

# Pulmonary rehabilitation service set up in Georgia

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<b>Registration date</b> 11/10/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 05/10/2022	<b>Condition category</b> Respiratory	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Evidence suggests that pulmonary rehabilitation (PR) has benefits when delivered after admission for a chronic obstructive pulmonary disease (COPD) exacerbation. PR helps with fatigue and breathlessness, and improves quality of life and exercise capacity, with evidence that at least 4 weeks of exercise training are needed for benefits to be observed, whilst the ATS/ERS Statement on PR recommends a minimum of 6 weeks of exercise training and more recent guidance recommends a minimum of 8 weeks of exercise. Exercise is recommended to be 2-3 times per week and is often delivered in two supervised or monitored sessions, with a third unsupervised session. Recent recommendations from the ATS/ERS state that "to qualify as PR, programs must include, at a minimum: a structured and supervised exercise program for patients with a variety of respiratory conditions, a patient education/behavioural program intended to foster health enhancing behaviour, patient assessment and outcomes measures, and provision of recommendations for home-based exercise and physical activity". There are currently no PR services offered to the patients in Georgia. In this context, where resources are limited, yet COPD is a major burden, research is needed to evaluate whether offering PR is feasible and to assess whether the intervention would have similar effects to those observed in other settings. Using a short supervised course and unsupervised home-based exercise is likely to more economically viable. With limited availability of pharmacotherapy (drug treatment), there is also an opportunity to test the effectiveness of different components of PR or to evaluate a tiered approach tailored to patient need. The aim of this study is to assess the feasibility of delivering a culturally tailored PR intervention in Georgia.

### Who can participate?

Patients with COPD, able to walk 10 meters independently, and able to exercise with some degree of independence within a group setting

### What does the study involve?

Participants are randomly allocated to one of the two programmes: a culturally-adapted PR programme and a short education programme (control group). Participants are followed up at the end of the PR programme (8 weeks) and at 6 months. Interviews are carried out with patients and rehabilitation specialists to assess intervention feasibility and acceptability.

What are the possible benefits and risks of participating?

This research will help to understand whether an adapted PR programme is a feasible treatment for people with COPD in Georgia. If the results from the study show that the programme is beneficial, it could influence policy, PR could be delivered more widely in Georgia, and help improve future outcomes for people with COPD in Georgia. The PR programme, short education programme and questionnaires pose limited risk to participants. Furthermore, participants will not be recruited if they are considered a high risk patient. In the event that participants are identified as having any clinical issues or needs through the research, they will be referred to the appropriate health professional and managed based on the standard clinical practice in Georgia.

Where is the study run from?

Chapidze Emergency Cardiology Center (Georgia)

When is the study starting and how long is it expected to run for?

June 2017 to September 2020

Who is funding the study?

National Institute for Health Research (NIHR), using Official Development Assistance (ODA) funding

Who is the main contact?

Dr Maka Maglakelidze

## Contact information

### Type(s)

Scientific

### Contact name

Dr Maka Maglakelidze

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## Additional identifiers

### Protocol serial number

Protocol V1.0

## Study information

### Scientific Title

Feasibility trial of an adapted pulmonary rehabilitation programme in Georgia

### Acronym

Pulmonary rehabilitation in Georgia (Breathe Well)

### Study objectives

Objectives:

Conduct a randomised controlled trial to assess the feasibility of delivering a culturally tailored PR intervention in Georgia

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

1. Acad. G. Chapidze Emergency Cardiology Center medical ethical committee, Tbilisi, Georgia, 23/03/2018
2. University of Birmingham STEM International Trials Sub-committee, 11/07/2018, ref: ERN\_18-0856

### Study design

Single-centre non-blinded two-armed randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Chronic obstructive pulmonary disease

### Interventions

Participants are individually randomly allocated to one of two study arms: culturally-adapted pulmonary rehabilitation programme and a shorter programme (control group).

