

# Pulmonary rehabilitation and activity after COPD exacerbations: the PRACTICE trial

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|----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>14/08/2014   | <b>Recruitment status</b><br>No longer recruiting | <input checked="" type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol |
| <b>Registration date</b><br>23/09/2014 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>09/03/2018       | <b>Condition category</b><br>Respiratory          | <input type="checkbox"/> Individual participant data                                              |

## Plain English summary of protocol

### Background and study aims

Chronic Obstructive Pulmonary Disease (COPD) is a severe lung condition that affects a person's ability to exercise and perform normal physical functions due to a combination of breathlessness, poor physical fitness and loss of muscle strength. Patients with COPD often experience flare ups known as exacerbations due to chest infections, which result in their symptoms getting worse, more loss of function, and may require hospital treatment. Recovery from such exacerbations is often slow, and some patients never fully return to their previous level of activity. This can lead to permanent disability and premature death. The purpose of this study is to find out whether it is possible to undertake a larger study of exercise training in patients who have been admitted to hospital with a flare up of their COPD. We aim to find out whether patients will be willing to participate and perform exercise both during their time in hospital and then immediately after they get home, to see if this will allow patients to recover more quickly and get back to their previous level of activity without needing to stay in hospital for a prolonged period. Both of these periods of exercise will be started much earlier than the rehabilitation classes that are currently widely available to COPD patients after they have been in hospital. This study will help us to understand if exercising earlier after hospital admission has any benefits over exercising later and will help us to decide if a large study looking more closely at this is required.

### Who can participate?

Patients who have been admitted to hospital with a flare up of their COPD

### What does the study involve?

The study will look at two different sorts of exercise: a bedside bicycle-based activity that can be undertaken whilst the patient is sat at the edge of their bed in hospital, and a supervised exercise program to be undertaken during the first two weeks after they have been discharged. Both forms of exercise will be supervised by a physiotherapist. The study will look at whether participants will be prepared to take a walking test and a special movement watch that patients will wear at home. They will also be asked to complete several questionnaires that ask about their activities at home and how their breathing problems are affecting their quality of life. Whilst they are in hospital a measurement of their muscle size will be done to see whether the exercise helps stops the muscles from wasting away when they are unwell. We will assess

whether or not exercising participants early after a hospital admission has any affect in preventing further chest infections or flare ups of COPD, or reduces the number of re-admissions to hospital occurring within 3 months of discharge.

What are the possible benefits and risks of participating?

Participants may benefit from being in the study as exercise has been shown to help with recovery following COPD flare ups, and it is recommended that this activity starts within a month of being in hospital. However, in this study the exercise will happen in hospital and straight after discharge, which is earlier than what currently happens. There is the possibility that doing the exercise earlier may not be beneficial, and could cause some problems such as more difficulty breathing and muscle tiredness, but the activity will be carried out with a trained physiotherapist who is aware of these risks and will be looking out for them.

Where is the study run from?

The study will be run in Sheffield Teaching Hospitals NHS Foundation Trust and Aintree University Hospital NHS Foundation Trust (in Liverpool), with patients recruited from the Northern General Hospital and from Aintree University Hospital (UK).

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

January 2015 to December 2016

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Dr Rodney Hughes

rodney.hughes@sth.nhs.uk

## Contact information

### Type(s)

Scientific

### Contact name

Dr Rodney Hughes

### Contact details

Respiratory Medicine  
Sheffield Teaching Hospitals NHS Foundation Trust  
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Glossop Road  
Sheffield  
United Kingdom  
S10 2JF

## Additional identifiers

### Protocol serial number

HTA 13/24/03

# Study information

## Scientific Title

Pulmonary Rehabilitation and ACTivity after COPD Exacerbations: the PRACTICE trial: a randomised trial

## Acronym

PRACTICE

## Study objectives

This is a feasibility and pilot study.

Feasibility outcomes:

1. Feasibility of recruitment to main trial (recruitment of 76 participants in 7m from two centres (primary outcome)
2. Recruitment and attrition rates (CONSORT data)
3. Number of missing values/incomplete cases
4. Intervention adherence
5. Intervention fidelity
6. Participant views on acceptability of research procedures and intervention
7. Therapist views on intervention/research protocol acceptability
8. Feasibility of recruiting participating centres
9. Decision on primary endpoint for main trial

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Health Research Authority

## Primary study design

Interventional

## Study design

Parallel-group randomised pilot trial with nested qualitative research

## Study type(s)

Treatment

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

Chronic obstructive pulmonary disease (COPD)

## Interventions

Patients are randomised to:

1. In-hospital exercise training with or without in-home post-discharge early rehabilitation (n=38)
2. Standard in-hospital care with or without in-home post-discharge early rehabilitation (n=38)

## Intervention Type

Other

## Phase

Not Applicable

**Primary outcome(s)**

1. Feasibility of recruitment to main trial (recruitment of 76 participants in 7m from two centres [primary outcome])
2. Six-minute walk distance at three months (clinical primary outcome)

**Key secondary outcome(s)**

Feasibility outcomes:

1. Recruitment and attrition rates (CONSORT data)
2. Number of missing values/incomplete cases
3. Intervention adherence
4. Intervention fidelity
5. Participant views on acceptability of research procedures and intervention
6. Therapist views on intervention/research protocol acceptability
7. Feasibility of recruiting participating centres
8. Decision on primary endpoint for main trial

Clinical outcomes:

1. London Chest Activity of Daily Living scale
2. EQ-5D-5L
3. COPD Assessment Test
4. Rectus femoris muscle cross-sectional area
5. MRC Breathlessness Score
6. SenseWear Armband and electronic diary
7. Serious adverse events
8. Health and social care resource use
9. Perceived necessity and concerns
10. Exacerbations
11. Readmission

**Completion date**

31/12/2016

## **Eligibility**

**Key inclusion criteria**

1. Clinically identified exacerbation of diagnosed COPD
2. pH above 7.35
3. Maintaining oxygen saturation (SpO<sub>2</sub>) within prescribed target range with or without controlled oxygen at rest
4. Glasgow Coma Scale (GCS) 15 and over

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Predicted length of hospital stay <5 days
2. Acute MI/heart failure within last 6 weeks
3. Suspected/confirmed PE within last 6 weeks
4. Cardiovascular instability
5. Pulmonary fibrosis
6. Musculoskeletal conditions limiting exercise capacity

**Date of first enrolment**

01/01/2015

**Date of final enrolment**

31/12/2016

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

United Kingdom

England

**Study participating centre**

Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield

United Kingdom

S10 2JF

**Sponsor information****Organisation**

Sheffield Teaching Hospitals NHS Foundation Trust (UK)

**ROR**

<https://ror.org/018hjpz25>

**Funder(s)****Funder type**

Government

**Funder Name**

Health Technology Assessment Programme

**Alternative Name(s)**

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan****IPD sharing plan summary****Study outputs**

| Output type                     | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------|---------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> | results | 01/03/2018   |            | Yes            | No              |