol			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.1.1 Inspiratory mus	scle stre	ngth							
Aznar-Lain 2007	24.8	6.5	8	3.2	6.5	9	9.9%	3.15 [1.61, 4.69]	
Ferraro 2019	34.9	7.2	23	13.1	10.4	23	20.5%	2.40 [1.62, 3.17]	*
Huang 2011	24	5.5	24	3	4.9	24	16.5%	3.97 [2.96, 4.97]	-
Mills 2015	21	8.6	17	2	9.1	17	19.0%	2.10 [1.24, 2.95]	-
Rodrigues 2018	32	7.7	11	3	8.5	8	10.0%	3.45 [1.91, 4.98]	
Souza 2014	26.3	5.3	12	2.7	8.6	10	11.8%	3.25 [1.90, 4.60]	_
Watsford 2008 Subtotal (95% CI)	21	6.9	13 108	-1	4.8	13 104	12.3% 100.0%	3.58 [2.28, 4.89] 3.03 [2.44, 3.61]	+
Heterogeneity: Tau² = Test for overall effect:					= 0.0	8); 1* = 4	47%		
Heterogeneity: Tau ² =					'= 0.0	8); 1==	47%		
Heterogeneity: Tau ² = Test for overall effect: 1.1.2 6MWD					7.7	8); 1= 4	32.5%	6.71 [5.20. 8.22]	
Heterogeneity: Tau ² = Test for overall effect:	Z=10.1	3 (P	< 0.000					6.71 [5.20, 8.22] -0.67 [-1.36, 0.03]	
Heterogeneity: Tau ² = Test for overall effect: 1.1.2 6MWD Huang 2011	Z=10.1	3 (P 4.9	< 0.000	001)	7.7	24	32.5%	6.71 [5.20, 8.22] -0.67 [-1.36, 0.03] 1.38 [0.35, 2.42]	• -
Heterogeneity: Tau ² = Test for overall effect 1.1.2 6MWD Huang 2011 Mills 2015	Z=10.1 45 -6	3 (P 4.9 45	< 0.000 24 17	1 21	7.7 33	24 17	32.5% 34.0%	-0.67 [-1.36, 0.03]	

Abstract P79 Figure 1 Mean difference (95% CI) from baseline of the effect of inspiratory muscle training on inspiratory muscle strength (measured by maximal inspiratory pressure; n=7) and six-minute walk test distance (n=3) compared to control

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