

LETTER TO THE EDITOR

PULMONARY REHABILITATION PROGRAM – AN IMMINENT NEED FOR COPD

Chronic Obstructive Pulmonary Disease (COPD) is expected to turn out to be the 3rd most widespread reason of mortality and 5th most frequent source of morbidity universally by 2020¹.

The BREATHE (Breathing REtraining for Asthma – Trial of Home Exercises) study suggested that 6.9 m people experience COPD symptoms in Pakistan^{2,3}. The economic burden on health, to manage COPD, is also substantially high in Pakistan^{3,4}.

Keeping in view the aforementioned facts and figures of the morbidity, mortality, and financial burden of COPD, it is highly imperative that comprehensive treatment programs should be developed. In 2013 ATS/ERS has elaborated the importance of Pulmonary Rehabilitation (PR) for the patients having COPD. PR is a complete, multidisciplinary rehabilitation program based on a comprehensive patient assessment using patient-centered treatments that should incorporate, exercise preparation, edification, and life style changes, to enhance the physical and psychological state of people with long-lasting respiratory ailments and to promote the long-term attachment to health-improving behaviors. PR helps in the reduction of patient's symptoms related to COPD and its co-morbid, and helps to improve the exercise endurance and Health-Related QoL⁵. The majority of programs includes 2–3 visits/week for six and twelve weeks, and is considered as evidence-based discipline with well-designed clinical studies to demonstrate and sustain enhancement in exercise easiness and health state⁶.

PR program is currently being offered in a number of hospitals in Pakistan but unfortunately, ATS/ERS defined PR programs, as structured in the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines are beyond the resources of health-care organizations and, consequently, are inaccessible or unavailable to the majority of the COPD patients. Moreover Pakistan has inadequate funds for patient care and is also deficient in the logistics for complex and multidisciplinary programs of PR according to the suggested guidelines. Hence, there is a need for more authenticated and basic programs that contain the essential components of pulmonary rehabilitation⁷.

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REFERENCES

- [1] Kumar P, Clark M. Kumar & Clark's clinical medicine. 9th ed. Elsevier; 2016
- [2] Uzaslan E, Mahboub B, Beji M, Hasnaoui A. E., The burden of chronic obstructive pulmonary disease in the Middle East and North Africa: Results of the BREATHE study. *Resp Med.* 2012;106(2):S45–S59
- [3] Pakistan Today. 6th June 2013. 6.9m People Suffer From COPD Symptoms In Pakistan: Study. The BREATHE study. Available from: <https://www.pakistantoday.com.pk/2013/06/06/6-9-m-people-suffer-from-copdsymptoms-in-pakistan-study/>
- [4] Polatli M, Kheder A, Wali S, Javed A, Hasnaoui AE, Chronic obstructive pulmonary disease and associated healthcare resource consumption in the Middle East and North Africa: The BREATHE study. *Resp Med.* 2012;106(2):S75–S85
- [5] American Thoracic Society - Pulmonary Rehabilitation. We help the world breath. 2017. Available from: <http://www.thoracic.org/members/assemblies/assemblies/pr/>
- [6] Walker B, Colledge N, Ralston S, Penman I. Davidson's principles and practice of medicine. 22nd ed. Churchill Livingstone; 2014
- [7] Clinical Diagnosis of COPD in Asia. ISHAGE – The International Society for Hematotherapy and Graft Engineering with Participation of Canadian Health Care Mall. 2017. Available from: <http://www.ishage.org/clinical-diagnosis-of-copd-in-asia.html>