



Primary Care Respiratory Society Get Winter Wrapped

Tips for encouraging activity as a gateway to good respiratory health



Clare Cook *Physiotherapist, Clinical Lead of a community respiratory team in Bristol, member of PCRS Executive Committee and Chair of the PCRS Respiratory Leadership Group* in conversation with **Dr Elaine Bevan-Smith** *Associate COPD Specialist South West of England Academic Health Science Network and founder of the Breathe happy groups*



Physical activity improves COPD outcomes and reduces hospital admissions. While pulmonary rehabilitation (PR) is the gold standard treatment for COPD many patients miss out on its benefits. The BTS guidelines recommend that all patients functionally limited by breathlessness with COPD should be routinely referred if appropriate and it should be considered for those with asthma and bronchiectasis. PR was added as a new COPD QOF indicator for England in 2019 and should be offered for all COPD MRC 3-4 patients. However, audit data suggests that there is significant under-referral for PR and only 62% of those referred go on to complete the programme.¹ Of those offered PR not all accept the referral.

So how can healthcare practitioners encourage patients to increase their baseline activity, especially those who are not participating in a pulmonary rehabilitation programme?

The challenges around activity

Many patients with respiratory conditions feel that achieving the UK Chief Medical Officers' guidelines of 150 minutes of moderate aerobic activity a week would be too much for them, let alone completing a course of pulmonary rehabilitation.²

A number, especially those with additional responsibilities for caring for grandchildren, parent or partner are not able to commit to a course of PR. Many say they don't feel it is worthwhile taking up physical activity at this stage in their lives.

Elaine reports, "Many patients I talk to have been told nothing at diagnosis about activity because a referral to pulmonary rehabilitation is only triggered when they become functionally disabled. Research shows that people with COPD have already become less active than the rest of the population before diagnosis - so it is important that as soon as somebody is diagnosed, we should be straight in there with advice about the benefits of exercise. We should be giving them this guidance along with their prescription for their first inhaler."

Clare agrees, "If we could introduce the culture of being active and maintaining fitness earlier in a patient's journey, especially in conversations about routine care, I think this would really support people to think about activity as part of the optimisation of their condition. Then pulmonary rehabilitation as a treatment option wouldn't be such a huge alien concept but a treatment idea that feels familiar."

At the point of referral, it is useful to give a meaningful message to the outcomes people can



expect from participating in pulmonary rehabilitation. We talk about this in our earlier article (<https://www.pcrs-uk.org/resource/top-tips-communicating-benefits-pulmonary-rehabilitation>).

How can we motivate patients to become more active?

Elaine highlights, “Physical activity is not just about doing more but sitting less. I explain to patients that sitting is really bad for their health. A small study looking at 100 people concluded that ‘sedentary behaviour was an independent predictor of mortality in subjects with COPD’. It is really important that we share the significance of sitting time with people.³ These findings have been replicated in people with obstructive disease such as asthma as well as COPD.

“I ask them to think about the amount of time they spend actually sitting. Activity can be graded as a brisk walk but can also include going into the kitchen and cooking a meal. Any activity is better than sitting and the more vigorous the activity the better the effects will be and the quicker the patient’s health will improve.⁴

“For some people reducing sitting time might be their starting goal and for other people with severe advanced disease, agoraphobia or other comorbidities, reducing the sitting time might be their only physical goal. Studies are starting to emerge looking at wearable technology to reduce sitting time in COPD and the early studies show this to be helpful and are accepted by the COPD community.⁵”

“It’s the concept of nudging people gradually towards the actions of becoming more physically active. In the August Survey of over 1300 people conducted by DJS Research⁶ they identified that 69% of people living with long-term health conditions would like to be more active. So, we need to talk about how patients can increase their baseline activity and what practical steps to take regardless of the starting point,” notes Clare.

Elaine reports, “We ran a programme in Worcestershire where newly diagnosed people were educated about what COPD is and what the projection of the disease is. The programme was very heavily geared towards talking about the benefits of physical activity, healthy living and having positive attitude. The evaluation showed that patients went away with a good understanding of what they could do to live longer with their condition, how they could stave off disability, and have every chance of staying healthy.”

“It is important to acknowledge that regaining activity when facing the disease burden of a long-term condition can feel very challenging. We need to see at the point of diagnosis that this is an opportunity to give patients the message that everybody benefits from activity but for people with respiratory conditions the benefit is even greater,” highlights Clare.

What messages should we give patients?

Elaine states, “It is important to personalise the message about physical activity. Some people see being active as being socially active i.e. going to bingo or the shops, engaging with other people or playing with grandchildren. So I encourage all these things which are important to people and can be big motivators for being active. Grandchildren are a particularly big incentive for this older population. Research shows that this cohort of patients find that being with their grandchildren is stimulating both psychologically and physically as it is a fun thing to do. Also, they want to be active as they don’t want their grandchildren to define them as being disabled.”

