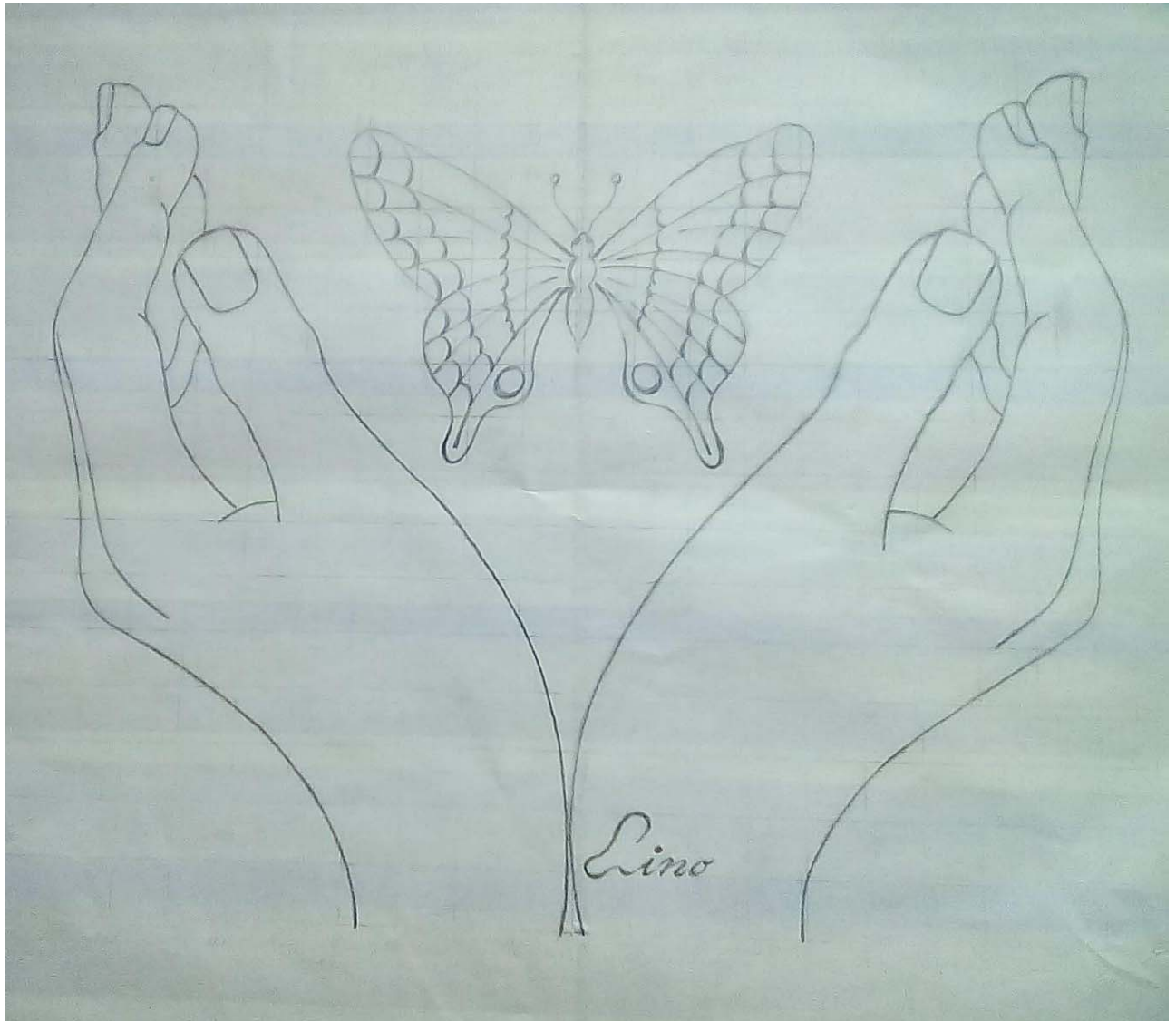


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COPD and Home rehabilitation program:

Effects on exacerbations, adherence to therapy and lung function.

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ABSTRACT

Background: Chronic Obstructive Pulmonary disease (COPD) is a very common progressive inflammatory pathology. It is a leading cause of hospitalisation and mortality. An increase in the prevalence and mortality of COPD and related diseases is expected by 2030 with approximately 4.5 million deaths per year, due to the continuous exposure to risk factors and the aging of the population. Accordingly, social and economic burden is projected to increase. **Aim:** The aim of our study is to evaluate if the rehabilitation program play a role on the number of exacerbations, the adherence to therapy and lung function. **Materials and Methods:** The present study enrolled 18 patients (M 10; mean age: 82.5 ± 7.3 yrs), who attended the outpatient clinic of Internal Medicine and Geriatrics of the Fiorini Hospital in Terracina, Italy, from May 2017 to october 2018. COPD was defined based on medical history and spirometry with a reversibility test performed in our clinic. Spirometry with reversibility test allowed to optimize the therapy to patients based on phenotypic characteristics of COPD. Moreover, thanks to the use of CAT, mMRC, eosinophil count and evaluation of the number of annual exacerbations, patients were staged according to the most recent guidelines. The enrolled patients completed the questionnair Morinsky Medication Adherence Scale that is a validated assessment tool used to measure non-adherence in a variety of patient populations. Statistical analysis Statistical analysis was performed with SigmaStat 3.5 software for Windows. Paired T-test for quantitative variables were used to compare the effect of the treatment in the different groups. Statistical significance was fixed at $P < 0.05$. **Results:** The analysis of statistically significant data showed us how the use of respiratory flow stimulator reduced respect to basal test the value of the Tiffaneau index from 72.7 ± 21.9 to 86.1 ± 11.7 ($p = 0.049$), proving an improvement of the respiratory activity. Similary, the Morisky test, executed after 3 moths from the basal test, showed a significant increase of the assigned score from 4.8 ± 1.8 to 7.9 ± 0.6 ($p < 0.001$) showing an improvement to the adherence to therapy. After 18 months, our study allowed us to underline the significant reduction of number of the annual exacerbations from 4 ± 2 to ≤ 1 ($p < 0.001$) resulting in a decrease of the hospital admissions and related costsestimated at around 7200 euro for patient. **Conclusions:** Our preliminary data suggest that cardiorespiratory rehabilitation is related to an improvement in the respiratory function of patients, an improvement in adherence to therapy, an improvement in quality of life, and production of health (exacerbations are reduced with consequent reduction in mortality) and a reduction in costs.

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