MODIFICĂRI ALE COMPOZIȚIEI CORPORALE LA PACIENȚII CU MUCOVISCIDOZĂ, DUPĂ PROGRAME COMPLEXE DE KINETOTERAPIE RESPIRATORIE

CHANGES OF BODY COMPOSITION IN PATIENS WITH CYSTIC FIBRROSIS AFTER A COMPLEX PHYSIOTHERAPY PROGRAM

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Key words: *cystic fibrosis, physiotherapy, body composition*

Abstract. Treatment of lung problems remain the major difficulty in cystic fibrosis (CF) treatment, but the quality of life of CF patients depends on several factors including: nutritional status, physical and social functioning, emotional responses, interpersonal relationships and body image. Aim. The purpose of this study is to improve the body composition of patients with cystic fibrosis through a new and complex strategy: individualized exercise training programme, chest physiotherapy and incentive therapy. Methods. This study was conducted in the Romanian National CF Centre in 2008-2011, and the study lot was represented by a number of 20 patients, aged between 12 years and 21 years. The evaluation consisted in the assessment of body composition at the beginning of the study and after 6 months, with help of In-Body 720 multyfrequency the bioimpedance device. All CF patients from the follow an supervised rehabilitation study programme of 3 weeks consisted in individualized exercise training programme, chest physiotherapy incentive therapy. The rehabilitation and programme was conducted by 4 physical therapists under supervision of a medical doctor and included: classic daily physiotherapy techniques of clearing (5 times a week); individualized exercise programmes (3 times a week); incentive therapy (3 times a week using TrainAir system).

Cuvinte cheie: *mucoviscidoză, kinetoterapie, compoziție corporală.*

Rezumat. Suferinta pulmonară reprezintă principala cauză de morbiditate și mortalitate și impune un tratament adecvat, dar calitatea vieții pacienților cu mucoviscidoză depinde și de: statusul nutrițional, funcția socială și fizică, răspunsurile emoționale, relațiile interpersonale și imaginea corporală. Scop. Scopul studiului este de a îmbunătăți compoziția corporală la pacienții cu mucoviscidoză printr-o stategie complexă ce presupune: fizioterapie respiratorie, antrenament fizic individualizat și terapie incitativă. Material și Metodă. Studiul s-a desfăsurat la Centrul Național de Mucoviscidoză din Timișoara, în perioada 2010-2011 și a cuprins 20 de pacienți cu vârsta între 12-21 de ani. Evaluarea rezultatelor s-a realizat cu bioimpedanometriei ajutorul (In-Body 720). Tratamentul a constat în ședinte zilnice de fizioterapie respiratorie (de 5 ori pe săptămână), programe individualizate de antrenament (de 3 ori pe săptămână) și terapie incitativă (de 3 ori pe săptămână, cu ajutorul Sistemului TrainAir). Rezultate și discuții. Combinând cele trei tehnici moderne de fizioterapie am observat îmbunătățirea statusului clinic cu o creștere a nivelului de fitness și o ameliorare semnificativă a compoziției corporale: cresterea greutății: (de la 44.84±16.06 Kg la 46.23±16.38 Kg, p=0.0023) și a masei musculare scheletale (de la 20.23±7.23 Kg la 22.03±7.28 Kg, p=0.0002). Concluzii. Optimizarea compoziției corporale se poate realiza prin asocierea tehnicilor de kinetoterapie respiratorie, terapie incitativă și antrenament fizic individualizat.

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Background

Treatment of lung problems remain the major difficulty in cystic fibrosis (CF) treatment, but the quality of life of CF patients depends on several factors including: nutritional status, physical and social functioning, emotional responses, interpersonal relationships and body image.(1-3) Body composition is an important component of nutritional and fitness assessment in cystic fibrosis and is corelated with quality of life of those patients. Several studies showed that cystic patients have a low body mass index and impaired lean body mass.(4)

Aim

The purpose of this study is to improve the body composition of patients with cystic fibrosis through a new and complex strategy: individualized exercise training programme, chest physiotherapy and incentive therapy.

