Breathlessness training: comparison of two programmes for Shortness Of Breath in Lung Cancer

Submission date	Recruitment status No longer recruiting	Prospectively registered		
13/02/2009		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
05/03/2009	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
17/03/2020	Cancer			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Version 2

Study information

Scientific Title

Non-pharmacological management of breathlessness: a randomised controlled trial of different intensity training

Acronym

SOB-LC

Study objectives

Training in breathlessness techniques in a programme of three sessions is more beneficial than training in a single session.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Hull and East Riding Local Ethics Research Ethics Committee gave approval in January 2008 (ref: 07/Q1104/2)

Study design

Single centre randomised controlled non-blinded parallel group feasibility study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Breathlessness in patients with intrathoracic malignancy

Interventions

Low intensity training programme:

Patients randomised to the low intensity arm will be taught four techniques of management of breathlessness at a single hour long session in a clinical setting appropriate to the needs of the patient by the therapist. They will be taught diaphragmatic breathing and pacing which require face-to-face demonstration. In addition, a brief introduction will be given to techniques to

promote relaxation and manage anxiety. Written reinforcement in the form of information booklets plus verbal reinforcement in the format of the patients choice (tape, video or DVD) will be given to remind the patient of the techniques they have been taught.

One week later, the therapist will ring the patient to see if they have remembered to practise the techniques and if they have managed to watch/listen to the reinforcement information.

High intensity training programme:

Patients randomised to the high intensity arm will be taught the same four techniques of the management of breathlessness at a hour long single session in a clinical setting appropriate to the needs of the patient by the therapist. This will be followed by practice and reinforcement face-to-face with the therapist on two further occasions at weekly intervals.

Written reinforcement in the form of information booklets plus verbal reinforcement in the format of the patients choice (tape, video or DVD) will be given to remind the patient of the techniques they have been taught. One week after the final visit, the therapist will ring the patient to see if they have remembered to practise the techniques and if they have managed to watch/listen to the reinforcement information.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Recruitment, retention and variability of breathlessness severity (Numerical Rating Scale [NRS] worst breathlessness over last 24 hours)

Secondary outcome measures

- 1. NRS average breathlessness over last 24 hours
- 2. NRS breathlessness "now"
- 3. NRS distress due to breathlessness
- 4. NRS coping with breathlessness
- 5. NRS satisfaction of care
- 6. Brief COPE
- 7. Hospital Anxiety and Depression scale (HAD)
- 8. Eurogol EQ-5D (EQ-5D)
- 9. Visual Analogue Scale (VAS)

Overall study start date

01/09/2007

Completion date

30/09/2008

Eligibility

Key inclusion criteria

1. Intractable breathlessness resulting from primary or secondary malignant lung disease in the palliative setting where the underlying cause has been maximally treated

- 2. All identified reversible causes of the breathlessness have been treated if appropriate to do so, in the opinion of the attending clinician
- 3. Karnofsky Performance Status (KPS) greater than 40%
- 4. Aged greater than 18 years, either sex
- 5. Willingness to attend for breathlessness training
- 6. Ability to give informed consent
- 7. Expected prognosis of at least 3 months in the opinion of the attending clinician

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

40

Key exclusion criteria

- 1. Inability to give informed consent
- 2. Intercurrent illness or co-morbidities making completion of the physiotherapy breathlessness course (PBC) course unlikely
- 3. Rapidly worsening breathlessness requiring urgent medical intervention
- 4. Palliative radiotherapy to chest in previous 4 weeks
- 5. Radical radiotherapy in previous 6 months
- 6. Chemotherapy or change in anti-cancer hormone treatment in previous 2 weeks

Date of first enrolment

01/09/2007

Date of final enrolment

30/09/2008

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

St. Catherine's Hospice

Scarborough United Kingdom YO12 5RE

Sponsor information

Organisation

Hull and East Yorkshire Hospitals NHS Trust (UK)

Sponsor details

Research and Development Department
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Hull and East Yorkshire Hospitals NHS Trust
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United Kingdom
HU16 5JQ
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Sponsor type

Hospital/treatment centre

Website

http://www.hey.nhs.uk/

ROR

https://ror.org/01b11x021

Funder(s)

Funder type

Government

Funder Name

National Cancer Research Institute (NCRI) Supportive and Palliative Care (SuPaC) Research Collaboration (UK) (ref: SuPaC CBG 15; awarded October 2006)

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	01/12/2010		Yes	No