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Can rehabilitation delivered immediately on hospitalisation for an acute exacerbation of chronic respiratory disease improve long term health outcomes?

Submission date
07/08/2009

Registration date
02/10/2009

Last Edited
10/07/2014

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Respiratory

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title
Can rehabilitation delivered immediately on hospitalisation for an acute exacerbation of chronic respiratory disease improve long term health outcomes? A randomised controlled trial

Acronym
The REACH trial

Study objectives
The hypothesis is that an early and proactive rehabilitation strategy which is delivered immediately on hospitalisation for an acute exacerbation of chronic respiratory disease will prevent the decline in physical function associated with the exacerbation, improve clinical outcomes and reduce the risk of subsequent hospitalisation.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Prospective parallel group randomised single blind controlled clinical trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet

Health condition(s) or problem(s) studied
Chronic respiratory disease

Interventions
Treatment for patients in the intervention group will start within 48 hours of admission for an acute exacerbation of chronic respiratory disease. It will take the form of a daily, individually prescribed, graduated exercise and strength training programme and will continue until

discharge. After discharge, patients will continue a home-based customised rehabilitation programme for six weeks. Patients in the control group will receive 'best usual care' from the medical, nursing, physiotherapy and occupational therapy teams.

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
Hospital readmission rate at 12 months

Secondary outcome measures
1. Exercise capacity, measured at discharge home, 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
2. Health status, measured at discharge home, 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
3. Psychological wellbeing, measured at discharge home, 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
4. Muscle strength and thickness, measured at discharge home, 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
5. Biomarkers, measured at discharge home, 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
6. Spirometry, measured at discharge home, 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
7. Length of stay, measured at discharge home
8. Nutritional status, measured at 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
9. Muscle structure changes, measured at 6 weeks after randomisation, 6 months after discharge and 12 months after discharge
10. Focus groups for psychological analysis, measured at 12 months after discharge
11. Healthcare utilisation, measured at 12 months after discharge

Overall study start date
01/01/2010

Completion date
30/09/2013

Eligibility

Key inclusion criteria
1. Patients aged 40 and over of either sex who are admitted to hospital with an acute exacerbation of chronic respiratory disease
2. Ability to give informed consent

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
484

Key exclusion criteria
1. Musculoskeletal or neuromuscular conditions that significantly contribute to exercise limitation
2. Psychiatric or neurological conditions that render the patient unable to comply with the rehabilitation programme
3. Not living independently at the time of admission
4. Admission for an acute myocardial infarction
5. Terminal disease with an estimated survival time of less than three months
6. Four or more hospitalisations for acute exacerbations of chronic respiratory disease in the preceding 12 month period

Date of first enrolment
01/01/2010

Date of final enrolment
30/09/2013

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
Department of Pulmonary Rehabilitation
Leicester
United Kingdom
LE3 9QP

Sponsor information

Organisation
University Hospitals of Leicester NHS Trust (UK)

Sponsor details

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Sponsor type
Hospital/treatment centre

Website
http://www.uhl-tr.nhs.uk/

ROR
https://ror.org/02fha3693

Funder(s)

Funder type
Government

Funder Name
National Institute of Health Research (NIHR) (UK) - Collaboration for Leadership in Applied Health Research and Care - Leicestershire, Northamptonshire and Rutland (CLAHRC LNR)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	08/07/2014		Yes	No