Clare agrees, “Moderate activity will be different for different people, so this might mean a brisk walk for one person but for somebody else it might represent a run. The idea of doing the recommended 150 minutes of activity a week might disengage people, so you need to motivate them by working with them to create a plan for what they can realistically do. Goal setting and motivational interviewing is very much the mainstay of this initial step into this journey of activity.

“It is important to normalise that we are all at different levels of health and that 150 minutes is a goal, not a requirement. Try to encourage people to make increasing activity and not sitting for too long a daily habit – take a bite sized approach.”

Elaine notes, “The British Lung Foundation used to say, every day do something that makes you breathless, and that’s quite a good message as well because it is giving patients a piece of advice that they can interpret however they want to.

“Possibly even more important than that is to talk about the health benefits of activity and to provide reassurance and improved understanding that being breathless is not dangerous. We have to support people to break down that psychological barrier to changing their lifestyle.”



The Chartered Society of Physiotherapy (CSP) have provided an advice sheet on exercising with a long-term respiratory condition⁷ and this provides some helpful tips which can be helpful to normalise breathlessness (<https://www.csp.org.uk/public-patient/keeping-active-healthy/love-activity-hate-exercise-campaign/being-active-long-term-7>).

Patients opportunities for activity can often be compromised by other long-term health conditions such as chronic fatigue syndrome, arthritis, stroke amongst others the CSP has produced a whole series of articles for patients with different long term conditions – see <https://www.csp.org.uk/conditions>

Clare notes, “Practice nurses and GPs can support goal setting with patients, putting in their notes for example that a patient’s goal is to walk five houses down the road and five houses back. It is important to be genuinely interested in the goal and to revisit it and praise them when they achieve it.

“It is important to celebrate success, i.e. to regularly reflect back on what the patient has achieved. It is equally important to explore barriers and to prepare the patient to fail and to empower them to forgive themselves. This is about giving people the skills to value their achievements and to keep going when they face challenges.

“You can explain to a patient who drives to buy their daily paper it takes 20 minutes to walk to the shop to buy a newspaper, that’s 20 minutes of improving their health. If they do that every day this time next year it might take them only 10 minutes. It’s the concept of ‘Tiny Habits™’ (<https://www.tinyhabits.com/>), breaking things down into a stepwise approach that can be realistically incorporated into the patient’s daily life and is personalised to them.”

Elaine agrees, “I’ve often said to people that when their motivation is wavering and they think, I can’t do my 20-minute walk today, I say to them just lower your sights and think about just walking up the garden path. Once you go outside to walk up the garden path and achieve that then you might feel that you can do a bit more. I always go on the premise that anything is better than nothing, just do something, just get out there and build up the consistency of the activity so it becomes a habit, embedded into your life.

“Something I feel concerned about is that for many, a referral for pulmonary rehabilitation makes them feel that, as a breathless person, they are disabled. It is important that patients should feel that they will be accepted as they are and that we need to help them to overcome this barrier of low self-confidence. We need to encourage them to think - I need to

A checklist for safe exercising

- Make sure the patient takes any emergency medicine with them including reliever inhaler or anti angina medication.
- Encourage the patient to take a mobile phone (if they have one) with them when out and about.
- Empower the patient to plan ahead and think of solutions especially when increasing activity out of the home or in an unsupervised environment.
- Explain to the patient they need to plan their journey, to pace themselves and not rush
- If there is a risk of falling make sure the patient has been assessed for a walking aid and is aware of tips to avoid falls. Ask the patient if their shoes fit well, do they need a new pair or do they have a problem such as corns and bunions that need treating before they start a programme of exercise?
- Do they experience postural hypotension or other co-morbidity that could be affected by exercising – make sure their associated conditions are correctly optimised.
- Do they have sarcopenia? Explain that exercise will help muscle growth if they start exercising. If they are low in weight they might need to start eating more calories. Managing malnutrition in COPD includes a pathway for the appropriate use of ONS to support community healthcare professionals. The recent publication *Managing Malnutrition in COPD*⁸ is helpful for identifying and supporting those at risk (<https://www.malnutritionpathway.co.uk/copd>).
- Other safety considerations include starting slowly and building up, wearing loose comfortable clothing, ensuring adequate hydration, advise on when it is best to exercise and when to avoid exercising (e.g. after a heavy meal), awareness of red flags for stopping exercising (e.g. chest pain/ tightness, dizziness, nausea, clamminess, increased wheeze, pain in joints or muscle weakness).

work with what I've got so that I can help myself to be the best version of me.”

Says Clare, “I think the ‘we are undefeatable campaign’ is very inspiring and there are people affected by numerous diseases from many walks of life. I have found sharing this with patients very powerful. A message from a peer can feel much more accessible than one from a health professional- check out the videos” <https://weareundefeatable.co.uk/our-stories>

“The take home message is, The time to act is now; be the master of your condition. Choose an activity you enjoy and can regularly access; this is the key to making something a sustainable habit. Having conversations with patients about activity might mean that next time pulmonary rehabilitation is offered they might feel it is a more acceptable treatment option which they are more likely to complete”.

