

Clinical Question 5

慢性安定期 COPD 患者に対する呼吸リハビリテーションプログラムは推奨されるか

推奨 慢性安定期 COPD 患者に対して呼吸リハビリテーションプログラムを行うことについて条件付きで推奨する。

☐ 推奨の条件：あり

- ・健康関連 QOL の改善を目的とする場合
- ・中等度の身体活動の改善を目的とする場合

☐ 推奨の強さ：強い

☐ エビデンスの強さ：中程度

☐ 作成グループ投票結果

当該介入に反対する強い推奨	当該介入に反対する条件付き推奨	当該介入・対照双方に対する条件付き推奨	当該介入の条件付き推奨	当該介入の強い推奨	推奨なし
0% 0名	0% 0名	0% 0名	80% 8名	20% 2名	0% 0名

◆CQ の構成要素 (PICO)

P (Patients, Problem, Population)			
性別	指定なし	年齢	18 歳以上
疾患・病態	慢性安定期にある COPD 患者	その他	
I (Interventions) / C (Comparisons, Controls, Comparators) のリスト			
呼吸リハビリテーションプログラムを行う場合/行わない場合(呼吸リハビリテーションプログラムは運動療法および教育・指導を含む)			
O (Outcomes) のリスト			
	Outcome の内容		
O1	急性増悪の予防		
O2	QOL の改善		
O3	生命予後の改善		
O4	ADL の改善		
O5	身体活動性の向上		

解説

◆CQ の背景

COPD 患者の呼吸リハビリテーションとして適用される運動療法および患者教育・指導は、よく行われているところである。個別的な研究では QOL や ADL、身体活動性の改善をもたらすとの報告は多いが効果への不確実性があり、急性増悪回数や生命予後への効果検証も必要である。

◆エビデンスの評価

急性増悪回数については、論文数が少なく介入プログラムにも差があり、回数の減少を認めていないことから効果は小さいと判断できる。QOL は SGRQ (St George's Respiratory Questionnaire)^{2, 4, 5, 11, 12, 14-18, 20, 25, 26, 28, 29, 32)}, SF-36 (MOS 36-Item Short-Form Health Survey)^{9, 19)} では効果は認められないが CRQ (Chronic Respiratory Questionnaire)^{1, 3, 6-8, 10, 23, 25, 27)}, CAT (COPD assessment test)^{22, 23, 30-32)} では効果が認められている。ADL は非一貫性、不精確が懸念される。身体活動性については不活動時間、

歩数、エネルギー消費量で効果が小さいと判断されるが中等度の身体活動（3-7Mets²⁷⁾もしくは3-6Mets^{22, 33)}）では望ましい効果はあると判断できる

◆益と害のバランス評価

HRQOL および身体活動性に有意な改善を認めるため介入側を支持できる

◆患者の価値観・希望

呼吸リハビリテーションとしての運動療法や患者教育、患者指導は広く行われている。実践に対する患者の受け入れは様々であるが、どのような患者に対してでも教育、指導が行われ、QOLの改善や身体活動性の改善がもたらされることから、呼吸リハビリテーションは多様な価値観を包括するものと位置付けられる。

◆コストの評価

ガイドラインに従って呼吸リハビリテーションを実施した場合は呼吸器リハビリテーション料等が発生する。

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