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| A multidisciplinary, non-pharmacologic intervention reduces breathlessness unpleasantness in people with moderately severe/severe COPD compared with waitlist controls. An RCT. |
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| **Introduction**: Chronic obstructive pulmonary disease (COPD) is a common, sometimes progressive respiratory disease, frequently associated with the disabling symptom of breathlessness.  **Aims:** To review the effect of the Westmead Breathlessness Service multidisciplinary, 8-week non-pharmacological intervention on relieving the symptom of breathlessness in people with COPD.  **Methods:** We enrolled 113participants with moderately severe/severe COPD (FEV1:FVC <0.70 and FEV1≤60% predicted) and disabling breathlessness (mMRC≥2) and randomised them to intervention or control. A multidisciplinary team including medical, nursing, physiotherapy, occupational therapy, and dietetic staff administered interventions including use of a battery-operated hand-held fan, breathing techniques, positioning, exercise, energy conservation, relaxation, and dietary advice. The waitlist control group received standard COPD care. We measured breathlessness intensity and unpleasantness at rest and on exertion, at both 0 and 8 weeks, using an 11-point numerical rating (NRS) scale. Summary statistics are presented as mean±SD or median (IQR) as appropriate. ANOVA was used to compare groups. P<0.05 was considered significant.  **Results:** Participants were aged 70.9±8.5 years, 50% female, with mean FEV1 0.84L(34% predicted)± 0.34L(12% predicted). Participants had a median baseline mMRC score of 3(3-4) and COPD Assessment Test of 23 (19-27). Breathlessness intensity on exertion reduced in the intervention group by 0.3 au and increased by 0.3 au in the control group over 8 weeks (95%CI -1.3 to 0.0, p=0.059). Breathlessness unpleasantness on exertion decreased in the intervention group (mean difference -1.1 au; 95% CI -1.8 to -0.3; p=0.005). Only 5 participants (4.4%) reported breathlessness at rest, so no further analysis was undertaken.  **Conclusion:** In patients with severe COPD, breathlessness at rest is rarely reported, but becomes universally intense and unpleasant on exertion. A multidisciplinary non-pharmacological intervention significantly reduces the unpleasantness of breathlessness on exertion. A trend toward reducing the intensity of breathlessness was also observed. Future analysis will focus on quality of life and cost-effectiveness.  **Grant Support:** HCF Research Foundation, NSW Health Translational Research Grant Scheme, Western Sydney Local Health District New Investigator grant. |