

of PTCA higher values of BF/AF ratio were observed ($P<0.05$). Interestingly, deep-breathing increased RR-tri only before and after 1 day of PTCA ($P<0.05$) and ApEn decreased only after 1 month ($P<0.05$).

Conclusion: Patients with CAD presented sympathetic activation before PTCA, which produced altered responses during deep-breathing after the procedure.

P1166

Does music affect fatigue perception during exercise in COPD patients?

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Introduction: Performing daily life activities is difficult for many COPD patients. Pulmonary rehabilitation (PR) is useful to improve exercise tolerance. If dyspnoea remains the primary debilitating symptom associated with COPD, fatigue is also frequent in patients suffering from lung disease, especially during and after physical activities. Influence of music on dyspnoea was previously reported. The aim of this preliminary study was to observe the influence of music on fatigue during pulmonary rehabilitation sessions.

Material and method: 12 COPD patients regularly attending our PR program were recruited (age=63.9 y.o. $\pm$ 13.0). Fatigue was measured during two sessions by a questionnaire comprising 8 items. Investigation was performed during two separate sessions with or without music. PR exercises were the same during both sessions.

Results: There was no difference in total fatigue score (16.7 ± 4.7 vs 17.1 ± 5.0 ; $p = 0.58$). The 8 items were not different between both sessions. Except for two items, all questions were well correlated between the two sessions.

Conclusion: In this preliminary study, we have shown that music does not influence fatigue perception during a PR session.

P1167

The results of a rehabilitation program including inspiratory muscle training in COPD patients

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Background: Respiratory muscle impairment could contribute to dyspnoea, exercise intolerance and diminished quality of life in COPD patients.

Aim: To evaluate the results of a pulmonary rehabilitation (PR) program that includes inspiratory muscle training (IMT) in COPD patients.

Method: Inspiratory muscle strength (maximal inspiratory pressure MIP), exercise tolerance (6 minutes walking test 6MWT), dyspnoea score (Medical Research Council MRC scale) and quality of life (St. George Respiratory Questionnaire SGRQ) were analyzed in stable COPD patients before and after PR. All performed an outpatient PR program for 2 months 3 sessions/week, including daily home IMT at 30-60% of MIP.

Results: We included 20 COPD patients, stage II-IV GOLD, mean age 63 years, 16 males, mean FEV1 1.27 L (44.7% of predicted).

Mean values for the measured parameters were: MIP 63.9 cm H2O, 6MWT distance (6MWD) 407.1 m, dyspnoea MRC score 3.05 points and SGRQ score 46.5 (symptoms 45.6, activity 63.7, impact 35.6).

There was a significant improvement in the following mean values at the end of PR program: MIP increased by 9.6 cmH2O ($p=0.003$) and 6MWD by 55 m ($p=0.001$); dyspnoea score decreased by 0.75 ($p=0.001$). SGRQ score un-significantly decreased by 4.9 points ($p>0.05$). A greater improvement of MIP was seen in stage III-IV patients (12.5 cm H2O) compared to stage II patients (8.6 cm H2O).

Conclusions: Our rehabilitation program including general and inspiratory muscle training led to a significant improvement in inspiratory muscle strength, walking distance and symptoms. The greater improvement in respiratory muscle strength in severe and very severe COPD patients will be verified in a larger population study.

P1168

Chronic obstructive pulmonary disease (COPD) patient experiences of pulmonary rehabilitation (PR): A longitudinal qualitative UK study

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Introduction and Background

Attendance at PR in the UK is sub-optimal. Reasons for this have been explored. However, patient experiences have rarely been explored longitudinally through a PR programme regardless of patient participation. Furthermore, limited research has been performed in patient experiences of PR in primary care.

Aims and objectives: This research aimed to explore COPD patient experiences before and after PR, whether they completed, did not attend, or dropped out of PR.

