Online pulmonary rehabilitation not inferior to face-to-face rehab

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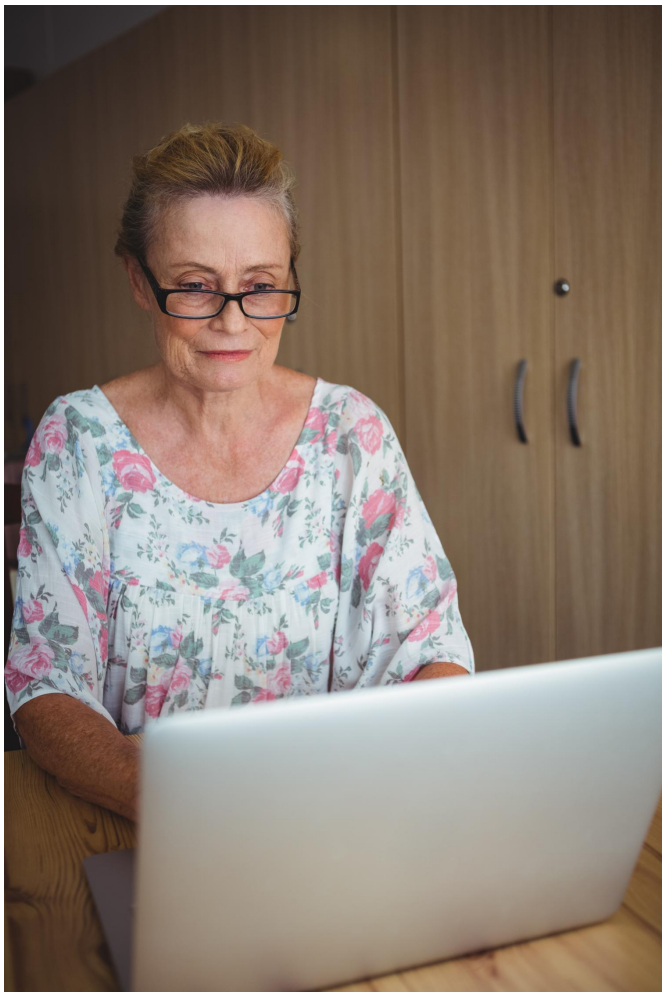

Online pulmonary rehab for COPD. Credit: ATS

Online pulmonary rehabilitation for patients with chronic obstructive pulmonary disease (COPD) was found to be as effective as face-to-face rehabilitation programs at improving patients' exercise capacity and symptom control, according to new research presented at the 2017 American Thoracic Society International Conference.

"For many patients, attending in-person classes isn't easy and we know that attendance rates are variable," said lead author Tom Wilkinson, MA, Cantab, MBBS, PhD, FRCP, of the Southampton University Faculty of Medicine at Southampton General Hospital, United Kingdom. "This study challenges the paradigm that pulmonary rehabilitation needs to be delivered using a conventional face-to-face class-based approach."

The study involved 90 patients with moderate COPD who were referred for pulmonary rehabilitation. Study participants were assigned randomly to either online or face-to-face rehabilitation. Patients were well-matched between treatment arms for age, disease severity and smoking status. Approximately twice as many (n=64) study participants were assigned to the online group as were assigned to in-person classes (n=26). The researchers were blinded to which group each person was in.

Those in the face-to-face group participated in six-week group sessions at a local rehabilitation center, while online subjects logged in to the MyPR application from their home computers. MyPR, which is part of the larger MyCOPD software application (app), is the first to be supported in the UK by the National Health Service Innovation and Technology Tariff, and is free for UK patients with advanced COPD.

Outcome measures for the study were patients' six-minute walking distance and scores on the COPD Assessment Test (CAT). At the completion of the study, the walking distance for online participants was not significantly less than for face-to-face study subjects. Improvements in pulmonary rehabilitation scores on the CAT were higher for the online group in all domains. (See study abstract below for statistical analyses.)

"This study has shown that MyPR is non-inferior to usual pulmonary rehab for key improvements in exercise capacity and symptom control," said Professor Wilkinson. "This effect was seen with

minimal clinician involvement in the online arm, demonstrating that digitally supported pulmonary rehabilitation is both safe and effective."

Prof. Wilkinson added: "Further studies are needed to explore how, during implementation, the platform can be best used in blended digital services. Research should also examine the benefits of use of MyPR over the long term, as the app, unlike face-to-face classes, can deliver maintenance pulmonary rehabilitation at minimal cost."

More information: Abstract 775: Online Versus Face to Face Pulmonary Rehabilitation for Patients with COPD: A Randomised Controlled Trial

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