The aim of this study was to establish whether delaying the offer of rehabilitation would be effective and acceptable to patients who have recently been hospitalised for an AE of their COPD.

Methods A randomised controlled trial was conducted. Patients were randomised to PEPR or delayed PEPR (D-PEPR) following hospitalisation for an AECOPD. Both programmes were the same, consisting of twice weekly, six-week hospital based programme (exercise and education). PEPR commenced within four weeks of hospital discharge and D-PEPR commenced 7 weeks after this. The primary outcome was the Incremental Shuttle Walking test (ISWT), secondary measures were the Endurance Shuttle Walk Test (ESWT).

Results Thirty six patients consented and were assessed (14 male, mean (SD) age 66.03 (7.64) years, FEV₁ 1.18 (0.48) litres, ISWT 225 (160.77) metres, ESWT 222 (151.09) seconds. We observed important improvements in the PEPR group. However, only 6 patients out of 12 assessed in the D-PEPR group remained during the control time prior to the programme commencing of which 3 patients went on to complete all of D-PEPR (Table 1).

Abstract P138 Table 1 Mean changes with 95% CI for patients who completed pulmonary rehabilitation

	Early PR (n = 14)	D-PEPR at 7 weeks (n = 6)	Post D-PEPR (n = 3)
ISWT (Metres)	28.67 (51.49 to 5.85)*	13.33 (52.97 to 26.31) p = 0.427	40.00 (139.37 to 59.37)
ESWT (Seconds)	250.10 (407.98 to 92.16)*	23.20 (259.87 to 213.47)	283.33 (1302.90 to 736.23)

*P < 0.05.

Conclusion PEPR is effective and no natural recovery was observed. Although small numbers, acceptability and completion for D-PEPR was even worse than PEPR. D-PEPR does not seem a feasible alternative to PEPR.

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P139 INVESTIGATING THE PROFILE OF PHYSICAL ACTIVITY IN COPD PATIENTS 7 DAYS POST DISCHARGE FROM A RESPIRATORY-RELATED ADMISSION. DOES BRIEF ADVICE HAVE AN EFFECT?

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Introduction and objectives There is a relationship between Physical Activity (PA) and both readmissions and mortality.¹ PA in COPD in the immediate period following hospital admission and discharge has not received much attention. This study aimed to investigate the profile of PA in the 7 days following discharge from a respiratory-related admission. Additionally, we explored whether brief PA advice (given as part of a self-management

(SM) manual) would improve the rate of recovery, compared to usual care.

Methods The study was a Randomised Controlled Trial. Those randomised to UC were discharged with standard treatment and follow-up; in addition, those allocated to the SM group received brief advice PA advice in the form of a SM manual (SPACE FOR COPD). All patients wore the 'Sensewear' armband (SWA) monitor for 7 days post-discharge for 12 waking hours/day. Outcomes collected were: Total Energy Expenditure (TEE), Steps, Physical Activity Level (PAL) and time spent in light, moderate and vigorous activity.

Results Activity data was collected on 25 patients with COPD, UC = 10, SM = 15. Mean (SD) Age-67.7(7.2) years, FEV₁-1.01(0.43) L, MRC grade-3.8(1. X), 14 Females, 11 Males. Figure 1 shows the serial measures of steps over 7 days. There were no significant differences in physical activity at baseline between the groups. There was little fluctuation in steps over 7 days and the change was not significant from Day 1–Day 7, within in each group. Furthermore, there was no significant difference between the groups. This was the same for all of the other activity monitor data.

Abstract P139 Figure 1

Conclusion We found there was no improvement in steps in the 7 days post-discharge, despite PA advice given in the SM group. It may be that the advice was too brief or that 7 days was not long enough to witness an effect. Further research is required to investigate the effects of an exacerbation and SM interventions on PA; capturing PA data prior to, during and after an admission would be of value.

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P140 EFFECTS OF INDACATEROL/GLYCOPYRRONIUM ON LUNG FUNCTION AND PHYSICAL ACTIVITY IN PATIENTS WITH MODERATE TO SEVERE COPD

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