

CHAPTER V

RECOMMENDATION

5.1 Implications for Practice

The pulmonary rehabilitation program that was developed as part of this study is consonant with one of the major roles of health professionals who are involved in caring for COPD patients in order to help them learn ways to help themselves achieve and maintain the optimal level of quality of life. This program was created for outpatient pulmonary rehabilitation, intended to improve the patients' acceptance of the disease and their understanding of the rehabilitation process. All patients felt that rehabilitation was important for recovery and therefore they must play an active role in the rehabilitation process. The patients must be motivated to manage the disease in an active and more independent way. They should control the natural course of their disease by learning about preventive and restorative health care behaviors and self-help activities. After COPD patients have successfully entered into formal rehabilitation program and have returned to live in the community, they have a need for further education and support focusing on long- term issues. At their home, the COPD patients can have more time with their families and can apply the training that the have learnt in their daily life. The type of exercise is based on a familiar activity such as walking and therefore is easily carried out by the patients.

5.2 Recommendation for Future Study

The recommendations for further study should center on the specific suggestions that reflect the limitations of this study as follows:

- 1. The future study in this area should use an experimental or cohort design to be certain that the results are due to the design of the program alone.
- 2. The pulmonary rehabilitation program needs to be undertaken in a much larger sample of COPD subjects. COPD patients should come from a larger segment of our society under various settings not only in the hospital based environment alone but in a home based environment and the community at large as well.
- 3. All patients with COPD should be referred to the rehabilitation program of be encouraged to start exercise training on their own pace and not just after they have experienced an exacerbation of their diseases.
- 4. There should be an evaluation of the effects of a pulmonary rehabilitation program on health care cost and long term survival
- 5. There should be investigations into the two intervention strategies to be used with patients with COPD to determine whether and how it affects the patient outcome between (a) a pulmonary rehabilitation program that combines education and exercise training and (b) a pulmonary rehabilitation program that provides education only. Because small hospital under rural settings might not have adequate financial or human resources to implement a rehabilitation program that combines both education and exercise training.

- 6. There should be an evaluation of both the short and long-term success of the rehabilitation program in term of the effects it has on the patients, for example: the quality of life, the exercise capacity, perception of dyspnea after exercise and the sustainability of the exercise practice in the COPD patients. If individuals show a significant decrease in one or more areas of patient outcome, a review or refresher program could be initiated.
- 7. It should apply the rehabilitation program to other diseases other than COPD such as patients with asthma, stroke, and other chronic diseases.
- 8. Patients with COPD who continue to smoke cigarettes are often the most in need of pulmonary rehabilitation, but there are no consensus on whether they should be included in pulmonary rehabilitation programs or not. Whether their inability or unwillingness to quit smoking a predictor for failure in rehabilitation or is it simply another aspect of co-morbidity that must be addressed.
- 9. The prevalence of disability due to chronic respiratory disease is high.

 Healthcare professionals in all aspects of rehabilitation may make decisions about the pulmonary rehabilitation services to all patients with COPD.