

(professional category and service) variables. The service variable was classified into “clinical service”, “clinical support service” and “non-clinical services”. Sample: Workers at a Hospital Center with occupational diseases notified during the study period (n = 848). Occupational respiratory diseases and COVID-19 with pneumonia were included. Occupational diseases of other etiologies and the rest due to COVID-19 were excluded.

**Results:** During the study period, 38 occupational respiratory diseases were reported (4,5% of the total occupational diseases), which corresponded to 36 workers, mostly female (71,1%). The mean age was 44,2 ± 12,9 years. Nurses (27,8%) and Operational Assistants (27,8%) were the professional categories with the highest notification of occupational respiratory diseases. There were more occupational respiratory diseases in Clinical Services (69,4%). Tuberculosis was the most notified occupational disease (55,3%, where 57,1% occurred more than 10 years ago). SARS-CoV-2 Pneumonia was the second most frequent (28,9%), a moderate to severe manifestation of COVID-19, where the average age of workers was higher (55,7 years). Asthma (5,2%) and Rhinitis (5,2%), where latex was the triggering factor, also occurred. A *Chlamydia pneumoniae* Infection and a Whooping Cough, in two doctors (33 and 26 years old, respectively) who provided unprotected care to infected patients also should be highlighted.

**Conclusions:** The jobs were adapted to the conditions of the workers, including replacement proposals in 5,3% of the cases. The most frequent professional categories are those with greater contact with risk factors (biological and/or chemical). A lower notification of Tuberculosis in recent years may result from a lower incidence in the community, as well as from the administrative and preventive measures applied, where the role of Occupational Health Service was and has been relevant. The low frequency of cases of occupational asthma may be related to the reduction in the use of latex gloves and their replacement by powder-free gloves with a low allergen content. However, other hospital risk factors that trigger asthmatic conditions must be considered and controlled. Although occupational respiratory diseases were infrequent, isolated cases of Whooping Cough and a *Chlamydia pneumoniae* Infection, as well as SARS-CoV-2 Pneumonia, recall the need for adequate use of protective equipment by workers, to prevent infectious diseases transmitted by droplets and/or microdroplets.

**Keywords:** Occupational respiratory diseases. Health professionals. Occupational health.

#### CO 059. PRESENCE OF EXTRA-PULMONARY TREATABLE TRAITS IN PEOPLE WITH COPD INCREASES THE LIKELIHOOD OF RESPONDING TO PULMONARY REHABILITATION

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**Introduction:** Evidence suggests that people with chronic obstructive pulmonary disease (COPD) who have worse clinical status (e.g., higher symptom burden) at baseline respond better to pulmonary rehabilitation. Identification of treatable traits in this population might help to better distinguish responders from non-responders, which could aid optimisation of the intervention in the future. This study aimed to explore the impact of pulmonary rehabilitation on extra-pulmonary traits of people with COPD and whether the presence of these treatable traits at baseline influences the type of response (responder or non-responder) to pulmonary rehabilitation.

**Methods:** An observational retrospective study was conducted. A comprehensive extra-pulmonary treatable traits' assessment including symptoms (dyspnoea, fatigue, anxiety, and depression), functional status, balance, impact of the disease and health-relat-

ed quality of life, was conducted before and after a 12-week community-based pulmonary rehabilitation programme. Pre-post differences between people with or without each TT were compared with independent samples t-tests or Mann-Whitney U tests. The proportion of responders between groups (with or without treatable traits) were explored with chi-square tests and odds ratio.

**Results:** A total of 102 people with COPD (70 [65; 75] years old, 78% male, FEV1 47 [36; 60]% predicted) were included. People with COPD had a median [min-max] of 3 [0-7] treatable traits per person and each responded on average to 5 [0-9] outcomes of pulmonary rehabilitation. People with identified treatable traits at baseline were more responsive than those without them in all outcomes (p < 0.05) except for the 1-minute sit-to-stand test. The presence of treatable traits increased the likelihood of being a good responder in all outcomes (OR: 1.72-19.95) except for the 1-minute sit-to-stand test (p = 0.175).

**Conclusions:** Identification of extra-pulmonary treatable traits in people with COPD showed potential to inform on pulmonary rehabilitation responsiveness and might therefore be an important strategy for patient selection, treatment personalisation and optimisation.

**Keywords:** COPD. Treatable traits. Pulmonary rehabilitation. Comprehensive assessment. Responder analysis.

#### CO 060. EFFECTS OF PULMONARY REHABILITATION IN THE FUNCTIONAL STATUS OF PEOPLE WITH ILD - A SYSTEMATIC REVIEW AND META-ANALYSIS

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**Introduction:** Interstitial lung diseases (ILD) are a disabling group of chronic respiratory diseases characterized by different degrees of lung inflammation and fibrosis. People with ILD frequently report a decline in their functional status with a significant impact on their daily life activities. Functional status is an individual's ability to perform normal daily activities required to meet basic needs and maintain health and well-being. It includes functional capacity which refers to one's maximal potential to realize a functional activity in a standardized environment and functional performance which refers to the activities people do during their daily life. Pulmonary rehabilitation (PR) has been shown to improve dyspnoea, exercise capacity and health-related quality of life in people with ILD, but its effects on the functional status of this population are widespread in the literature.

**Objectives:** To synthesize the evidence of PR in the functional capacity and functional performance of people with ILD.

**Methods:** A systematic review was conducted (CRD42022298584). Searches were performed in PubMed/MEDLINE, Scopus and Web of Science Core Collection databases for randomised controlled trials comparing PR with usual care in adults with ILD. Two independent reviewers assessed the titles, abstracts and full-texts according to the eligibility criteria, extracted and analyzed data and assessed the risk of bias with the Risk of Bias 2 tool.

**Results:** Eight studies were included comprising 297 individuals with ILD (mean age range: PR group 45-71 years old; control group 40-72 years old) with severe to very severe lung function (DLCO% predicted mean range: PR group 44-67%pred; control group 37-64%pred). Functional capacity was assessed with the 6-minute walk test (6MWT) (n = 8), 30-second sit-to-stand test (30sec STS) (n = 1) and 6-minute stepper test (6MST) (n = 1). Functional performance was assessed with the number of daily steps, with a pedometer (n = 1) or SenseWear Armband (n = 1), and the international physical activity questionnaire (IPAQ) (n = 1). Significant improvements in functional capacity measured with the 6MWT (n = 201, MD 55.8 m, 95%CI