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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| 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 | |
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| Main features | |
| Type of database | |

Others

| 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 | Subjects aged over 18 years. Subjects having contracted COVID-19 determined by a positive RT-PCR test and/or presence of antibodies. Subjects having received a medical prescription for respiratory rehabilitation. Subjects equipped with the necessary computer equipment and network coverage for videoconferencing. 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) Registered with or a beneficiary of a social security scheme. |
| Population type | |
| Age | Adulthood (19 to 24 years) |

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 | |