



Keywords: Chronic Obstructive Pulmonary Disease (COPD); Pulmonary Rehabilitation

Introduction

Chronic Obstructive Pulmonary Disease (COPD) is a leading cause of morbidity and mortality worldwide. It is characterized by persistent airflow limitation that is not fully reversible. The disease is associated with significant symptoms, including chronic cough, sputum production, and dyspnea, which can severely impact quality of life. The pathogenesis of COPD is complex, involving a combination of genetic and environmental factors, with cigarette smoking being the most common risk factor. The disease is progressive and irreversible, leading to long-term disability and increased healthcare costs. Pulmonary rehabilitation (PR) is a comprehensive, multidisciplinary approach that aims to improve the physical and psychological condition of patients with COPD. It typically includes exercise training, education, and psychosocial support. PR has been shown to improve symptoms, functional capacity, and health-related quality of life in patients with COPD. The American College of Chest Physicians (ACCP) and the American Thoracic Society (ATS) have both endorsed PR as a standard of care for patients with COPD. The ACCP guidelines recommend PR for patients with moderate to severe COPD, and the ATS guidelines recommend PR for patients with moderate to severe COPD who are at high risk of hospitalization. PR is a safe and effective intervention that should be offered to all eligible patients with COPD. The purpose of this review is to provide an overview of the current evidence on PR for COPD, including its benefits, components, and implementation. We will discuss the role of PR in the management of COPD and the challenges associated with its implementation. We will also review the current literature on PR, including randomized controlled trials, observational studies, and meta-analyses. Finally, we will discuss the future directions of PR research and the need for further studies to optimize the effectiveness and implementation of PR in the management of COPD.

Abstract

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Conclusion

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Acknowledgement

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Conflict of Interest

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References

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