

# Swiss Study On Pulmonary Rehabilitation after Exacerbation

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|--|---|---|
| <b>Submission date</b><br>06/09/2006   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>30/10/2006 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>18/03/2009       | <b>Condition category</b><br>Respiratory          | <input type="checkbox"/> Individual participant data  |

**Plain English summary of protocol**  
Not provided at time of registration

**Study website**  
<http://www.research-projects.unizh.ch/p7675.htm>

## 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

## Acronym

SOPRE

## Study objectives

Early respiratory rehabilitation after acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD) reduces exacerbations requiring medical treatment during an 18 months follow-up compared to respiratory rehabilitation in stable state after six months in patients with COPD Global initiative for chronic Obstructive Lung Disease (GOLD) stage II to IV and a history of repeated exacerbations.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Zurich REB (EK1286), St.Gallen REB (EKSG 06/071/1B), Schaffhausen REB (EK1286), ethics approval also received from the ethics committees of Lucerne, Bern and Thurgau.

## Study design

Randomised controlled 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 obstructive pulmonary disease

## Interventions

Respiratory rehabilitation with supervised physical exercise for 12 weeks and patient education program "Living well with COPD" (identical for both treatment arms).

## Intervention Type

Other

**Phase**

Not Applicable

**Primary outcome measure**

Exacerbations requiring medical care (in- or outpatient).

**Secondary outcome measures**

1. Health-related quality of life (Chronic Respiratory Questionnaire and Feeling Thermometer)
2. Dyspnea (Medical Research Council scale)
3. Mortality
4. Costs

**Overall study start date**

11/09/2006

**Completion date**

31/12/2009

## **Eligibility**

**Key inclusion criteria**

1. Patients after in- or outpatient treatment of acute exacerbation of COPD defined as a sustained worsening over days to weeks of the patients symptoms from his or her usual stable state that is beyond normal day-to-day variations and the presence of at least two of the following symptoms:
  - 1.1. Breathlessness
  - 1.2. Cough
  - 1.3. Increased sputum production, and
  - 1.4. Change in sputum colour
2. At least two exacerbations in previous two years requiring in- or outpatient care
3. Within last three years, during stable phase, documented COPD with Gold stage II to IV
4. The patient is after in- or outpatient treatment in a medical condition that allows an immediate respiratory rehabilitation or recovery at home
5. More than 40 years of age

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

280

**Key exclusion criteria**

1. Hospitalisation for other reasons than acute exacerbation of COPD
2. Long term non-invasive ventilation (all but continuous positive airway pressure [CPAP], which is allowed)
3. Other lung diseases: Doctor diagnosed asthma and/or more than 20% reversibility of airflow obstruction after beta-2-mimetika during stable phase of COPD
4. Patients who cannot be randomised to usual care for medical reasons:
  - 4.1. Impaired level of consciousness
  - 4.2. Acute confusion
  - 4.3. Acute changes on the radiograph or electrocardiogram
  - 4.4. Arterial pH less than 7.35, or
  - 4.5. Concomitant medical conditions
5. Orthopaedic, rheumatologic, cardiovascular or neurological disorders that inhibit exercise training, gymnastic or guided walking tours
6. Inability to follow patient education due to language (no German, French or Italian as communication language) or mental disorders (e.g. substance abuse, psychosis, dementia)

**Date of first enrolment**

11/09/2006

**Date of final enrolment**

31/12/2009

## **Locations**

**Countries of recruitment**

Switzerland

**Study participating centre****Horten Centre**

Zurich

Switzerland

8091

## **Sponsor information**

**Organisation**

University Hospital of Zurich (Switzerland)

**Sponsor details**

c/o Prof. E. Russi

Division of Pulmonary Medicine

Raemistrasse 100

Zurich

Switzerland

8091

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.unizh.ch/>

**ROR**

<https://ror.org/01462r250>

## **Funder(s)**

**Funder type**

Charity

**Funder Name**

Swiss Lung league (Switzerland)

**Funder Name**

Lung leagues of Swiss cantons (Switzerland)

**Funder Name**

Klinik Barmelweid (Switzerland)

**Funder Name**

Quadrimed (Switzerland)

**Funder Name**

Zurcher Hoehenklinik Wald (Zurich Elevator Hospitals Forest) (Switzerland)

## **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? |
|---------------------------------|---------------------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> | recruitment results | 02/03/2009   |            | Yes            | No              |