0.57 (p < 0.001), in COPD and CHF, respectively. Mean change in $IC_{EO_{2}pk}$ was 28 (-14 to 69) ml·min$^{-1}$, ES 0.09 (p = 0.19) and 50 (-15 to 120) ml·min$^{-1}$, ES 0.16 (p = 0.12). There was no difference in responsiveness, between COPD and CHF, for the ISWT and $IC_{EO_{2}pk}$, p = 0.44 and p = 0.67, respectively.

Conclusions Both the ISWT and ICE are similarly repeatable in patients with COPD and CHF. A 60 m change in ISWT distance and 260mls in $IC_{EO_{2}pk}$ represents, with 95% certainty, a true change within an individual. $IC_{EO_{2}pk}$ was similarly unresponsive to PR in both conditions.

REFERENCES

P40
SYSTEMATIC REVIEW OF THE REPEATABILITY, REPRODUCIBILITY, SENSITIVITY AND COMPARABILITY OF KEY EXERCISE CAPACITY TESTS USED IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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Abstract P40 Figure 1. Breakdown of the relevant studies. Numbers of studies that contain data examining the repeatability, reproducibility, sensitivity and comparability (within and between different tests) for the different exercise tests. As some studies fall into more than one category, the combined number of studies in this figure exceeds 90.

P41
PULMONARY REHABILITATION (PR) ENDURANCE SHUTTLE WALK TEST Distances: Differences between INTERSTITIAL LUNG DISEASE (ILD) and CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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Abstract P41 Table 1.