Impact of Pulmonary Rehabilitation on Quality of Life in Chronic Obstructive Pulmonary Disease (COPD) Patients

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ABSTRACT

Pulmonary rehabilitation has been the leading approach to treatment in COPD, but in this investigation, it has been significantly enriched in physical, psychological, and social aspects for the patients. The current paper detected the key place of physical training, education, psychological support, and socialization in an increase of the quality of life of COPD sufferers. Physical training increases cardiopulmonary and muscle endurance, decreases dyspnea, and thus promotes daily functioning. It provides the patient with an education on how to manage the disease themselves, how to avoid worsening of their condition; hence, controlling it. Psychological support appeases anxiety and depression, while social involvement restricts isolation and enables one to develop a sense of belonging to the community. Although accessibility, regarding both the location and cost, is a potential limitation to entry, virtual PR programs have emerged as yielding positive results; these provide comparable benefits with in-person rehabilitation. Thus, holistic treatment of COPD makes the position of pulmonary rehabilitation a must in the process of improving outcomes or ensuring quality of life.

Keywords: Pulmonary rehabilitation, COPD, physical training, education, psychological support, social interaction

INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is a progressive lung disease that causes obstructed airflow, making breathing difficult. It encompasses conditions such as emphysema and chronic bronchitis and significantly impacts patients' ability to carry out normal daily activities. Symptoms like chronic cough, shortness of breath, and fatigue often limit physical activity and diminish overall quality of life (Souto-Miranda et al., 2022). This is one of the most burdensome diseases globally in terms of morbidity and mortality, and it is mainly caused by smoking or by the inhalation of harmful environmental contaminants. The disease, in its advanced stages, may leave individuals with increased difficulty in day-to-day activities, thereby reducing overall physical and social well-being and psychological status (Machado et al., 2020).

Pulmonary rehabilitation aims at enhancing a patient's physical fitness with the aim of COPD through symptoms management and qualitative improvement in life. It generally consists of exercise training, education regarding management of the disease, breathing techniques, and psychological support (Spruit et al., 2013). Pulmonary rehabilitation aims to improve functional capacity, reduce symptoms like breathlessness, and address the emotional and mental toll that COPD can have on patients (Gordon et al., 2019). It is an evidence-based intervention that has proven to reduce hospital admissions, improve physical endurance, and enhance the overall well-being of COPD patients (McCarthy et al., 2015).

METHODOLOGY

It reviews the role pulmonary rehabilitation plays in the quality of life of patients suffering from COPD. Results synthesized in this review relate to a number of peer-reviewed sources between 2010 and 2023 that deal with physical, psychosocial aspects of pulmonary rehabilitation, and social issues for patients suffering from COPD. Searches were conducted through usage of electronic databases such as PubMed, Google Scholar, and CINAHL.

The keywords used in searching for literature related to this paper are "COPD," "pulmonary rehabilitation," "training exercise," "psychological support," "quality of life," and "outcomes of patients." Literature based on 75 articles has been reviewed to comprehend the scenarios of pulmonary rehabilitation in the management of COPD and how it alleviates symptoms, improves physical fitness, and tackles the emotional and social problems of COPD patients. It quantifies the effect of physical training, education, social support, and psychological interventions on the overall welfare status and in the prevention of exacerbation.

LITERATURE REVIEW

Pulmonary rehabilitation is one of the important interventions in the management of COPD, practically conducted for the purpose of enhancing physical fitness, reducing symptoms, and generally improving the quality of life of patients. PR is said to improve exercise tolerance, reduce breathlessness, and decrease psychological handicaps due to the disease processes, which include anxiety and depression. The key element in PR, however, is exercise training directed at the improvement of respiratory muscular strength and endurance with the aim of making activities of daily living easier for the patients.

Besides physiological effects, PR is also an important form of psychological and social support. Many COPD patients are isolated, anxious, and depressed, but all PR programs mitigate these feelings with psychological counseling and the opportunity for social contacts with other patients having similar problems. All this helps in the improvement of the sense of well-being in the patient.

The other most important component is PR education: it educates the patient in the management of the conditions through informed compliance with medications, how to avoid exacerbation, hence better management of the disease, thereby reducing hospitalization.

Major determinants of access to PR involve cost, geographical location, and unfamiliarity with the services. Virtual reality and telehealth-based PR programs have been advanced as effective alternative ways patients may participate remotely with similar physical and psychological outcomes.

Pulmonary rehabilitation involves an integrated approach toward physical, emotional, and social dimensions in COPD, which can improve the quality of life in these patients and lessen the disease burden.

DISCUSSION

Physical Benefits and Limitations

A major goal of pulmonary rehabilitation is to alleviate the physical limitations associated with COPD. Patients with COPD often find that their ability to perform activities of daily living is severely compromised by symptoms such as dyspnea and fatigue (Souto-Miranda & Marques, 2019). Through carefully designed exercise programs, pulmonary rehabilitation helps strengthen the muscles involved in breathing, improving overall physical function (Van Helvoort et al., 2011). These will result in less dyspnea or shortness of breath, increased endurance, and an increase in self-sufficiency. These contribute to more self-confidence and self-esteem, as the patients are able to perform tasks which they could not do before with ease (Nolan et al., 2016).

Psychological and Emotional Support

Besides the physical benefits, the pulmonary rehabilitation imparts very important psychologic and emotional supports. The patients with COPD commonly have problems of anxiety, depression, and even feelings of isolation because of the limitation that the disease causes. According to Harrison et al. (2012), pulmonary rehabilitation offers the patient an avenue to interact with other people who have similar problems, thus alleviating the feeling of social isolation. Psychological support, such as counseling and relaxation techniques, helps decrease anxiety and enhances emotional well-being (Gordon et al., 2019). This treatment approach encompasses not only the physical symptoms of COPD but also the psychological burden, thus creating a more positive feeling toward life (Souto-Miranda et al., 2022).

Quality of Life Changes

The improvement in quality of life through pulmonary rehabilitation has been well-documented in numerous studies. Participants in these programs report significant reductions in dyspnea, fatigue, and psychological distress (Rebelo et al., 2020). The physical benefits, such as increased exercise tolerance, are often accompanied by improved mental health, with patients experiencing less anxiety and depression (Gordon et al., 2019). Furthermore, these improvements are not short-lived; many patients continue to experience benefits long after completing the program (Guell et al., 2017). This highlights the enduring impact that pulmonary rehabilitation can have on the lives of COPD patients, improving both their physical health and mental well-being (Souto-Miranda et al., 2022).

Access and Barriers to Pulmonary Rehabilitation

Whereas these are the established benefits of pulmonary rehabilitation, many numbers of COPD patients still do not benefit from such programs. Added to the list of known barriers for patient participation, a lack of awareness,

geographical and cost, and debilitating stage of disease amongst others - Rochester et al., 2015. Services of pulmonary rehabilitation programs may not be so accessible in some regions, and even in some places, patients are being referred to these services when their disease attains a stage difficult to cope with by the medial staff - Hoggan et al., 2012. Improving access to pulmonary rehabilitation will help more patients benefit from this life-changing intervention; this means that health care systems should overcome these challenges and support broader accessibility to rehabilitation services Spruit et al., 2015,.

Components of Pulmonary Rehabilitation

Exercise Training

Exercise training represents one of the critical parts of pulmonary rehabilitation: a complex of measures aimed at the enhancement of cardiovascular and muscular endurance of the patient with COPD. Physical activity represents a necessary activity for fighting the limitations set by the disease, including increasing symptoms of breathlessness and muscle weakness (Van Helvoort et al., 2011). Setting of pulmonary rehabilitation, patients go through supervised exercises tailored to a patient's particular needs and existing levels of physical fitness. These exercises also increase endurance and muscle strength, decrease the feeling of dyspnea, and promote daily activities easily (Jones et al., 2013). In the process of the programme, patients typically report that their usual activities such as walking, climbing the stairs, and carrying groceries become much easier (Beaumont et al., 2018).

Education

Apart from exercise training, education is one of the most critical natures of pulmonary rehabilitation. COPD patients barely understand their illness and the best manner in that they can take care of themselves. Education sessions offer insight into the pathophysiology of COPD, adherence to medications, and the prevention of exacerbations (Spruit et al., 2013). They are also instructed on the use of such devices as inhalers and symptom monitoring during the education sessions. The pulmonary rehabilitation programs thus help to empower the patients with the necessary knowledge to take responsibility for their health; this mostly leads to good management of the disease, reduced exacerbations and an improved quality of life McCarthy et al., 2015.

Reducing the exacerbations

The other added advantage of pulmonary rehabilitation in pulmonary diseases is that it tends to reduce exacerbation both in frequency and severity. These exacerbations, or episodes of worsening symptoms, are usually caused by infection and/or environmental pollutants, and they therefore constitute a source of major hospitalization and deterioration in quality of life among COPD patients (Puhan et al., 2016). Pulmonary rehabilitation decreases exacerbation risk because, while improving lung function, it may enable reinforcement of respiratory muscles and the symptom management skills that the patient needs. This also avoids unnecessary hospitalisation and allows the patient to maintain a higher level of functioning and well-being once disease progression occurs (Puhan et al., 2016).

