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| **Exercise capacity pre and post Trikafta in a New Zealand paediatric Cystic Fibrosis population** |
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| **Introduction/Aim:**  With the introduction of Trikafta to New Zealand in April 2023, this posed the perfect opportunity to review exercise tolerance and the relationship to lung function in the Cystic Fibrosis population over 6years at Christchurch Hospital. The aim was to complete pre Trikafta baseline exercise tests and spirometry for all children eligible to start Trikafta. A follow up exercise test and spirometry was then completed 3months post the commencement of modulator therapy.  **Methods:**  An initial modified shuttle walk test (MSWT) exercise test was purchased from the NHS which had 15 levels. Children had their pre Trikafta spirometry completed and then completed the exercise test. The test uses a 9m course with cones to walk/run around making 10m total. SpO2 and HR was taken prior to test, throughout test and then at 2.5minutes + 5minutes post test. Children that were fit, were able to achieve high in the MSWT, therefore we changed test to the MST-25 which has 25 levels. After 3 months of Trikafta, children completed a follow up spirometry and exercise test. The testing was completed by a registered physiotherapist or physiotherapy student with physiotherapist oversight.  **Results:**  30 children completed pre and post exercise tests. Initial results ranged from level 7.06-18.01. Lung function varied from FEV1:34%-121%. Currently all children who have completed their post Trikafta exercise test have had an improvement in their exercise test score. The full table and details of our results are still in process as this work continues with our Cystic Fibrosis population.  **Conclusion:**  Exercise capacity testing is now an integral component of our Cystic Fibrosis care. As the management of Cystic Fibrosis changes in the modulator therapy era could be an important and cost effective adjunct to standard practice.  **Grant Support:**  I have received no grant support to fund this work. |