Methods

This study was conducted in the Romanian National CF Centre in 2008-2011, and the study lot was represented by a number of 20 patients, aged between 12 years and 21 years.

The evaluation consisted in the assessment of body composition at the beginning of the study and after 6 months, with the help of In-Body 720 multyfrequency bioimpedance device. An example of the parameters obtained after body composition evaluation in a CF patient from the study is presented in Figure 1.

All CF patients from the study follow an supervised rehabilitation programme of 3 weeks consisted in individualized exercise training programme, chest physiotherapy and incentive therapy. The rehabilitation programme was conducted by 4 physical therapists under supervision of a medical doctor and included: classic daily physiotherapy techniques of clearing (5 times a week); individualized exercise programmes (3 times a week) - Figure 2; incentive therapy (3 times a week using TrainAir system) - Figure 3.

AR Body Composit	ion Analy		164 cm Fema				No.	
Compartments	Values	Total Body Wate	er Soft Lean Mass	Fat Free Mass	Weight	Normal Range	Visceral Fat Area	
ICW Intracellular Water (f) ECW Extracellular Water (f)	24.0 14.3	38.3	49.3			18.3~22.3 11.2~13.6	250 200-	
Protein (kg)	10.4		49.3	52.3	92.4	7.9~ 9.7	150-	
Mineral (kg)	3.61	osseous:	2.98			2.73~3.33	100	
Body Fat Mass (kg)	40.1			5 A.4.	eral is estimated.	11.6~18.5		Down-
Muscle - Fat An		Manual					20 40	60 80 years
Weight	Under	Normal 85 100	115 130 14	Over	UNIT:%	Normal Range	Nutritional Evaluat Protein Normal	ion Deficient
S M M	70 80	90 100	115 130 14 110 120 13	92.4	190 205	49.1~66.5	Mineral Normal	Deficient
Skeletal Muscle Mass (kg)		STANDOORSESSE (Respec	29.3			22.0~27.0	Fat Normal Weight Managemen	Deficient Exces
Body Fat Mass (kg)	40 60	80 100	160 220 28	o 340 400	460 520 0.1	11.6~18.5	Weight Normal	Under Over
Obesity Diagno	Under	Normal	-	Over		Normal Range	SMM Normal Strong	ng Under
Body Mass Index (kg/m²)	10 15	18.5 27.5	25 30 35	40 45 34.4	50 55	18.5~25.0	Obesity Diagnosis	
PBF (%)	l 13	18 23	28 33 38		53 58	18.0~28.0	B M I Normal	Under Over
W H R	0.65 0.70	0.75 0.80	0.85 0.90 0.9		1.10 1.15	0.75~0.85	PBF Normal WHR Normal	Obese Extre Obese Extre
Lean Balance		Lean m	Lean/Ideal Lean x10	20.0%)		0.75~0.85		Obese Obese
	Under	Normal	Over		mental Edema	Edema	Body Balance Upper Balanced	Slightly Extrem
Right Arm (kg)	40 60	80 100	120 140 16 2.	82 180	0.330 0.376	ECF/TBF ECW/TBW	Lower Balanced	Unbalanced Unbala Slightly Unbalanced Unbala Slightly Unbalanced Unbala
Left Arm	40 60	elo 100	120 140 16	0 180		0.41 - 0.46	Body Strength	Unbalanced 🖵 Unbala
(kg)			126.1		0.330 0.377	0.38 - 0.43	Lower	
Trunk (kg)	70 elo	90 100 98	110 120 13 23.5		0.326 0.372	0.33 - 0.38	Muscle	
Right Leg	70 80	90 100	110 120 13			0.28 - 0.33	Health Diagnosis	
(kg)	nin and an and a state of the state	BANGKARARA (BANK)	104.8	(0.329 0.376	0.25 - 0.30	Body Water Normal Edema Normal	Under Slight Edema Edem
Left Leg (kg)	% \$0	90 100	110 120 13		0.328 0.374	0.327 0.374	Life Pattern Normal	Alert Risky Highly Risky
		Contraction of the second	102.6		1	0.34/ 0.3/4	Weight Control	
Body Composition History Additional Data (Normal Range)							Target Weight	68.0 kg
DATE / TIME Weight SMM Fat Score ECW/TBW Obesity Degree=159% 90 ~ 110						Weight Control	-24.4 kg	
08/10/31 19:17	92.4 29.3	40.1 63		C M = 34.4 k M C = 2.98 k		2 ~ 32.0	Fat Control	-24.4 kg
			B M R = 1500kcal 1753 ~ 2060				Muscle Control	0.0 kg
			A C = 37.5cm A M C = 27.5cm				Fitness Score Impedance	63 Points
							Z RA L 1kHz: 349.6 35 5kHz: 343.6 34 50kHz: 307.3 31 250kHz: 266.4 27 1MHz: 257.4 26 Xc 5kHz: 13.6 12	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$

