Importance of Physical Activity in managing COPD

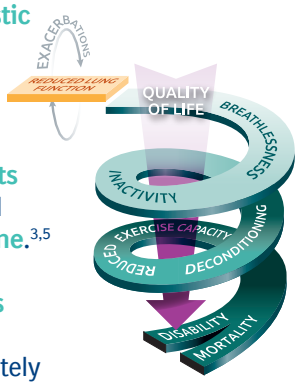
There is no cure for COPD, but most patients can manage their COPD with the right medication and treatment plan.[1]

Managing COPD
Important treatment goals[2]

- Prevent disease progression
- Relieve symptoms
- Improve exercise tolerance

Exercise Tolerance

Activity-related breathlessness is a characteristic feature of COPD.[3] This can impact the ability to perform physical activities and have a detrimental effect on quality of life.[4]



It limits patients' exercise tolerance and impacts on their daily activities, leading to a downward spiral of exercise avoidance and physical decline.[3,5]

Decreased activity can increase breathlessness during even low levels of activity, leading to further worsening of the condition, and ultimately increasing the risk of disability and death.[6]

The internationally-recognised GOLD 2018 strategy recommends maintaining or increasing physical activity for all COPD patients, regardless of disease severity.[6]

The GOLD report is a valuable resource for physicians and represents the current best practices for the care of people living with COPD.[6]

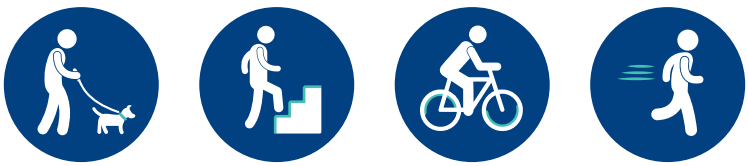
Importance of Physical Activity

Engaging in daily physical activity can help to:[7]

- Minimise the impact of the disease on their **daily lives**
- Prevent deconditioning of the **muscles**
- Improve **symptoms** such as breathlessness and fatigue
- Slow down the **damage** to their lungs

People living with COPD should be encouraged to take an active role in their own treatment and participate in physical activity as often as possible.[6,8,9]

Different patients have varying severities of COPD, and so the type of physical activity they can perform will depend on the individual.



Developing a Management Plan

A joint healthcare professional-patient approach to developing a management plan, including non-pharmacological strategies and pharmacological strategies can help improve exercise tolerance and quality of life for people living with COPD.[10]

1. The Global Initiative for Chronic Obstructive Lung Disease. Patients and Advocacy Groups. Available at: http://goldcopd.org/patients-advocacy-groups/ [Last accessed September 2018]. **2.** World Health Organization. COPD management. Available at: http://wwwwho.int/respiratory/copd/management/en/ [Last accessed September 2018]. **3.** Gagnon P, et al. Pathogenesis of hyperinflation in chronic obstructive pulmonary disease. *Int J Chron Obstruct Pulmon Dis* 2014;9:187–201. **4.** Miravitlles M. Understanding the impact of symptoms on the burden of COPD. *Respiratory Research* 2017;18:67. **5.** Reardon JZ, et al. Functional status and quality of life in chronic obstructive pulmonary disease. *Am J Med* 2006;119(10 Suppl 1):32–7. **6.** Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2018 Report. Available at: http://goldcopd.org/wp-content/uploads/2017/11/GOLD-2018-v6.0-FINAL-revised-20-Nov_WMS.pdf [Last accessed September 2018]. **7.** Spruit MA, et al. An Official American Thoracic Society/European Respiratory Society Statement: Key Concepts and Advances in Pulmonary Rehabilitation. *Am J Respir Crit Care Med* 2014;189(12):1570. **8.** Corbridge S, et al. Promoting Physical Activity and Exercise in Patients With Asthma and Chronic Obstructive Pulmonary Disease. *JNP* 2017;13:41–6. **9.** Katajisto M, et al. Physical inactivity in COPD and increased patient perception of dyspnea. *Int J Chron Obstruct Pulmon Dis* 2012;7:743–55. **10.** Amalakuhan B, et al. Improving outcomes in chronic obstructive pulmonary disease: the role of the interprofessional approach. *Int J Chron Obstruct Pulmon Dis* 2015;10:1225–32.

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