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CONFERENCE ABSTRACT

'PREP' Peamount Respiratory Education Programme

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An introduction: (comprising context and problem statement) The prevalence of obesity in adults with COPD and asthma is up to 40%. Obesity has been associated with increased dyspnoea, exercise limitation and decreased lung-function. This is compounded by physical inactivity. Interventions with a combined dietary and physical activity component are the most effective in delivering health related outcomes. Consequently, a multidisciplinary approach was employed to develop a targeted weight management programme for individuals referred from a respiratory rehab unit.

Short description of practice change implemented: A collaborative approach between dietetics and physiotherapy was utilised to develop a group weight management programme, promoting self efficacy and self management. Input was received from other members of the MDT such as Social Work, Pharmacy and Occupational Therapy.

Aim and theory of change: Develop a dietetic and physiotherapy co-lead group programme aimed at improving physical activity, anthropometric status and overall quality of life of individuals with obesity and respiratory disease.

Targeted population and stakeholders: Individuals with asthma or COPD with a BMI ≥30kg/m2

Timeline: Participants attended physiotherapy for 30 minutes and dietetics for 90 minutes once a week for 8 weeks, with follow up at 6 weeks, 3 months, 6 months and 12 months.

Highlights: (innovation, Impact and outcomes) This is the first programme of its kind in Ireland. It encompassed behaviour change strategies empowering self-efficacy and self monitoring, with a multidisciplinary approach at the core. The programme was tailored to the specific needs of the participant group.

Qualitative and quantitative outcomes were measured, using weight, BMI, waist circumference, EQ-5D-3L, 6 Minute Walk Test (6MWT), COPD Assessment Test (CAT) and HAD scale.

Comments on sustainability: This model required significant time in development and set up, ≥7 hours per week. Once the framework was developed, approximately 0.1WTE Physiotherapy, 0.3WTE Dietetics and 0.1WTE admin were required per group.

Comments on transferability: The current model is transferrable to other healthcare providers.

Conclusions: (comprising key findings) In the initial 8 weeks, across two groups, there was a mean loss of 3.4kg (p=0.0002) and 6.7cm from waist circumference (p=0.0001). Self-rated health status was significantly improved (p=0.0025).

Increased exercise capacity was demonstrated in 87.5% of participants, 44% of which were statistically significant (6MWT > 30M). Significant improvements in CAT scores were demonstrated in 62.5% of participants. Reduced levels of depression and anxiety were reported by 50% and 43.5% of participants respectively.

Discussions: Obesity is a growing health concern and its impact in respiratory disease is well established. This programme has demonstrated significant health-related positive outcomes, with improvements in quality of life reported. Participants also reported benefits beyond those measured, including feeling “listened to” and expansion of their social circle.

A demand for the service has since been established and the current waiting list has >100 individuals. Positive feedback was received from participants, “the course has set me on the road to achieve more in my life”.

Developing a group intervention allowed the service provider to make the best use of resources. Participants reported that they valued peer-to-peer support and preferred this model to individual interventions.

Lessons learned: Despite the positive outcomes achieved by participants in the programme, the reply rate to invitations was poor. Peer-to-peer support is of clear value to service users.

Keywords: asthma; copd; obesity; physical activiy