Trial arm 1: Culturally-adapted pulmonary rehabilitation programme

A pre-rehabilitation session, which will include a 1:1 session for a tailored exercise prescription.

This will be followed by an 8-week (2 supervised sessions per week) adapted pulmonary rehabilitation (PR) programme, consisting of two main components: exercise and education on the management of COPD.

#### **Trial arm 2: Short education programme**

Participants randomised to the control group will be offered to attend a 2–3 hour educational session. This will be carried out by the rehabilitations specialists 6 months after study enrolment, once follow-up is complete.

#### **Intervention Type**

Behavioural

#### **Primary outcome(s)**

As the primary outcome measures are feasibility outcome measures, most will be assessed at the end of the delivery of the PR intervention, i.e. 8-12 weeks depending on time to attend the 16 PR session (referred to as programme end). Feasibility study outcomes will include:

1. Delivery with fidelity (assessment of exercise prescription at programme end)
2. Acceptability to participants (qualitative interviews at programme end)
3. Recruitment rate
4. Follow-up rate at 6 months
5. Adherence to intervention (attendance rates and completion of exercise prescription at programme end)
6. Ability to carry out trial procedures (6 months)
7. Feasibility of methods to measure costs of PR (assessments of 8-week follow up questionnaire)
8. Other COPD-related health care utilisation (8-week and 6-month follow up questionnaires)
9. Patient-incurred costs (8-week follow-up questionnaire)

#### **Key secondary outcome(s)**

Outcome measures to inform a future trial to evaluate clinical and cost effectiveness (end of PR programme and at 6 months):

1. Health-related quality of life (HRQoL), measured with SGRQ and EQ-5D-5L
2. Exercise capacity measured by the incremental shuttle walk test (ISWT)
3. Smoking status validated by cotinine (saliva test)
4. The impact of COPD on their life, measured with the COPD Assessment Test (CAT)
5. Self-reported physical activity, measured using IPAQ
6. Self-efficacy, measured using the Stanford self-efficacy for managing chronic disease 6-item questionnaire
7. Anxiety and depression, measured using PHQ-9 and GAD-7
8. Self-reported exacerbations
9. Self-reported health care utilisation including hospital admissions
10. Self-reported costs/resource use incurred by patients

#### **Completion date**

30/09/2020

## **Eligibility**

#### **Key inclusion criteria**

1. MRC score 2+
2. Confirmed COPD diagnosis based on spirometry (predicted ratio of FEV1/FVC of 0.7)

3. Patient must be able to walk 10 meters independently
4. Patient able to exercise with some degree of independence, and within a group setting

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

60

**Key exclusion criteria**

1. Musculoskeletal or neurological conditions that prevent exercise
2. Unstable CVD (e.g. unstable angina, aortic valve disease, unstable pulmonary hypertension)
3. Severe cognitive impairment
4. Severe psychotic disturbance
5. Contagious infectious disease
6. Very poor balance

**Date of first enrolment**

29/10/2018

**Date of final enrolment**

31/05/2019

**Locations****Countries of recruitment**

Georgia

**Study participating centre**

Chapidze Emergency Cardiology Center

N. Javakiahvili #1

Tbilisi

Georgia

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**Sponsor information**

## Organisation

Chapidze Emergency Cardiology Center

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research, Official Development Assistance (ODA) funding

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Prof. Kate Jolly (c.b.jolly@bham.ac.uk).

Type of data: individual participant data, quantitative (anonymised)

When the data will become available and for how long: December 2020

Access criteria for sharing data:

o With whom: academics

o For what types of analyses: observational/meta-analyses

o By what mechanism: Data acquisition forms will be available from the Investigator. Submitted forms will be reviewed by the Programme Directors, before contacting the applicant directly

Participant consent: Participant consent will be obtained to release anonymous data to other researchers

Data anonymization: all identifiable data will be removed prior to sharing data with other researchers

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		23/09/2022	29/09/2022	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>	version 2.0	13/05/2019	05/10/2022	No	No