

European Respiratory Society Annual Congress 2013

Abstract Number: 1677

Publication Number: P1340

Abstract Group: 9.2. Physiotherapists

Keyword 1: Bronchiectasis **Keyword 2:** Exercise **Keyword 3:** Physical activity

Title: Determinants of exercise capacity in adult subjects with non-cystic fibrosis bronchiectasis

Mr. Anderson 8632 Alves de Camargo a-a-c@hotmail.com¹, Ms. Tatiane 8633 Soares Amaral fisio.tatiane@hotmail.com¹, Ms. Samia 8634 Zahi Rached samia.rached@gmail.com², Mr. Rodrigo 8635 Abensur Athanasio rathanazio@yahoo.com.br², Prof. Dr Fernanda 8636 de Cordoba Lanza lanza@uninove.br¹, Mr. Jaksoel 8648 Cunha Silva jaksonjkl@live.com¹, Prof. Dr Alberto 8649 Cukier alberto.cukier@incor.usp.br², Mr. Frederico 8662 Leon Arrabal Fernandes fredlaf@gmail.com², Prof. Dr Celso Ricardo 8664 Fernandes Carvalho cscarval@usp.br³, Prof. Dr Rafael 8666 Stelmach rafael.stelmach@incor.usp.br² and Prof. Dr Simone 8672 Dal Corso simonedc@uninove.br¹.¹ Post-graduate Program in Rehabilitation Sciences, Universidade Nove De Julho, Sao Paulo, Brazil, 05001-100 ; ² Pulmonary Division, Heart Institute (InCor), Hospital Das Clinicas Da Faculdade De Medicina Da Universidade De São Paulo, Sao Paulo, Brazil and ³ Physiotherapy, School of Medicine, Hospital Das Clinicas Da Faculdade De Medicina Da Universidade De São Paulo, Sao Paulo, Brazil .

Body: Introduction: The cardiopulmonary exercise testing (CPET) and shuttle walking test (SWT) have been used to evaluate exercise tolerance in subjects with non-cystic fibrosis bronchiectasis (nCF-BCt). However, the determinants of aerobic capacity (peak VO₂) and distance walked in SWT (DSWT) are still unknown in this population. Objective: To evaluate the determinants of peak VO₂ and DSWT in adult subjects with nCF-BCt. Methods: Eighty subjects with BCQ (50 women; 44±14 yrs; FEV₁: 52±19% pred; fat-free mass index: 17±2 kg/m²; peak VO₂: 63±13% pred; DSWT: 52±13% pred). Spirometry, maximum voluntary isometric contraction of the quadriceps femoris (MVIC-QF), and a shuttle walking test (SWT) were performed. Peak VO₂ was obtained from CPET on a cycle ergometer. Dyspnea was measured according to the Medical Research Council (MRC) scale, and daily steps (DS) with a pedometer. Results: For peak VO₂, a stepwise regression analysis was conducted with 61 patients. FEV₁ expressed as % pred (partial R² = 0.46, p < 0.0001), BMI (partial R² = 0.32, p = 0.013), and DS (partial R² = 0.40, p = 0.002) explained 39% of the variance in peak VO₂ (% pred). DSWT (% pred, n = 80) was explained (R² = 0.57, p < 0.0001) by FVC expressed as % pred (partial R² = 0.14, p = 0.001), MRC (partial R² = 0.19, p < 0.0001), and gender (partial R² = 0.26, p < 0.0001). MVIC-QF did not contribute to either model. Conclusion: The determinants of aerobic and functional capacity were related to pulmonary function, dyspnea, nutritional status, gender, and DS.