Summary

Increasing physical activity in those with chronic respiratory disease is key to improving the health and well-being of this patient population. Physical activity is a key component of self-care and it is imperative that we enable patients to see the value in physical activity early in their diagnosis. It is also important that they learn that the diagnosis of a long-term condition is all the more reason to take up regular physical activity. Pulmonary rehabilitation is an intervention which is effective at increasing physical function. Patients need support and guidance on how to weave this new-found physical improvement into their day-to-day lives and maintain the improvements they are likely to have achieved during a PR course. The explosion in PR service innovation since the start of the COVID-19 pandemic will hopefully enable more people to access the service. While patients are waiting for treatment or for those who decline PR it is vital that primary care, pharmacists and specialist services record activity levels, reinforce the importance of reducing sedentary time and promote the value of physical activity during their consultations.

COVID-19

“Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable.”

William Pollard

COVID-19 has forced us all to think creatively about how we can deliver pulmonary rehabilitation services during this pandemic. There are amazing examples of innovation taking place using digital technology from simple telephone consultations to virtual reality headsets.

Many of our members are introducing virtual PR programmes based on telephone or video consultations either one-to-one or using virtual group consultations.

The format and content for programmes varies but assessment may include using CAT score, PHQ9, GAD7 and 1-minute sit-to-stand tests or 6 minutes walk test for initial assessment followed by a series of sessions providing a mix of education and exercise training followed by follow-up, assessment and patient satisfaction questionnaires. Whilst few programmes can match up to a group face-to-face environment where individuals can learn, share experiences, have fun and make new contacts there are, nevertheless, preliminary results demonstrating very good completion rates and satisfaction scores. You can view a presentation by three individuals, Siobhan Hollier – East of England clinical specialist respiratory physiotherapist, Esther Mitchell – Gloucestershire pulmonary rehabilitation service lead, and Sam Hague-Barrett, mental health nurse at Bristol pulmonary rehabilitation service, who describe their experiences of introducing and running innovative PR programmes since lockdown – see <https://vimeo.com/475856831/d95418e371>

Greener health care

In England just over a quarter of all journeys are made on foot,⁹ but these are almost all journeys of less than a mile and account for only 3% of distance travelled. The majority of journeys in 2017 were under 5 miles. This is where there is real opportunity for people to integrate walking or cycling into their weekly routines. This planned activity would have health benefits with the added effect of reducing travelling by car and associated pollution.

References

1. National COPD Audit Programme. Pulmonary Rehabilitation: An Exercise in Improvement. National Report. April 2018. Royal College of Physicians. <https://www.rcplondon.ac.uk/projects/outputs/pulmonary-rehabilitation-exercise-improvement-combined-clinical-and-organisational>
2. Physical activity guidelines: UK Chief Medical Officers' report. January 2020. <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>
3. Sedentary Behavior Is an Independent Predictor of Mortality in Subjects With COPD Karina C Furlanetto, Leila Donária, Lorena P Schneider, José R Lopes, Marcos Ribeiro, Karen BP Fernandes, Nidia A Hernandes and Fabio Pitta. *Respiratory Care* May 2017;62(5):579-587; doi: <https://doi.org/10.4187/respcare.05306>
4. Findings of the Chronic Obstructive Pulmonary Disease-Sitting and Exacerbations Trial (COPD-SEAT) in Reducing Sedentary Time Using Wearable and Mobile Technologies With Educational Support: Randomized Controlled Feasibility Trial. Mark W Orme, PhD, 1,2,3 Amie E Weedon, MSc,4 Paula M Saukko, PhD,4 Dale W Eslinger, PhD,2,3,5 Mike D Morgan, MD,1 Michael C Steiner, MD,1,2,3 John W Downey, PhD,4 Lauren B Sherar, PhD,#2,3,5 and Sally J Singh, PhD#1,2,3
5. Pericleous P, van Staa TP. The use of wearable technology to monitor physical activity in patients with COPD: a literature review. *Int J Chron Obstruct Pulmon Dis* 2019;14:1317-1322. Published 2019 Jun 19. doi:10.2147/COPD.S193037
6. We are undefeatable Campaign. <https://www.sportengland.org/campaigns-and-our-work/we-are-undefeatable>
7. Being active with a respiratory condition <https://www.csp.org.uk/public-patient/keeping-active-healthy/love-activity-hate-exercise-campaign/being-active-long-te>
8. Managing Malnutrition in COPD Including a pathway for the appropriate use of ONS to support community healthcare professional https://www.malnutritionpathway.co.uk/library/mm_copd.pdf
9. Department of health National Travel Survey: England 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729521/national-travel-survey-2017.pdf

Self-directed learning

Two great free online modules that can help increase practioner knowledge and increase confidence on how to structure the conversation when talking about physical activity.

- E-LfH: Physical Activity and Health: <https://www.e-lfh.org.uk/programmes/physical-activity-and-health/>
- E-LfH MECC: <https://www.e-lfh.org.uk/programmes/making-every-contact-count/>



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