



Title	Review of the effectiveness of a 4-week intensive pulmonary rehabilitation program in COAD patients
Author(s)	Ho, CTK; Li, LSW; Lam, WK
Citation	The 7th Medical Research Conference, Hong Kong, China, 26-27 January 2002, v. 24 n. 2 Supp, p. 53
Issued Date	2002
URL	http://hdl.handle.net/10722/46883
Rights	Creative Commons: Attribution 3.0 Hong Kong License

C-R-1

Review of the Effectiveness of a 4-week Intensive Pulmonary Rehabilitation Program in COAD Patients

Carmen TK Ho, Leonard SW Li, WK Lam

Objective: To determine the effectiveness of supervised pulmonary rehabilitation program.

Patients and Methods: A cohort of 196 patients diagnosed to have COAD was included. Demographic data and hospital days before the program were taken. Baseline measurements including lung function test, ADL assessment, dyspnea measurement and 6-minute walking distance. They would receive totally 4-week supervised exercise training, education and ADL training program.

Results: Male to female ratio was 137:59. Mean age \pm SD was 71.9 ± 7.4 years. Mean hospital stay 12 months before and after the program were 19.5 ± 37.2 days and 7.6 ± 13.8 days respectively. There was significant decrease in hospital stay ($p=0.041$). There was significant improvement in most of the outcome tools measure as shown in the following table.

	before	after	p-values	
FEV1 (% of predicted value)	61.6 ± 19.5	64.5 ± 18.8	0.182	
6-minute walking distance	212 ± 112	270 ± 142	0.001	
Self care (30)	24.9 ± 4.3	26.8 ± 4	0.001	
Household task (20)	10.5 ± 5.9	11.8 ± 6	0.001	
Quality of life (QOL)	84.9 ± 21.2	97.9 ± 23.2	0.001	
	walking	self care	household	QOL
Before vs 3 mon	0.001	0.001	0.001	0.001
Before vs 6 mon	0.001	0.001	0.586	0.001
Before vs 12 mon	0.001	0.001	0.24	0.001

Conclusion: This longitudinal study showed that a 4-week intensive pulmonary rehabilitation program was effective in improvement of exercise endurance, self care and quality of life in the elderly Chinese COAD patients.

C-R-2

Cross Sectional Survey on the Scale of Pressure Sore Problem Among Medical Patients at Tung Wah Hospital

KP Leung, SY Ng, K Lee, LSW Li, M Ng

Rehabilitation Unit, Department of Medicine, Tung Wah Hospital, Hong Kong

Introduction: Pressure sore is a major source of mortality and morbidity and imposes huge demands on nursing & medical care. Pressure sore problem was common in convalescent hospitals. A cross sectional survey was conducted in March 2001 so as to clarify the magnitude of this problem before the implementation of a departmental-wide pressure sore management program.

Methodology: All patients in the medical wards at Tung Wah Hospital were assessed at the end of March 2001 for the number, site, staging of pressure sores. Data on patients' Braden scores and their use of pressure-relieving mattresses were also collected by a trained nurse in each ward.

Results: Total number of medical patients at TWH in March was 288. Overall prevalence rate of pressure sore was 16.3%. The prevalence rate of individual wards ranged from 5% to 42.9%. A large proportion of sores (68.1%) was developed before transferred to TWH. Number of patients at risk with a Braden score < 12 was 126 which among to 43.8% of the total population. However, only 71 at risk patients (56.3%) received pressure-relieving mattresses. 102 pressure ulcers were identified in 47 patients. 57% were stage II or below ulcers. 43% were stage III or above ulcers. The sacrum, buttock, trochanters and heels were the most common sites of involvement.

Conclusion: Pressure sore was a significant problem at TWH with a high prevalence rate of 16.3%. Data from various studies reveal pressure sore prevalence ranging from 2% to 15% or more among general hospital populations. The sites of pressure sore were similar as compared with most published reports. Only 57% of those at risk had received pressure-relieving mattresses. This reflected a sub-optimal recognition and funding in the preventive care. A large proportion of sores was brought in from various institutions. Hence, collaborative preventive measures with other health institutions and education of the caregivers are needed to control this problem in the service cluster.