



# Pulmonary Rehabilitation Programs in Pakistan: A Point to Ponder



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## Letter to Editor

Chronic Obstructive Pulmonary Disease (COPD) is expected to turn out to be the 3<sup>rd</sup> most widespread reason of mortality and 5<sup>th</sup> most frequent source of morbidity universally by 2020. COPD is described as “an ailment characterized by airflow limitation that is not fully reversible” [1]. According to the BREATHE study in Middle East Asian (MEA) region, more than thirteen million individuals in MEA are ill with COPD because of cigarette smoking with a prevalence rate of 2.1 percent in the population aged 40 years and above, in Pakistan. It was also estimated that 6.9m people experience COPD symptoms in Pakistan [2-4]. The socio-economic impact of COPD is also very substantial. In the United Kingdom, COPD is the source of nearly eighteen million operational days lost yearly, for men and 2.1 million operational days lost yearly, for women [1]. The yearly financial costs of COPD (in healthcare costs and productivity lost) are vast and were predicted to be approximately 49.9 billion dollars in 2010 in USA [5].

The economic burden on health, to manage COPD, is massive in Pakistan. Unfortunately, there is no research to validate this statistically, but we can surmise from the BREATHE study the admittance percentage of the individuals with COPD about its impact on health resources. The study states that nearly 33 percent of the individuals have been admitted in hospitals due to COPD symptoms and 27 percent of the COPD subjects visited an ER for the reason of their pulmonary conditions [4,6]. It has been identified that COPD is related to a number of co-morbidities, like IHD (Ischemic Heart Disease), HTN (hypertension), diabetes, heart failure, and cancer, etc. [1] Even though, the overall prognosis of COPD individuals has lately increased, the mortality rate is still escalating [7]. Keeping in view the aforementioned facts and figures of the morbidity, mortality, and financial burden of COPD, it is highly imperative that comprehensive treatment programs should be developed. In 2013 ATS/ERS has elaborated the importance of Pulmonary Rehabilitation (PR) in the management of patients with COPD. PR is defined as “a comprehensive, multidisciplinary intervention based on a thorough patient assessment followed by patient tailored therapies that include, but are not limited to, exercise training, education, and behavior change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to

health-enhancing behaviors.” PR helps in the reduction of patient’s symptoms related to COPD and its co-morbid and helps to improve the exercise endurance and health-related QoL [8]. The majority of programs includes 2-3 visits/week for six and twelve weeks and is considered as evidence-based discipline with well-designed clinical studies to demonstrate and sustain enhancement in exercise easiness and health state [2]. PR program is currently being offered in many parts of Pakistan. Regrettably, complete PR programs, as structured in the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines are beyond the resources of a lot of Asian health-care organizations and, consequently, are inaccessible or unavailable to the majority of the COPD patients in this section of the world. Many Asian countries have inadequate funds for patient care and are also deficient in the logistics to arrange complex, multidisciplinary types of programs for PR that are suggested in the guidelines. So, there is an impertinent need for validated simplified programs containing the most important components of pulmonary rehabilitation or home-based programs [9].

## Reference

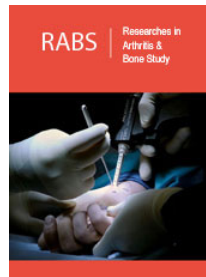
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