

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

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ROLE OF EXERCISE REHABILITATION IN PATIENTS WITH
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Thesis

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and Tuberculosis*

By

Nabil Ali Abdel Ghaffar Hiba
(M.B.B.Ch)

Supervised By

Prof. AMR BADR EL-DIN HAMDR

*Prof. of Respiratory Medicine
Benha Faculty of Medicine*

Prof. SAMIA MOHAMED ABDEL-MONEM

*Prof. of Rheumatology
Benha Faculty of Medicine*

Dr. ALI ALI OKAB

*Ass. Prof. of Rheumatology Medicine
Benha Faculty of Medicine*

Dr. AHDAF AHMED ENAN

*Ass. Prof. of Respiratory Medicine
Benha Faculty of Medicine*

**Benha Faculty of Medicine
Zagazig University**

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الآية ١٦
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﴿إِنَّا نَحْنُ غَنِيٌّ عَمَّا يُكْرَهُوْنَ وَإِنَّا لَهُ لَنَافِعُونَ﴾

الآية (٩) من سورة الحجر

﴿أَوَلَيْكَ الْغَايِبُونَ نَقْبَلُ عَنْهُمْ الْحَسَنَ مَا

عَمَلُوا وَنَجَاوَزُ عَنْ سَبِّئَانِهِمْ﴾

الآية (١٦) من سورة الأحقاف

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CONTENTS

	Page No
• Aim of the work	1
• Review of Literature:	2
- Review of COPD	2
- Exercise Physiology	18
- Pulmonary rehabilitation	28
□ Subjects and Methods	61
□ Results	71
□ Discussion	98
□ Conclusion	104
□ Recommendations	105
□ Summary	106
□ List of Abreviation	110
□ References	112
□ Appendix	136
□ Arabic summary	153

INTRODUCTION

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Chronic Obstructive Pulmonary Disease (COPD) is a frustrating illness not only for patients but also for their physicians whose medical treatment has only partial success in alleviating symptoms and improving functional capacity (*Clark, 1995*).

One key component in the management of patients with COPD is pulmonary rehabilitation, the corner stone of which is exercise training. Improvements in physical function, and health-related quality of life are supposed benefits of exercise training (*Lacasse, et al., 1996*).

Unfortunately, pulmonary rehabilitation is generally not prescribed until there is significant symptoms with an advanced stage of the disease (*Berry et al., 1999*).

AIM OF THE WORK

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The aim of the present work was to assess the value of exercise rehabilitation in improving physical performance and health related quality of life in Egyptian patients with Chronic Obstructive Pulmonary Disease (COPD).

REVIEW OF LITERATURE

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (C.O.P.D)

DEFINITIONS:

Chronic obstructive pulmonary disease is defined as a disease state characterized by the presence of airflow obstruction due to chronic bronchitis or emphysema, the airflow obstruction is generally progressive, may be accompanied by airway hyper-reactivity, and may be partially reversible (*American Thoracic Society, 1995*). ✓

Chronic bronchitis is defined as the presence of productive cough for three months in each of two successive years in a patient in whom other causes of chronic cough have been excluded (*American Thoracic Society, 1962*). ✓

Emphysema is defined as abnormal permanent enlargement of the air spaces distal to the terminal bronchioles, accompanied by destruction of their walls and without obvious fibrosis. Destruction is defined as lack of uniformity in the pattern of respiratory air spaces enlargement, the orderly appearance of the acinus and its components is disturbed and may be lost (*Snider et al., 1985*). ✓

RISK FACTORS for C.O.P.D:

It is clear that C.O.P.D does not have a single cause, and that multiple factors must act in concert for the disorder to become clinically evident (*American Thoracic Society, 1995*).

1-Cigarette Smoking:

Tobacco smokers have 80 to 90% of the risk of developing C.O.P.D. They have a higher prevalence of lung function abnormalities, respiratory symptoms, and all forms of chronic obstructive airway disease. Cigarette smokers have a greater rate of decline in FEV₁. Only about 15% of cigarette smokers will develop clinically significant C.O.P.D (*American Thoracic Society, 1995*). It is important to identify the factors that determine why only 15% of smokers develop COPD; genetic factors are sought. A polymorphism in the gene for the enzyme microsomal epoxide hydrolase responsible for the metabolism of reactive epoxide intermediates which may be generated in tobacco smoke has been