Pulmonary rehabilitation: a challenging exercise?

P140 UPTAKE AND COMPLETION OF PULMONARY REHABILITATION: THE INFLUENCE OF REFERRAL SOURCE
doi:10.1136/thoraxjnl-2011-201054c.140

1A L Clark, 1K A Ingram, 1R P Fowler, 1P Marns, 2S S C Kon, 2J L Canavan, 1W D C Man, 1Harefield Pulmonary Rehabilitation Team, Royal Brompton & Harefield NHS Foundation Trust, London, UK; 2Respiratory Biomedical Research Unit, Royal Brompton & Harefield NHS Foundation Trust, London, UK

Background Pulmonary rehabilitation (PR) leads to significant improvements in exercise capacity, health status and dyspnoea in patients with chronic respiratory disease, supported by a strong evidence base. Despite the known benefits of PR, a proportion of referred patients never attend while others fail to complete the programme. The doctor-patient relationship is complex and may influence uptake and adherence to therapy. We hypothesised that uptake and completion of PR would be greater in patients referred from a senior doctor (hospital consultant or GP) compared with those referred by junior doctors or allied health professionals.

Methods 466 consecutive referrals to the Pulmonary Rehabilitation (PR) programme were divided according to referral source: Senior Doctor (hospital consultant or GP), Junior Doctor (Any trainee doctor from hospital or primary care) and Allied Health Professional (AHP: typically community/practice nurses or hospital physiotherapists). Uptake (proportion of referrals that start PR), and completion (proportion of patients that attended more than 8 PR sessions and the post-course assessment) were calculated for each referral source and compared using χ² test.

Results Overall uptake and completion rates were 78% and 75% respectively (raw data Abstract P140 table 1). Uptake was significantly greater in referrals from Senior Doctor compared with Junior Doctor or AHP (52% vs 67% and 74% respectively; χ² = 0.02), although no significant difference was seen in completion (77% vs 70% and 68%; χ² = 0.25). Abstract P140 table 1 shows the raw data. There was no significant difference in baseline patient characteristics between the referrals sources (age, FEV₁%, MRC dyspnoea score, Hospital Anxiety and Depression score, incremental shuttle walk distance, Chronic Respiratory Disease Questionnaire, Lung Information Needs Questionnaire or COPD Assessment Test).

Conclusion There is increased uptake of PR in patients referred by a hospital consultant or GP than if referred by a junior doctor or AHP. Further work is required to explore the reasons for this observation.

Conclusions Venturi barrels used with oxygen concentrators in the home are likely to deliver a lower oxygen concentration than expected and are unlikely to lead to hypercapnic respiratory failure. For a controlled FiO₂ to be delivered, the chosen concentrator and Venturi barrel need to be tested so flow rate can be set accordingly but concentrators alarm systems may prevent practical use.