Figure 1. Example of the parameters obtained after body composition evaluation in a CF patient from the study using the multyfrequency bioimpedance device In-Body 720.

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Figure 2. Individualized exercise training of CF patients from the study

The Airway Clearance Techniques used during the rehabilitation programme were: Active Cycle of Technical Breathing, Autogenic Drainage, Positive Expiratory Pressure, Bottle PEP, Flutter therapy, RC Cornet, Huff and coughing, High Chest Wall Oscillating and Modified Postural Drainage.

TrainAir[®] is the high-tech training aid which can improve fitness and increase exercise capacity, and is suitable for people of all ages and abilities. This kind of therapy is named incentive technique.

TrainAir is the high-tech respiratory muscle training aid which can increase exercise capacity and give better breath strength. During a Training Session, the exercise will be repeated many times with the Sustained Maximum Inspiratory Pressure at 80% of maximum, with timed rest periods between exercises.



Figure 3. Incentive therapy using TrainAir computerised system



Figure 4. Positive expiratory pressure with Flutter device

Because the patients from the study are cooming to Romanian National CF Centre from diferent Romanian countys we trained them and their caregivers in order to continue to performe a home-based rehabilitation programme with the aim of improving body composition and life quality. Therefore, all CF patients were encouraged to: participate in aerobic activities (walking, jogging, cycling, swimming and anaerobic activities: sprints, weight training and games), use Airway Clearance Techniques and respiratory muscle training devices (Flow-ball and Powerbreathe Medic, TrainAir device)

In order to rich our purpose regarding the body composition the subjects benefit by general dietary recommendations (increase caloric, protein, liquids and minerals intake).

Results and discussions

After performing the 6 months complex rehabilitation programme (3 weeks inpatient and 23 outpatient) we observed improvement in clinical respiratory status of CF patients, a higher fitness level (subjective assessed by interview the patients about performing the daily living activities) and significant improvements of body composition. (Table I, Figure 5).

Parameters	Baseline	6 months	P value
Weight (Kg)	44.84±16.06	46.23±16.38	p=0.0023
Skeletal muscle mass (Kg)	20.23±7.27	22.03±7.28	p=0.0002
Extracellular water (l)	10.60±3.274	11.47±3.478)	ns
Intracellular water (l)	17.08±5.55	17.82±6.59	Ns

Table I. Body composition improvements after 6 months of rehabilitation

The values are presented as mean \pm standard deviation.

