

Self-management effective for chronic obstructive pulmonary disease

Clinical question	Do self-management interventions in chronic obstructive pulmonary disease (COPD) lead to improved health outcomes and/or reduced healthcare utilisation?
Bottom line	Self-management interventions in patients with COPD were associated with improved health-related quality of life as measured by the St George's Respiratory Questionnaire, a reduction in respiratory-related hospital admissions and improvement in dyspnoea as measured by the modified Medical Research Council Scale. Over 1 year of follow-up, the NNT* to prevent respiratory-related hospital admissions ranged from 8 (high baseline risk) to 20 (low baseline risk). No statistically significant differences were found in other outcome parameters (all-cause hospitalisation, mortality, exercise capacity). <i>*NNT = number needed to treat to benefit 1 individual</i>
Caveat	It was not possible to pool head-to-head trials because of heterogeneity among interventions, study populations, follow-up time and outcome measures. Hospital-based and rehabilitation centre-based rehabilitation programmes were excluded because self-management often is only a minor part of these very intensive programmes.
Context	Self-management interventions help patients with COPD acquire and practise the skills they need to carry out disease-specific medical regimens, guide changes in health behaviour and provide emotional support to enable patients to control their disease.
Cochrane Systematic Review	Zwerink M et al. Self management for patients with chronic obstructive pulmonary disease. Cochrane Reviews, 2014, Issue 3. Art. No.: CD002990.DOI: 10.1002/14651858. CD002990.pub3. This review contains 29 studies involving 3688 participants.
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[References]

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