

# REHABCOVID - Organisation of respiratory rehabilitation in post-COVID-19 patients with sequelae. Evaluation and therapeutic indication for remote rehabilitation vs. conventional rehabilitation.

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## Général

### Identification

Nom détaillé Organisation of respiratory rehabilitation in post-COVID-19 patients with sequelae. Evaluation and therapeutic indication for remote rehabilitation vs. conventional rehabilitation.

Sigle ou acronyme REHABCOVID

### Thématiques générales

Domaine médical Pneumology

Etude en lien avec la Covid-19 Yes

### Responsable(s) scientifique(s)

Nom du responsable Vallier

Prénom Jean-Marc

### Collaborations

### Financements

### Gouvernance de la base de données

Organisation(s) responsable(s) ou promoteur Toulon Intermunicipal Hospital - La Seyne sur Mer

Statut de l'organisation Secteur Public

### Contact(s) supplémentaire(s)

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## Caractéristiques

Type de base de données

## Objectif de la base de données

## Objectif principal

Compare the efficacy of two respiratory rehabilitation methods on patient physical capacity: a 4-week remote respiratory rehabilitation (RRR) programme vs. a conventional respiratory rehabilitation (RR) programme, for reducing sequelae present in post-COVID-19 patients.

## Critères d'inclusion

1. Subjects aged over 18 years.
2. Subjects having contracted COVID-19 determined by a positive RT-PCR test and/or presence of antibodies.
3. Subjects having received a medical prescription for respiratory rehabilitation.
4. Subjects equipped with the necessary computer equipment and network coverage for videoconferencing.
5. Subjects with at least one of the following post-COVID-19 sequelae:
  - Dyspnoea at rest or on exertion measured using the mMRC (modified Medical Research Council) scale, with a score greater than or equal to 2. (Vestbo et al., 2013)
  - Hyperventilation measured using the Nijmegen questionnaire, with a score greater than or equal to 23/64 (Van Dixhoorn and Duivenvoorden, 1985; Sauty and Prosper, 2008)
  - Exercise intolerance measured using the 1 min-STS (1-minute sit-to-stand test) according to the standards based on age and gender, established by Strassmann et al. (2013).
  - Abnormal fatigue measured using the MFI-20 (Multidimensional Fatigue Inventory), French-language version validated by Gentile et al. (2003) according to the standards based on age and gender, established by Schwarz et al. (2003).
  - Anxiety and depression status measured using the HADS (Hospital Anxiety and Depression scale), French-language version validated by Roberge et al. (2013) according to the standards based on age and gender, established by Bocéréan and Ducret (2014)
6. Registered with or a beneficiary of a social security scheme.

## Type de population

## Age

Adulthood (19 to 24 years)  
Adulthood (25 to 44 years)  
Adulthood (45 to 64 years)

Elderly (65 to 79 years)  
Great age (80 years and more)

Population concernée Sick population

Pathologie X - Diseases of the respiratory system

Sexe Male  
Woman

Champ géographique Regional

Régions concernées par la base de données Provence - Alpes - Côte d'Azur

## Collecte

Dates

Taille de la base de données

Taille de la base de données (en nombre d'individus) < 500 individuals

Détail du nombre d'individus 118 subjects (59 patients in the RR group and 59 patients in the RRR group)

## Données

Type de données recueillies Clinical data  
Declarative data  
Paraclinical data

## Modalités

Pathologie suivies

## Valorisation et accès

Valorisation et accès

Accès