

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

Head :Vallier Jean-Marc

Last update : 04/23/2021 | Version : 1 | ID : 73830

General

Identification

Detailed name	Organisation of respiratory rehabilitation in post-COVID-19 patients with sequelae. Evaluation and therapeutic indication for remote rehabilitation vs. conventional rehabilitation.
Sign or acronym	REHABCOVID

General Aspects

Medical area	Pneumology
--------------	------------

Study in connection with Covid-19	Yes
-----------------------------------	-----

Scientific investigator(s) (Contact)

Name of the director	Vallier
----------------------	---------

Surname	Jean-Marc
---------	-----------

Collaborations

Funding

Governance of the database

Sponsor(s) or organisation(s) responsible	Toulon Intermunicipal Hospital - La Seyne sur Mer
---	---

Organisation status	Public
---------------------	--------

Additional contact

Email	ASMAA.JOBIC@ch-toulon.fr
-------	--------------------------

Main features

Type of database

Database objective

Main objective

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.

Inclusion criteria

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 Boc er an and Ducret (2014)
6. Registered with or a beneficiary of a social security scheme.

Population type

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 covered Sick population

Pathology X - Diseases of the respiratory system

Gender Male
Woman

Geography area Regional

French regions covered by the database Provence - Alpes - Côte d'Azur

Data collection

Dates

Size of the database

Size of the database (number of individuals) < 500 individuals

Details of the number of individuals 118 subjects (59 patients in the RR group and 59 patients in the RRR group)

Data

Type of data collected Clinical data
Declarative data
Paraclinical data

Procedures

Followed pathology

Promotion and access

Promotion

Access