



# Pulmonary Rehabilitation

## —Live Better and *Live Longer*

Over 16 million people in the US have COPD<sup>1</sup> and up to 60% of COPD cases go undiagnosed<sup>2</sup>. According to the World Health Organization, COPD is the third leading cause of death globally.<sup>3</sup> COPD continues to be a leading cause of disabling symptoms and suffering. Pulmonary Rehabilitation (PR) is the standard of care for persons with COPD and is associated with improved physical function, symptoms, mood and quality of life. Although PR is well established as a highly effective treatment for COPD and other chronic respiratory diseases,<sup>4,5</sup> in the United States only 3–4% of Medicare beneficiaries with COPD receive PR.<sup>6</sup> Similarly low estimates exist for the rest of the world.<sup>7</sup>

A recent study by Peter Lindenauer and colleagues found that, in persons hospitalized due to acute exacerbation of COPD, PR within 3 months of discharge vs. later or no PR, was associated with a highly significant lower risk of mortality at 1 year (hazard ratio, 0.63; i.e., a 37% lower risk of death over the year following discharge).<sup>8</sup> The study utilized claims data of 197,376 Medicare beneficiaries discharged after hospitalization for COPD.<sup>8</sup> The findings support PR as a high priority following hospitalization for COPD.

Patients suffering from COPD should know that PR not only has potential for helping them feel better and being more independent, but also to *live longer*. We are asking for your support in communicating these important findings of improved survival after PR to providers and patients. Thank you in advance for your help and collaboration.

Allergy & Asthma Network

Alpha 1 Foundation

American Association for Cardiovascular  
Pulmonary Rehabilitation

American Association for Respiratory Care

American College of Allergy, Asthma &  
Immunology

American Lung Association

American Thoracic Society

CHEST/American College of Chest Physicians

COPD Foundation

Dorney-Koppel Foundation

LAM Foundation

Lung Transplant Foundation

phaware Global

Pulmonary Education and Research  
Foundation

Pulmonary Fibrosis Foundation

Respiratory Compromise Institute

Respiratory Health Association

Right2Breathe

US COPD Coalition

1. COPD. Centers for Disease Control and Prevention. Published June 6, 2018. Accessed December 28, 2020. <https://www.cdc.gov/copd/index.html>
2. Martinez C, et al. Undiagnosed Obstructive Lung Disease in the U.S. *Annals ATS*. 2015;(12):1788-1795.
3. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death> Accessed February 7, 2021.
4. Spruit MA, et al; ATS/ERS Task Force on Pulmonary Rehabilitation. An official ATS/ERS statement: key concepts and advances in pulmonary rehabilitation. *Am J Respir Crit Care Med*. 2013;188(8):e13-e64. doi:10.1164/rccm.201309-1634ST
5. McCarthy B, et al. Pulmonary rehabilitation for COPD. *Cochrane Database Syst Rev*. 2015;2(2):CD003793. doi:10.1002/14651858.CD003793.pub3
6. Nishi SP, et al. Pulmonary rehabilitation utilization in older adults with COPD, 2003 to 2012. *J Cardiopulm Rehabil Prev*. 2016;36(5):375-382. doi:10.1097/HCR.0000000000000194
7. Desveaux L, et al. An international comparison of pulmonary rehabilitation: a systematic review. *COPD*. 2015;12(2):144-53. doi: 10.3109/15412555.2014.922066
8. Lindenauer PK, Stefan MS, Pekow PS, et al. Association between initiation of pulmonary rehabilitation after hospitalization for COPD and 1-year survival among Medicare beneficiaries. *JAMA*. 2020 May 12;323(18):1813-1823. doi: 10.1001/jama.2020.4437.