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Title: Responsiveness of dyspnea through the pulmonary function status and dyspnea questionnaire – Modified version (PFSDQ-M) post different training programs in patients with COPD

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Body: Background: Patients with COPD experience shortness of breath affecting exercise tolerance and activities of daily living (ADL) performance. Physical training and inspiratory muscle training (IMT) improves it, which could be expressed by scales and questionnaires. Aims: To evaluate the responsiveness of dyspnea during the ADL set by Borg scale (BS) and change in activity levels, dyspnea and fatigue by the PFSDQ-M at baseline, after general physical training (GPT) and GPT+IMT. Additionally, to verify the effect of IMT on symptoms. Methods: 28 COPD patients were enrolled into two groups: 13 at GPT (67±7yrs; FEV143±4%pred), which performed aerobic training (AT), lower limbs (LL) resistive exercise and respiratory exercise; and 15 at GPT+IMT (67±11yrs; FEV1 51±3%pred) (AT, resistive exercise of LL and IMT). The ADL set, the reported BS and PFSDQ-M were done at baseline and after 48 sessions. Results: There was a significant fell ($p<0.05$) of dyspnea reported by BS in the ADL set and assessed by functional status reported by PSFDQ-M within groups. Between groups there was a significant difference regarding to change in activity and dyspnea domain in the PFSDQ-M. The PImax improved significantly within groups and between them ($p<0.05$): GPT (57±15pre vs 75±9post) and GPT+IMT: 50±20pre vs 82±22post. Conclusion: The instruments assessed were reliable to detect changes in functional status and dyspnea in both groups after 4 month-rehabilitation. Moreover, the IMT showed higher improvement of PImax when compared to a conventional training. However, it did not result in further benefits on symptoms and in the ADL set.