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Title: How to interpret changes in the London chest activity of daily living scale in patients with COPD?

Ms. Gianna W. 9526 Bisca giannabisca@gmail.com¹, Ms. Mahara 9527 Proença mahara.proenca@gmail.com¹, Mr. Alexandre 9528 Salomão ale_isalomao@yahoo.com.br¹, Dr. Nidia A. 9529 Hernandez nyhernandes@gmail.com^{1,2} and Dr. Fabio 9530 Pitta fabiopitta@uol.com.br¹. ¹ Laboratory of Research in Respiratory Physiotherapy (LFIP), Physical Therapy Department, State University of Londrina (UEL), Londrina, Parana, Brazil and ² Research Centre in Health Sciences (CPCS), Centre of Biological and Health Sciences (CCBS), North Parana University (UNOPAR), Londrina, Parana, Brazil .

Body: Background: Dyspnea and fatigue frequently impair the ability to perform activities of daily living (ADL) in patients with chronic obstructive pulmonary disease (COPD). Several questionnaires and scales have been used to assess limitations in ADL before and after treatment in this population; among them, the London Chest Activity of Daily Living (LCADL) scale is responsive to intervention to a higher extent when compared to other tools. However, the minimal detectable change (MDC) for this scale remains unknown. Objective: To determine the MDC for functional status improvement measured by the LCADL scale in patients with COPD. Methods: Forty patients with COPD (20 male, 66±7 years, FEV₁ 44±16% predicted) participated in a 3-month high-intensity exercise program based on endurance and strength training (3x/week, 12 weeks). Before and after the protocol all participants responded to the LCADL scale and the Saint George Respiratory Questionnaire (SGRQ). In order to calculate the MDC (distribution-based estimates), we used the standard error of measurement and the effect size. Results: There was improvement in the domains and total score of the LCADL after the program. The MDC estimated for the LCADL were 0.89, 2.60, 0.44, 0.58 and 3.88 points for self-care, domestic, physical and leisure domains and total score, respectively. Correlations between changes in LCADL and in SGRQ were weak (r<0.4 for all). Conclusion: This study provided MDC for the domains and total score of the LCADL. A change of 4 points in the total score of the LCADL can be interpreted as a meaningful change.