

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 goals²

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://www.who.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. 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 Strategy 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-2018-20-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* 2013;187:1271-1276. 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 breathlessness. *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.