Pulmonary rehabilitation

Poster sessions

P99 PULMONARY REHABILITATION IN INTERSTITIAL LUNG DISEASE PATIENTS: EFFECTS ON MAXIMUM EXERCISE CAPACITY, ANXIETY AND DEPRESSION

1MM Peasey, 2SS Kon, 1D Dilaver, 1JL Canavan, 1MG Ng, 1SE Jones, 1AL Clark, 1MI Polkey, 3WDC Man. 1Harefield Pulmonary Rehabilitation Team, Royal Brompton and Harefield NHS Foundation Trust, Harefield, Middlesex, United Kingdom; 2Respiratory Biomedical Research Unit, Royal Brompton & Harefield NHS Foundation Trust, Harefield, Middlesex, United Kingdom

Background There is increasing evidence to support the use of Pulmonary Rehabilitation (PR) in patients with Interstitial Lung Disease (ILD). Several studies have shown significant improvements in six minute walk distance and health related quality of life measures, such as the Chronic Respiratory Disease Questionnaire (CRQ), following PR (Holland et al; 2008). However there is a paucity of data surrounding other outcome measures such as maximal walking exercise tests (the incremental shuttle walk: ISW) or anxiety and depression levels. As the ISW and the Hospital Anxiety and Depression scale (HAD) are commonly used outcome measures in UK PR programmes, the aim of the study was to assess the response of these outcomes to PR in the ILD population.

Methods We analysed outcome data in 62 (30 male:32 female) consecutive ILD patients completing an 8-week outpatient PR programme. Diagnoses were idiopathic pulmonary fibrosis (n=29), connective tissue related ILD (n=8), sarcoidosis (n=14), hypersensitivity pneumonitis (n=3), asbestosis (n=4), drug induced ILD (n=4). Pre- and post-PR data was analysed using either Paired T-tests or Wilcoxon Tests.

Results Only 12 Directors (63%) were aware of trainees with a special interest in CF (26% currently gaining out-of-programme experience [OOPE]). Northern Ireland (NI) and SE Scotland had most trainees pursuing an interest in CF (22% and 20% respectively), where 75% of these were undertaking OOPE. Only 1 centre (NI) had changed trainee allocation arrangements to accommodate the 2010 curriculum changes, but despite this trainees rotated to a specialist CF centre in only 12 Deaneries (63%), where the average training time was 3 months. About 180 trainees (50%) did not rotate to a specialist centre, and in these cases Directors reported that individuals were required to make their own arrangements (26%) or had organised day-release or training days (18%).

Conclusions This survey highlights that, despite the increasing numbers of adult CF patients and the need for suitable training for our future respiratory colleagues now reflected in the curriculum, a significant proportion of trainees in the UK still have limited exposure to CF during their training. Further representations have been made to the training authorities to reinforce the need for increased CF training.

Reference: