Pulmonary Rehabilitation

Chronic lung diseases, such as chronic obstructive pulmonary disease (COPD), cause breathlessness which decreases a person’s ability to perform daily activities.

The most effective evidence-based intervention to manage breathlessness in patients with chronic lung disease is non-pharmacological. It is pulmonary rehabilitation.

Living with a lung disease. Patient impact.

- Breathlessness severely impacts activities of daily living such as showering, making a cup of tea, walking distances
- Breathlessness can lead to avoidance of activities and social isolation
- Panic attacks, anxiety and depression are very common
- Patients are frequent flyers of the health system – VERY COSTLY and OVERLOADING hospital services

What is pulmonary rehabilitation?

- Comprehensive 8 week EXERCISE (2 supervised sessions and 1 unsupervised session per week) and EDUCATION program provided by specially trained health professionals (physiotherapists and exercise physiologists)
- Teaches people with lung disease the skills that they need to know to stay well and out of hospital:
  - How to manage breathlessness so they are not over-using medicines
  - How to coordinate breathing with movement so they can resume activities of daily living
  - How to clear lung secretions to reduce infections
  - How to cope with anxiety, depression and panic attacks
  - Other education: medications, social services, diet, intimacy
- Exercise is a very large component of this with a focus on lower limb endurance

Benefits of pulmonary rehabilitation

- Increases Quality of Life and Functional Exercise Capacity
- Reduces breathlessness
- Improves symptoms of anxiety and depression
- Decreases hospital admissions and length of stay
- Reduces hospital re-admissions post exacerbation
- Reduces mortality
Pulmonary rehabilitation is evidence based

- Pulmonary rehabilitation is a health solution for the patient population with chronic lung disease (including chronic obstructive pulmonary disease, bronchiectasis, interstitial lung diseases and lung cancer)
- Together with smoking cessation, pulmonary rehabilitation is one of the most evidence based interventions with NH&MRC Level I&II evidence to support the benefits [COPD-X Guidelines]
  The number needed to treat (NNT) to avoid one hospital admission = 4 (post exacerbation/flare up of symptoms causing hospitalisation)
- The benefits of pulmonary rehabilitation have been shown to last for 6-18 months, depending on the patient
- Evidence also shows that continuing with a supervised pulmonary maintenance exercise program after completion of pulmonary rehabilitation will extend the benefits of pulmonary rehabilitation

How accessible is pulmonary rehabilitation?

- Current access is limited – there are approximately 260 programs throughout Australia to support a potential patient population of about 750,000
- Pulmonary rehabilitation is conducted mainly in the hospital and health service setting even though it can be delivered safely and effectively in the community
- Programs are limited mostly to urban and larger regional settings

MSAC application in progress

- Lung Foundation has applied to MSAC for pulmonary rehabilitation programs and follow-up pulmonary maintenance exercise programs for patients with COPD and other chronic lung diseases to be subsidised on the Medicare Benefit Scheme (MBS)
- The draft protocol will be posted for public comment from 5th October 2015
- We have asked all our stakeholders to support our application
- If successful the MBS item numbers will help:
  o Improve access to pulmonary rehabilitation programs in the community
  o Reduce pressure on hospital programs by enabling them to focus on acute or complex cases
  o Secure program accessibility through specific funding
  o Reduce hospital admissions and length of stay (thereby reducing healthcare costs)
  o Improve patients’ quality of life

- More information about our MBS application can be found at www.lungfoundation.com.au/supportpulmonaryrehab

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