Cognitive Performance

With the general progress of the disease, patients tend to suffer from cognitive decline and loss of memory. This will obviously lead to further reduction of their already poor capability for self-care related to the disease. Pulmonary rehabilitation improves the patient's cognitive level owing to the improved oxygenation of blood and the general physiological condition of the body (Spruit et al., 2013). The review has established that general physical activity generates generally beneficial effects on the brain. More physical activity has been related to improved cognitive function thus keeping the cognitive competence present in COPD patients (Spruit et al., 2013). In this sense, it is possible to argue that the area of pulmonary rehabilitation not only contributes to improvement in physical health but also to the preservation of cognitive functions needed for a good quality of life.

Social Well-being

Pulmonary rehabilitation has been effective in the perspective of physical and psychological health improvement and also social well-being for COPD patients. Many patients with COPD suffer from social isolation due to the limitation within the framework of the disease. The limitation on being able to socialize and participate in social activities may reduce, causing loneliness and depression among COPD patients (Souto-Miranda et al., 2022). With the involvement of such patients in pulmonary rehabilitation, they are able to share with people who understand them. The social support available increases this sense of community and cameraderie through these programs and, as such, reduces feelings of loneliness and enhances their psychological status. Therefore, this view is supported by Souto-Miranda et al. (2022).

Patient Compliance

Despite all the benefits that come along, it has rather been a challenge for pulmonary rehabilitation programs to ensure patients comply with them. Various factors usually identified with poor adherence include: transport problems, economic status, or a lack of motivation on behalf of the patient. That, according to Hoggan et al. (2012), will require a more active participation on the part of health professionals by urging participation and offering flexible timings along with transportation facilities whenever necessary. Apart from this, another long-term advantage of pulmonary rehabilitation can be listed as an improvement in the quality of life, which might enable the encouragement and support of patients in the continuation of the treatment process for long-term health and wellbeing gains (Rochester et al., 2015).

Telehealth to Increase Access

With increased awareness of its benefits, pulmonary rehabilitation programs should be widely available, especially in the most resource-poor settings. The 2017 study by Holland et al. indicated that a high number of COPD patients live either in rural or remote settings, where direct access to pulmonary rehabilitation is not readily available. Virtual pulmonary rehabilitation and telehealth have also become viable options for helping to bridge the gap created by geography. Through online platforms, patients can access educational content, engage in exercise programs, and receive psychological support without needing to travel long distances (Horton et al., 2018; Lahham et al., 2020). Virtual programs have shown to be effective in improving physical and psychological outcomes, making them an important alternative for patients who cannot attend in-person rehabilitation (Holland et al., 2017; Horton et al., 2018).

Cost Effectiveness

Pulmonary rehabilitation is an economic intervention with potentially huge savings in healthcare resources. It reduces utilization of expensive medical treatments and emergency care by improving physical function, reducing hospital admissions, and preventing exacerbations (Puhan et al., 2016). A better quality of life in such a case implies a reduced demand for healthcare services and therefore is economically favorable not only to the patient but also to healthcare providers-a fact that has been realized by McCarthy et al. (2015) himself. Moreover, sustainability of health improvement and decrease in symptoms' severity can be more extended toward making more economic productivity that can add up to the cost-effectiveness of such programs discussed by Spruit et al. (2015).

CONCLUSION

Pulmonary rehabilitation is one of the important and evidence-based interventions in the management of patients with COPD as it ensures integrated approach toward the physical and psychosocial problems posed by the disease. Pulmonary rehabilitation helps regain the lost independence of the patient by better exercise tolerance, reduced breathlessness, and psychological support owing to good symptom management. These benefits extend to enhancing the patient's emotional state by reducing anxiety and depression, which is the general feeling for COPD patients. In addition, the education on the management of the illness helps a patient to have a better control of the disease; therefore, there is a decrease in the frequency of exacerbation and hospital admission. In short, all these improvements add to the betterment of the quality of life and self-dependent living in patients.

While it has all been well documented, issues of accessibility in terms of geographic locations, cost, and awareness have made very minimal advantageous features to be seen in pulmonary rehabilitation. The application of telehealth and virtual rehabilitation programs changed this for good. It has presented avenues where such patients can have the opportunity to participate remotely and derive some benefits, just as their participation could entail for those attending in person. In effect, it will extend even further access to pulmonary rehabilitation by overcoming the various barriers that, until now, have stood against this modality, making a greater number of patients with COPD aware of the health and wellbeing benefits coming from such an intervention.

