Breathing and relaxation exercises for adult patients diagnosed with asthma in primary care: a randomised controlled trial

Submission date	Recruitment status No longer recruiting	Prospectively registered		
21/11/2006		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
06/12/2006	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
06/12/2006	Completed	[X] Results		

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 NCT00400270

Secondary identifying numbers

N/A

Study information

Scientific Title

Breathing and relaxation exercises for adult patients diagnosed with asthma in primary care: a randomised controlled trial

Study objectives

Asthma is of global concern and prevalence, thus morbidity and expenditure are increasing. Orthodox medical treatment focuses primarily on pharmaceutical control and education concerning its administration; patients are reported as seeking complementary and alternative therapies wishing to self-manage their condition. The majority of patients are being managed in primary care settings.

Chartered physiotherapists, since the 1960s, have been referred patients with asthma and breathing dysfunction for treatment with the Papworth Method (PM). Patients report improved quality of life but there is little evidence, including from Cochrane reviews, to support the use of breathing and relaxation therapies.

Therefore hypotheses for this trial are that:

- 1. A specific physical therapy intervention, comprising integrated breathing and relaxation exercises, the Papworth Method (PM), will improve the quality of life for adult asthma patients, already receiving usual medical care, in a primary care population.
- 2. Anxiety and depression will reduce in this population of patients diagnosed with asthma when treated with the PM.
- 3. Symptoms from dysfunctional breathing will reduce in this population after treatment with the PM.
- 4. Respiratory measures will improve (although this study is powered for quality of life and not respiratory function outcomes).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Hertfordshire Local Research Ethics Committee. Approval granted September 2004 (reference number: EC03660)

Study design

Randomised controlled trial with an intervention and control arm. Twelve month follow-up. Open label - as this is a therapy trial.

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Asthma

Interventions

Integrated breathing and relaxation exercises known as the Papworth Method (PM). These techniques originated and were developed by physiotherapists in the Respiratory Medicine Department of Papworth Hospital, Cambridgeshire, UK in the 1960s.

The five, 60 minute treatments were undertaken by a respiratory physiotherapist in the intervention group between the baseline and six month assessments.

Patients in the control and intervention groups received usual asthma care. The comparisons were between normal care only (the control group) and the intervention group receiving five PM treatments at six months (or post-treatment) and at 12 months post baseline.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

1. Health related quality of life, as measured by the validated St Georges Respiratory Questionnaire with three domains (symptoms, activities and impacts) and a total overall score.

Secondary outcome measures

- 1. Anxiety and Depression as measured by the validated Hospital Anxiety and Depression Scale.
- 2. Symptoms from dysfunctional breathing as measured by the validated Nijmegen Ouestionnaire.
- 3. Respiratory measures as measured by spirometry and capnography.

Overall study start date

01/10/2004

Completion date

01/02/2006

Eligibility

Key inclusion criteria

- 1. Men and women between 16 and 70 years of age
- 2. 'Doctor' diagnosed asthma volunteers, recruited from the asthma database of one primary care practice

- 3. Able to understand, read and write English
- 4. Willing to give written informed consent
- 5. Willing and able to attend the local surgery for required number of attendances

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

56

Total final enrolment

85

Key exclusion criteria

Serious co-morbid conditions such as hemiplegia (we aimed to recruit patients typical of the caseload of any semi-rural population of primary care asthma patients in order that this study should be generalisable to similar practices. For the same reason we did not require confirmation of a diagnosis of asthma by reversibility etc.,)

Date of first enrolment

01/10/2004

Date of final enrolment

01/02/2006

Locations

Countries of recruitment

England

United Kingdom

Study participating centre University College London

London United Kingdom WC1E 6BT

Sponsor information

Organisation

University College London (UK)

Sponsor details

Department of Epidemiology and Public Health London England United Kingdom WC1E 6BT

Sponsor type

University/education

Website

http://www.ucl.ac.uk/

ROR

https://ror.org/02jx3x895

Funder(s)

Funder type

University/education

Funder Name

University College London

Alternative Name(s)

University College London in United Kingdom, Collegium Universitatis Londinensis, UCL

Funding Body Type

Government organisation

Funding Body Subtype

Universities (academic only)

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

Not provided at time of registration

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		01/12/2007		Yes	No