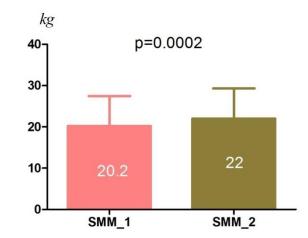


Figure 5. Skeletal muscle mass evolution after 6 months of intervention. The values are presented as mean with standard deviation. SMM: skeletal muscle mass at baseline (SMM_1) and after 6 months of rehabilitation (SMM_2)

Even body water of patients were not improving significantly, it shows an improvement of liquids and mineral intake of patients. This will bring major improvements in facilitating the airway clearance and pancreatic exocrine function. Patients with chronic lung disease, as cystic fibrosis, productive of sputum were encouraged to drink a large amount of liquids. This facilitated the sputum production and enhanced fitness capacity. (Figure 6-7).

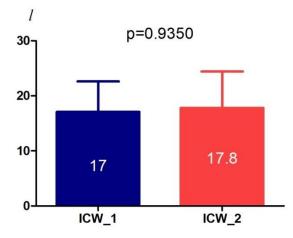


Figure 6. Intracellular water evolution after 6 months of intervention. The values are presented as mean with standard deviation. ICW: Intracellular water at baseline (ICW_1) and after 6 months of rehabilitation (ICW_2)

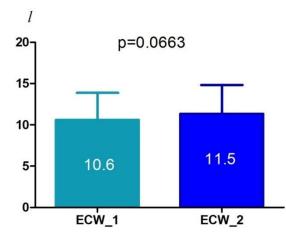


Figure 7. Extracellular water evolution after 6 months of intervention. The values are presented as mean with standard deviation. ICW: Extracellular water at baseline (ECW_1) and after 6 months of rehabilitation (ECW_2)

Low level of extracellular water at baseline showed us that the majority of patients were acute dehydrated before, during and after the training.

Exercise promote the formation of the muscles, improve energy for activities of daily living and enhance the lung function. Nutritional supplements, balanced diet rich in calories, fat, proteins, vitamins and minerals is necessary in CF patients especially during effort. Researches shows that teenagers with CF drinks 50% less than healthy ones. We recommend at least 2.5 liters / day of high salted drinks. When the electrolytes are going down, CF patients don't feel the sensation of thirsty. We recommanded them to drink isotonic drinks before, during and after the trainings and to increase calories with 40 %.(5,6)

We realize that the increase of body mass and fitness level could be obtain through an adequate nutrition and supervised exercise trainings wich encourage good posture, avoid musculoskeletal complications and can increase endurance and allow a good small changes regarding body water.(4)

Conclusions

Nutritional status is a predictor of survival in patients with cystic fibrosis (CF).(7)

Combining airway clearance techniques, individualized physical activities and incentive techniques could optimize the body composition in patients with cystic fibrosis. This complex protocol of physiotherapy must be included in the daily program of any patient with cystic fibrosis and must be conducted by parents not only by physiotherapists in order to enhance the quality of life.

Physical exercise is just as important as aiway clearance therapy or chest therapy, but the adherence is higher. We can motivate CF teenagers, who are sometimes reluctant to physiotherapy techniques, to participate in sport activities and change the diet and hydration habits in order to improve the quality of life.

Funding acknowledgement: This study was supported by UEFISCDI, TE/cod 36, Nr. Contract. 13/09.08.2010

References

- 1. Popa I, Popa Z, (1998) Fibroza Chistica. Editura Viata Româneasca.
- 2. Hill C.M. (1998) Practical Guidelines for Cystic Fibrosis Care, Churchill Livingstone
- 3. Pryor J.A., Webber B.A.(1992) Physiotherapy for cystic fibrosis: which techniques? *Physiotherapy*, 78:105-108.
- 4. Physiotherapy Short Course (2009-2010-2011), IPG/ CF.

- 5. Brenda Button, Jean Chevaillier (2008): Airway Clearance Techniques, 31st European Cystic Fibrosis Conference, Prague.
- 6. Zach MS. Lung disease in cystic fibrosis an updated concept. Pediatric Pulmonology; 1990; 8(3):188–202.
- 7. Davis, PB, Drumm, M, Konstan, MW (1996) Cystic fibrosis. Am J Respir Crit Care Med 154, 1229-1256.