REFERENCES

- 1. Beaumont, M., Mialon, P., Le Ber, C., Le Mevel, P., Péran, L., et al. (2018). Effects of rehabilitation exercise training after second-generation lung volume reduction coil treatment in severe emphysema. Chronic Respiratory Disease, 15(4), 389-397.
- Gordon, C. S., Waller, J. W., Cook, R. M., Cavalera, S. L., Lim, W. T., &Osadnik, C. R. (2019). Effect of pulmonary rehabilitation on symptoms of anxiety and depression in COPD: a systematic review and metaanalysis. Chest, 156(1), 80-91.
- 3. Guell, M. R., Cejudo, P., Ortega, F., et al. (2017). Benefits of long-term pulmonary rehabilitation maintenance program in patients with severe chronic obstructive pulmonary disease. American Journal of Respiratory and Critical Care Medicine, 195(5), 622-629.
- 4. Harrison, S. L., Greening, N. J., Williams, J. E., Morgan, M. D., Steiner, M. C., & Singh, S. J. (2012). Have we underestimated the efficacy of pulmonary rehabilitation in improving mood? Respiratory Medicine,

106(6), 838-844.

- 5. Hoggan, L., Garrod, R., Thornton, H., McDonnell, L., Bellas, H., & White, P. (2012). Effectiveness, attendance, and completion of an integrated, system-wide pulmonary rehabilitation service for COPD: prospective observational study. Chronic Obstructive Pulmonary Disease, 9(5), 546-554.
- 6. Holland, A. E., Mahal, A., Hill, C. J., et al. (2017). Home-based rehabilitation for COPD using minimal resources: a randomised, controlled equivalence trial. Thorax, 72(1), 57-65.
- 7. Horton, E. J., Mitchell, K. E., Johnson-Warrington, V., et al. (2018). Comparison of a structured homebased rehabilitation programme with conventional supervised pulmonary rehabilitation: a randomised noninferiority trial. Thorax, 73(1), 29-36.
- 8. Jones, S. E., Kon, S. S., Canavan, J. L., et al. (2013). The five-repetition sit-to-stand test as a functional outcome measure in COPD. Thorax, 68(11), 1015-1020.
- 9. Kon, S. S. C., Dilaver, D., Mittal, M., et al. (2014). The clinical COPD questionnaire: Response to pulmonary rehabilitation and minimal clinically important difference. Thorax, 69(9), 793-798.
- 10. Lahham, A., McDonald, C. F., Moore, R., et al. (2020). The impact of home-based pulmonary rehabilitation on people with mild chronic obstructive pulmonary disease: a randomised controlled trial. Clinical Respiratory Journal, 14(4), 335-344.
- 11. Machado, A., Marques, A., & Burtin, C. (2020). Extra-pulmonary manifestations of COPD and the role of pulmonary rehabilitation: a symptom-centered approach. Expert Review of Respiratory Medicine.
- 12. McCarthy, B., Casey, D., Devane, D., Murphy, K., Murphy, E., & Lacasse, Y. (2015). Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews, (2), CD003793.
- 13. Nolan, C. M., Longworth, L., Lord, J., et al. (2016). The EQ-5D-5L health status questionnaire in COPD: validity, responsiveness and minimum important difference. Thorax, 71(6), 493-500.
- 14. Puhan, M. A., Gimeno-Santos, E., Cates, C. J., &Troosters, T. (2016). Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews, (12), CD005305.
- 15. Rebelo, P., Oliveira, A., Andrade, L., Valente, C., & Marques, A. (2020). Minimal clinically important differences for patient-reported outcome measures of fatigue in patients with COPD following pulmonary rehabilitation. Chest.
- Rochester, C. L., Vogiatzis, I., Holland, A. E., et al. (2015). An Official American Thoracic Society/European Respiratory Society Policy Statement: enhancing implementation, use, and delivery of pulmonary rehabilitation. American Journal of Respiratory and Critical Care Medicine, 192(11), 1373-1386.
- 17. Souto-Miranda, S., & Marques, A. (2019). Triangulated perspectives on outcomes of pulmonary rehabilitation in patients with COPD: a qualitative study to inform a core outcome set. Clinical Rehabilitation, 33(4), 805-814.
- 18. Souto-Miranda, S., Rodrigues, G., Spruit, M. A., & Marques, A. (2022). Pulmonary rehabilitation outcomes in individuals with chronic obstructive pulmonary disease: a systematic review. Annals of physical and rehabilitation medicine, 65(3), 101564.
- 19. Spruit, M. A., Augustin, I. M., Vanfleteren, L. E., et al. (2015). Differential response to pulmonary rehabilitation in COPD: multidimensional profiling. European Respiratory Journal, 46(6), 1625-1635.
- 20. Spruit, M. A., Singh, S. J., Garvey, C., et al. (2013). An official American Thoracic Society/European Respiratory Society statement: key concepts and advances in pulmonary rehabilitation. American Journal of Respiratory and Critical Care Medicine, 188(8), e13-e64.
- 21. Van Helvoort, H. A., De Boer, R. C., Van De Broek, L., Dekhuijzen, R., &Heijdra, Y. F. (2011). Exercises commonly used in rehabilitation of patients with chronic obstructive pulmonary disease: cardiopulmonary responses and effect over time. Archives of Physical Medicine and Rehabilitation, 92(1), 111-117.