Activities of daily life (ADLs) before and after rehabilitation in patients with COPD.

Published: 19-05-2014
Last updated: 15-05-2024

To study the effects of pulmonary rehabilitation on daily physical activity in patients with COPD. It seems reasonable to hypothesize that an improved sub-maximal performance capacity following pulmonary rehabilitation and the correct use of ECTs...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Bronchial disorders (excl neoplasms)
Study type	Observational non invasive

Summary

ID

NL-OMON45122

Source
ToetsingOnline

Brief title
ADLs before and after rehabilitation in patients with COPD

Condition

- Bronchial disorders (excl neoplasms)

Synonym
Chronic Obstructive Pulmonary Disease

Research involving
Human

Sponsors and support

Primary sponsor: Ciro, expertisecentrum voor chronisch orgaanfalen
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: activities of daily living, COPD, rehabilitation

Outcome measures

Primary outcome

The difference in ventilation and oxygen uptake during the performance of ADL

before and after rehabilitation.

Secondary outcome

-Difference in physical activity -Difference in heart rate -Difference in time

to accomplish the ADLs -Difference in Borg symptom scores after the performance

of ADLs -Differences in COPM (patients scores on performance and satisfaction)

Study description

Background summary

The degree and impact of dyspnea during ADLs in patients with COPD is worse compared to healthy elderly subjects. Various non-pharmacological interventions, like exercise training and energy conservation techniques, can be considered to reduce the task-related dyspnea sensation and, in turn, improve the performance of ADLs in COPD. However, its effects have never been studied. Therefore, there is a clear rationale to study the effects on the performance of domestic ADLs in patients with COPD after a program of high-intensity interval training in combination with occupational therapy.

Study objective

To study the effects of pulmonary rehabilitation on daily physical activity in patients with COPD. It seems reasonable to hypothesize that an improved sub-maximal performance capacity following pulmonary rehabilitation and the correct use of ECTs will result in a lower task-related metabolic load and reduce the burden of ADLs in patients with COPD.

Study design

Longitudinal observational design.

Study burden and risks

All intervention take place at Ciro+ in Horn as part of regular pulmonary rehabilitation. In addition, an extra test (cardiopulmonary exercise test) will be added to the post-rehabilitation assessment Furthermore, patients will perform 3 ADL-tests. The risks of participation in the study are almost zero.

Contacts

Public
Ciro, expertisecentrum voor chronisch orgaanfalen

Hornerheide 1
Horn 6085 NM
NL
Scientific
Ciro, expertisecentrum voor chronisch orgaanfalen

Hornerheide 1
Horn 6085 NM
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Patients with COPD as a primary diagnosis according to the Global Initiative For Chronic Obstructive Pulmonary Lung Disease (GOLD) definition: *Chronic obstructive pulmonary disease (COPD) is a preventable and treatable disease with some significant extrapulmonary

effects that may contribute to the severity in individual patients. Its pulmonary component is characterized by airflow limitation that is not fully reversible.The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases*. COPD is diagnosed by a chest physician. Patients with mild (GOLDI; FEV1/FVC<70% and FEV1*80% of predicted value) to very severe (GOLDIV; FEV1/FVC<70% and FEV1<30% of predicted value) COPD will be included in the study. OR
- Clinically stable on the basis of clinical picture by chest physician
- Treated according to the current international guidelines.
- Permission for voluntary participation. Patients will be asked after baseline assessment and have to sign an informed consent.

Exclusion criteria

-Neuromuscular co-morbidities. Patients with neuromuscular co-morbidities can experience problems, not caused by COPD , during the performance of the activities of daily life.
-Lack of motivation for voluntary participation in this study.
-Patients with long-term oxygen therapy use will be excluded for measurements of metabolic load.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	16-06-2014
Enrollment:	54
Type:	Actual

Ethics review

Approved WMO Date:	19-05-2014
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	26-08-2014
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	02-11-2016
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 25908
Source: Nationaal Trial Register
Title:

In other registers

Register	ID
CCMO	NL46935.068.13
OMON	NL-OMON25908

Study results

Date completed:	30-04-2018

Actual enrolment: 44

Summary results
Trial ended prematurely