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# Outcomes in exercise-based interventions in interstitial lung diseases

Ana Luisa Araújo Oliveira, Razanne Habash, Alda Marques, Dina Brooks European Respiratory Journal 2020 56: 3235; **DOI:** 10.1183/13993003.congress-2020.3235

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#### **Abstract**

The effect of exercise-based interventions, such as pulmonary rehabilitation, in interstitial lung diseases (ILD) is unclear. Reasons include inadequate reports of studies' methods, which make the interpretation of results across trials challenging. A core outcome set to be used in clinical trials enrolling patients with ILD was published in 2014 (Saketkoo et al. Thorax, 2014, 69.5: 436-44). However, its use by trials in exercise-based interventions is unknown. We reviewed the outcomes most used in clinical trials exploring exercise-based interventions in ILD.

Pubmed, Web of Science, Scopus and EBSCO were searched until August 2019. Randomized controlled trials exploring the effects of exercise-based interventions in patients with ILD were included. Title, abstract and full text were screened by 2 researchers independently and consensus was reached.

The search strategy resulted in 10010 possibly eligible articles. After comprehensive screening, 15 were withheld for data extraction. Patient-reported and clinical outcomes and measures found are in figure 1.

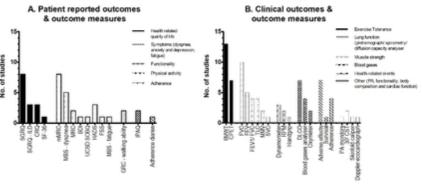
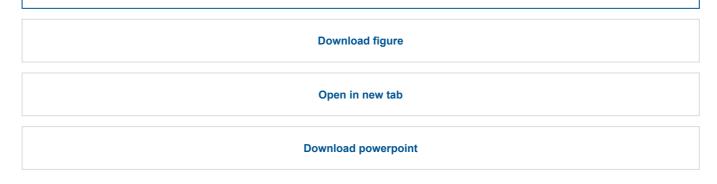


Figure 1. A. Patient reported and B. Clinical outcomes and outcome measures in clinical trials exploring the effects of exercise-based interventions in interstitial lung diseases. Legend: BDI, baseline dypnea index; CRQ, Chronic respiratory questionnaire; FSS, fatigue severity scale; GRC, global rating of change scale; HADS, Hospital arxiety and depression scale; ILD, interstitial lung disease; IPAQ, International Physical Activity Questionnaire; MBS, modified Borg scale; mMRC, modified medical research council dyspnea scale; SF-36, short-form 36; SGRQ. St. George respiratory questionnaire; UCSB SOBQ, University of California San Diego-Shortness of Breath Questionnaire; 6MVT, six-minute walk test; 30°CST, 30-seconds chair stand test; CPET, cardiopulmonary exercise test; DLCQ, diffusing capacity for carbon monoxide; FEV1, forced expiratory volume in 1 second; FVC, forced vtal capacity; MMV, maximal minute ventilation; SVC, slow vtal capacity; TLC, total lung capacity.



Inconsistencies between the core outcome set and trials' reports were found for the use of imaging (recommended-not used), exercise tolerance (used-not recommended) and cough (recommended-not used) outcomes and measures. A specific core outcome set for clinical trials exploring exercise-based interventions, including pulmonary rehabilitation, in patients with ILD may be needed.

Idiopathic pulmonary fibrosis Physiotherapy care

#### **Footnotes**

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Fanping Meng et al., Signal Transduction and Targeted Therapy, 2020

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