Research Ideas on Respiratory Conditions and Tobacco Dependency

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Effectiveness of an adapted pulmonary rehabilitation intervention to improve health-related life quality of symptomatic COPD patients in Georgia: RCT protocol

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Title: Effectiveness of an adapted pulmonary rehabilitation intervention for improving health-related quality of life amongst symptomatic COPD patients in Georgia: a randomised controlled trial (protocol)

Research Question: Is a culturally-adapted pulmonary rehabilitation programme effective in improving health-related quality of life for symptomatic COPD patients in Georgia, compared with usual care?

Background: The burden of chronic respiratory diseases in Georgia is increasing, with age standardized mortality indicators changing from 7th to 3rd place between 1990 and 2013. Pulmonary rehabilitation (PR) has been shown to have physiological and psychosocial benefits for COPD patients, though it is not currently available in Georgia. PR may provide an effective non-pharmacological treatment option for COPD patients in a country where medication is primarily chargeable.

Possible methodology:

Design: Feasibility randomised controlled trial, leading to definitive trial.

Population: Symptomatic patients with spirometrically-confirmed COPD and MRC dyspnoea score ≥2.

Recruitment: Patients will be invited by their respiratory physician or via primary care. The feasibility study will recruit a total of 60 patients, with a further 140 patients recruited if a definitive trial is justified.

Intervention: Cultural adaptation of PR, working with key stakeholders. Participants will be randomly allocated to two groups; i) adapted PR, delivered in twice weekly sessions for 8 weeks, ii) usual care control group, receiving 2-3hrs educational and exercise session after 6 months.

Outcome measures: Feasibility outcomes will include intervention fidelity and recruitment rate, which will also form stop/go criteria in addition to intervention acceptability, completion rates and follow-up rates at 8 weeks and 6 months. The primary outcome for the definitive trial is health-related quality of life at 8 weeks. Secondary outcomes include exercise capacity, smoking status and health care usage. Outcomes will be assessed at baseline, 8 weeks and 6 months.

Questions to discuss:
How can PR be adapted to best suit the Georgian context?
How best to monitor fidelity of the intervention?

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