



Structured Education for Patients with Chronic Obstructive Pulmonary Disease in a Pulmonary Rehabilitation Program

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ABSTRACT



Problem Statement: Patients with Chronic Obstructive Pulmonary Disease (COPD) frequently fail to recognize the signs and symptoms that their condition is deteriorating. Patients who lack knowledge about the disease and self-management skills have decreased ability to follow through with techniques and interventions that are needed to prevent the advancement of symptoms related to exacerbations.

Purpose: This study sought to identify if providing a structured education program that includes a written action plan for COPD patients participating in a pulmonary rehabilitation program will improve COPD patient knowledge of their disease and decrease their experiences of shortness of breath.

Approach: Study participants were recruited from a pulmonary rehabilitation program. This study utilized two evaluation tools, the University of California, San Diego Shortness of Breath Questionnaire (UCSD-SOBQ) and the Bristol COPD Knowledge Questionnaire. Patients from the outpatient pulmonary rehabilitation program with a diagnosis of COPD were recruited to attend an eight-week educational intervention that included eight COPD education topics. Patients were asked to complete both the UCSD-SOBQ and the Bristol COPD Knowledge Questionnaire prior to the start of the education and at the conclusion of the 8-week program. Total responses to each of the UCSD-SOBQ questions were evaluated; pre- and post-intervention scores were compared.

Findings: Seven of the twenty-four UCSD-SOBQ questions related to daily activities showed a decrease in the mean scores indicating a decrease in patient experiences of shortness of breath following the education. The overall scores on the UCSD-SOBQ decreased following the intervention, indicating reduced shortness of breath during daily activities following the intervention. A comparison of the pre- and post-education scores was performed using a paired t-test. Knowledge attainment using the Bristol COPD Knowledge Questionnaire significantly improved following the intervention ($p = 0.0045$).

Conclusion and Implications for Clinical Practice: Findings indicate that the implementation of a structured education program for COPD patients in a pulmonary rehabilitation program may be beneficial in decreasing incidence of shortness of breath. Future studies that explore the benefits of a structured COPD education program using a larger sample may be indicated.

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COMPETING INTERESTS

The author has no competing interests to declare.

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