Dyspnea and Quality of Life in Patients with Pulmonary Fibrosis after Six Weeks of Respiratory Rehabilitation

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Setting the scene:
To estimate the level of dyspnea and quality of life in patients with pulmonary fibrosis after 6 weeks' respiratory rehabilitation.

What did they do?
38 patients were enrolled to respiratory rehabilitation with idiopathic interstitial pneumonia, idiopathic pulmonary fibrosis, non-specific interstitial pneumonia, pulmonary fibrosis due to allergic alveolitis, pulmonary fibrosis due to mix collagenosis and pulmonary fibrosis due to silicosis. The rehabilitation program was composed of 4 weeks of rehabilitation held in the hospital and later continued by patients themselves at home. The timing and intensity of the exercise program was prepared individually for each patient. The program consisted of general exercise, performed twice a week for 30 min, (movements of the thorax, correctional exercise, isometric exercise), respiratory muscle exercise, consisting of 6 series of 5-breath cycles interspersed with 1-min rest periods (altogether 30 breaths), run on Threshold and bicycle ergometer training, performed once a day for 15 min with a pretested 60% max load in Watts. The level of perceived dyspnea and the quality of life were estimated before and after 6 weeks of rehabilitation. Dyspnea was evaluated using Medical Research Council dyspnea scale (MRC), Oxygen Cost Diagram (OCD), Baseline Dyspnea Index (BDI) and Borg scale.

Takeaway message:
It was concluded that patients with pulmonary fibrosis react positively to a 6-week pulmonary rehabilitation program, as estimated by dyspnea scales and questionnaires describing the quality of life. The introduction of rehabilitation programs for this category of pulmonary patients is thus worth giving further consideration.