

Lung conditions



What are lung conditions?

There are many lung conditions including but not limited to: chronic obstructive pulmonary disease (COPD), lung cancer, asthma, bronchiectasis, interstitial lung diseases, pleural mesothelioma, cystic fibrosis and pulmonary arterial hypertension (PAH).

How does exercise help lung conditions?

People who have a chronic lung disease often find it difficult to stay active due to feelings of breathlessness and fatigue, even with low intensity physical activity. Inactivity leads to deconditioning, worsening breathlessness and further inactivity – a vicious cycle.

By exercising and being active, people with lung conditions can break this cycle, increasing their fitness and muscle strength. This helps to improve symptoms and make being active feel easier. Importantly, people who stay active can reduce their risk of future hospital admissions.

People with lung conditions should aim to meet the recommendations for physical activity and sedentary behaviour. That is, 150 minutes of physical activity per week, while breaking up prolonged periods of sitting or lying time.

Whole body aerobic exercise like walking or cycling are important aspects of an exercise program for respiratory health and should be combined with resistance-based exercise. Care should be taken to carefully progress upper limb exercises, as these can be difficult for people with lung conditions.

Things to remember

- **Inspiratory muscle weakness** can be a contributor to exercise intolerance and breathlessness in people with chronic lung disease. Inspiratory muscle training can help to increase the strength and endurance of inspiratory muscles. This involves breathing through a specialised device, which applies a pre-set level of resistance to inspiration. Around 15 minutes is recommended, taking rest breaks when needed. Inspiratory muscle training can be particularly helpful for people who find traditional exercise difficult. Inspiratory muscle training can be a bridge to more traditional exercise training.
- **Oxyhemoglobin desaturation** might be experienced during exercise, therefore, assessment with pulse oximetry is recommended for initial exercise training. Depending on the level of oxygen saturation, supplemental oxygen therapy may be required during exercise. In the absence of prescribed supplemental oxygen therapy, interval training or cycling can help to prevent oxygen desaturation during exercise.
- **Inhaled medication prior to exercise** should always be taken. For people with asthma (particularly those with exercise-induced bronchoconstriction), it is recommended to take their reliever inhaler, e.g., Ventolin, 15-minutes prior to starting exercise. This helps to open up the airways and prevent bronchoconstriction during exercise.
- **Breathlessness can be distressing**, in the event that someone experiences high levels of breathlessness, leaning forward and resting the forearms on a bench or the back of a chair can help to support the muscles of breathing and reduce breathlessness.

What type of exercise is best for patients with lung conditions?

Exercise Right recommends intermittent exercise at a low intensity. This could include simple exercises such as walking or cycling. Use your breathlessness (or other symptoms) as a guide. If you feel too breathless, take a rest, and then recommence with the activity when you feel your symptoms have recovered. The aim is to increase how long you can exercise for before needing to take a break.

Always seek professional advice from an Accredited Exercise Physiologist. Find one here: www.essa.org.au/find-aep