

#### **4.12 A retrospective review of pulmonary rehabilitation outcomes in Interstitial Lung Disease.**

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**Background:** Pulmonary rehabilitation is a safe non-pharmacological intervention in the management of Interstitial Lung Disease (ILD) that results in greater exercise tolerance, quality of life and functional status (Dowman *et al.* 2021). However, it has been suggested that further research is required to explore the long-term effects of pulmonary rehabilitation and sustainability of improvements in ILD (Dowman *et al.* 2021).

**Methods:** A retrospective review of 30 ILD patient outcomes after an eight week pulmonary rehabilitation programme. Clinical functional assessment was performed prior to commencing the programme using tools such as the six minute walk test (6MWT), Modified Medical Research Scale (MMRC) and King's Brief Interstitial Lung Disease (KBILD) questionnaire. Follow up assessment was repeated on completion of the programme, and again at three, six, nine and twelve months post rehabilitation.

**Results:** The post-rehabilitation assessment showed that the minimally important difference (MID) was achieved by 57% (n=17) of patients in the 6MWT, 47% (n=14) in MMRC and 60% (n=18) in KBILD. On subsequent follow up at the 3 month assessments, 45% (n=13) maintained their post programme MID in 6MWT distance, 38% (n=11) in MMRC and 55% (n=16) in KBILD.

Compared to pre-rehabilitation status, improved outcomes (6MWT, MMRC & KBILD) remained at six, nine and twelve months, however to a lesser degree. This was complicated by disease progression in some patients, with three patients dying during the follow up timeline.

**Conclusion:** In the majority of our ILD patients, improved symptoms and functional capacity were identified post pulmonary rehabilitation with sustained benefit at three, six, nine and twelve months.

**Conflict of Interest:** The authors declare that they have no conflict of interest.

**Reference:** Dowman, L., Hill, C.J. & Holland, A.E. (2021) Pulmonary rehabilitation for Interstitial Lung Disease. *Cochrane Database of Systematic Reviews*, 1(2), 7-47.