Method: Fifteen participants were interviewed before and after PR regardless of patient completion. COPD patients were recruited from 2 Primary Care Trusts in

the UK. Data were collected during semi-structured interviews using phenomenological research methodology.

Results: Of the 15 participants, 8 completed and 7 did not complete PR. Participants experienced uncertainty with regard to COPD, the care they received, PR, and their comparison with others. Prior to PR, uncertainty manifested itself in participants' experience of panic and vulnerability. The experience of uncertainty reduced following PR programme completion. Non-completers seemed angry with their care, less able to cope with comorbidities or wished to remain naïve regarding COPD.

Conclusion: Patient experiences of PR in primary care have been explored. Uncertainty was experienced by participants prior to PR which reduced following PR completion. Completers appeared better able to cope with comorbidities than non-completers. The importance of social comparison in PR requires further research.

P1169

The effectiveness of carrying out 6 month and 1 year re-assessments for respiratory patients post pulmonary rehabilitation

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Introduction: Pulmonary Rehabilitation (PR) Re-assessment groups are offered at 6 months and 1 year post completion of PR. The purpose is to review patients current health status, monitor exercise tolerance, mood and quality of life and check compliance with self management skills taught in PR

Aim: To determine the level of attendance at 6 months and 1 year re-assessments in order to establish whether this is an effective method of review, both for the patient and Community Respiratory Team.

Method: All patients who completed PR were invited to re-assessments at 6 months and 1 year post PR. The number of patients who attended were recorded.

Results: 262 patients completed PR between January 2009 and December 2012. 40 patients were excluded from assessments and analysis at the 6 months re-assessments due to staff shortages and severe weather. 13 patients (6 at 6 months and 7 at 1 year) had died and also excluded.

Table 1. Patient Attendance at Reassessments

Site	6 month Reassessment		1 year Reassessments	
	n=Attended/Invited	% Attended	n=Attended/Invited	% Attended
Site 1	28/52	54%	19/61	31%
Site 2	38/55	69%	27/74	36%
Site 3	23/47	49%	21/59	36%
Overall	89/154	58%	67/194	35%

Conclusion: These data indicate a drop of 23% in attendance at the 1 year re-assessment from 6 months, therefore suggesting this may not be the most effective method of review and furthermore provides reasonable evidence to support a re-evaluation of the 1 year re-assessment. There is cause to ensure review of those not attending reassessments as they are at high risk of poor self management and the ongoing review method of these patients needs further consideration.

P1170

One year follow-up after a program of physical activity promotion in smokers: Preliminary results

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Background: Programs to promote the increase of physical activity in daily life (PADL) have generated growing interest aiming to prevent the deleterious effects of physical inactivity. Recent literature has shown that a short-term protocol using pedometers (or step counters) was able to increase PADL in apparently healthy smokers. However, the long-term effects of such a protocol were not yet studied.

Objectives: To evaluate the results of 1-year follow-up after a program aimed at increasing PADL in smokers.

Methods: 43 smokers without lung function impairment were studied (20 males; 52 [48-58] years; 20 [20-30] cigarettes-day). The 5-month program used informative booklets and pedometers in order to achieve a goal of 10000 steps/day. Subjects were assessed at baseline, immediately after the end of the program, six months and one year later. Outcomes were PADL assessed for one week at each assessment point, besides lung function, six-minute walking distance (6MWD), smoking habits and quality of life.

Results: Immediately after the program there was significant increase in steps/day (8779 [5632-11021] vs 10694 [8402-12482]; mean improvement of 2641 [452-3436] steps/day), together with improvements in the 6MWD and general health status ($p<0.05$ for all). However, over the 1-year follow-up period ($n=14$) there was progressive reduction in steps/day when compared to the assessment at the end of the program (after six months: -599 [-3476-1707] and after one year: -1876 [-4297-440]).

Conclusions: Improvement in PADL obtained immediately after a program of physical activity promotion in smokers does not seem to be maintained over the long term. Strategies for maintaining these gains are needed.