

Core outcome set for pulmonary rehabilitation of patients with COPD

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PROPOSITIONS

belonging to the dissertation

Core outcome set for pulmonary rehabilitation of patients with COPD

Sara Souto-Miranda, 16 June 2023

1. Pulmonary rehabilitation trials for COPD exhibit significant outcome and instrument heterogeneity, hindering evidence synthesis and comparability (*This dissertation*)
2. A cut-off of 19.5 repetitions in the one-minute sit-to-stand test discriminates effectively between COPD individuals with or without functional impairment (*This dissertation*)
3. Using the six-minute walk test and the one-minute sit-to-stand tests interchangeably can lead to a misclassification of PR responses (*This dissertation*)
4. Presence of treatable traits at baseline augments the likelihood of a favourable response to pulmonary rehabilitation by a magnitude of 4 to 20-fold (*This dissertation*)
5. Dyspnoea, exercise capacity, fatigue, health-related quality of life, health behaviours/lifestyle, knowledge about the disease, lower limb muscle function, personal goals, and problematic activities of daily living are essential pulmonary rehabilitation outcomes that should be consistently measured and reported (*This dissertation*)
6. The core outcome set derived from this dissertation, serves as a valuable tool for enhancing study comparability and improving the quality of pulmonary rehabilitation programmes, benefiting multiple stakeholders (*Impact for science and society*)
7. By 2030, 75% of studies should include a patient-centred outcome as a primary outcome (*Stolz et al. The Lancet*)
8. A multidimensional outcome assessment needs to be considered to study the efficacy of pulmonary rehabilitation services in patients with COPD (*Spruit et. al Eur Respir J 2015*)
9. Active patient engagement in research and guidelines can greatly enhance the quality and impact of projects (*Chalmers et. al Breathe 2017*)
10. No intelligent idea can gain general acceptance unless some stupidity is mixed in with it (*Fernando Pessoa*)