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| Traits, treatments and measurements in bronchiectasis- a scoping review |
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| **Introduction/Aim:** To identify new traits and treatments that have been reported for new and previously published traits in adults with bronchiectasis that can be measured and treated by an allied health professional or nurse in an outpatient clinic or community setting.  **Methods:** A scoping review was conducted according to PRISMA-Scr guidelines. MEDLINE, CINAHL, PsycInfo, CINAHL, Embase, Cochrane Central Register of Controlled Trials and AMED were searched for relevant articles up to December 2022.  **Results:** The search yielded 9963 articles with 255 articles proceeding to full text review and 114 articles included for data extraction. Most studies were conducted in stable bronchiectasis (number of studies (n)=106). Sixteen new traits were identified; the most commonly described new traits were fatigue (n=13), physical inactivity (n=13), reduced peripheral muscle power and/or strength (n=12), respiratory muscle weakness (n=9) and sedentarism (n=6). Fourteen treatments were reported for new and existing traits; the most frequent were airway clearance therapy (ACT) (number of citations (n)=86), pulmonary rehabilitation (PR) (n=58), inspiratory muscle training (n=20) and nebulised saline (n=12). Of the new traits identified, 8/16 traits had reports of treatments. Traits most commonly demonstrating a significant magnitude of improvement in outcomes following ACT or PR were mucus hypersecretion, infection, reduced exercise capacity and dyspnoea.  **Conclusion:** New traits and treatments of new and existing traits were identified that can be implemented and measured by an allied health professional or nurse in an outpatient clinic or community setting. As a minimum standard, ACT and PR should be offered to adults with bronchiectasis if implementing a treatable traits approach. Future research would test treatments for the newly identified traits and explore the effect on clinical outcomes from clinics implementing treatable traits management in bronchiectasis.  **Grant Support:** There was no funding received for the conduct of this review. |