



REHABILITATION OF PATIENTS WITH SEVERE RESPIRATORY INFECTIONS

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Objective:

According to the definition, pulmonary rehabilitation provides a personalized intervention of chronic pulmonary patients, based on individual exercise therapy, disease education, and behavioral change, all for the purpose of improving the physical and mental condition of these patients.

Exercise is an essential component of the pulmonary rehabilitation.

While individuals with chronic obstructive pulmonary disease (COPD) comprise the highest proportion of referrals for pulmonary rehabilitation, patients with other chronic lung diseases/ interstitial lung disease, bronchiectasis, cystic fibrosis, asthma, pulmonary artery hypertension, lung cancer, lung transplantation/, have also benefit.



After pulmonary rehabilitation, patients with bronchiectasis improve their quality of life, especially in younger patients with less severe dyspnea and better FEV1. Patients who had lower physical activity or FEV1 showed greater improvements in anxiety scores. Patients who had poorer exercise capacity showed greater improvements in the ability to exercise. All patients with bronchiectasis should be referred for PR regardless of age, lung function, exercise capacity and quality of life as their results may improve.

Exercise training has an established role in the management of patients with cystic fibrosis. To minimize the risk of transmission of resistant organisms between patients, certain infection control guidelines should be followed. Patients with CF perform an adequate volume of physical activity, although only a small portion of the time is devoted to intense physical activity. Patients prefer walking as a form of physical activity. Patients are prepared, motivated, and have the security to perform moderate physical activity described as walking at a normal pace. The most common obstacles to exercise are lack of energy, good health, self-discipline and time. Clinicians involved in pulmonary rehabilitation programs should apply both physiological principles and psychological strategies to train and encourage vigorous physical activity as an incentive to improve cardiorespiratory fitness in CF patients. On the other hand, CF patients can achieve an active lifestyle that encourages better survival.