PHYSICAL ACTIVITY IS IMPORTANT IN PATIENTS WITH COPD

Boehringer Ingelheim

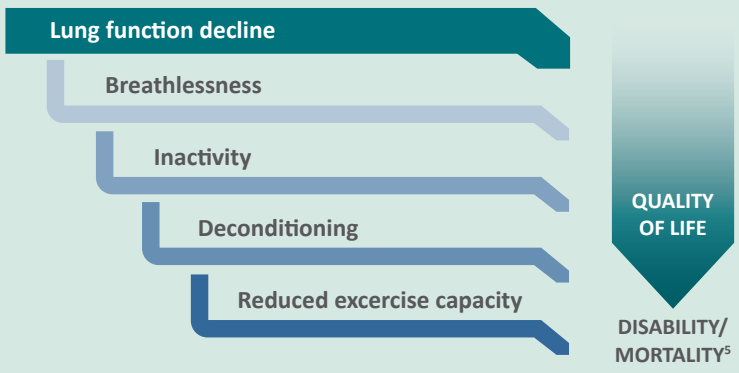
Activity-related breathlessness is a characteristic feature of Chronic Obstructive Pulmonary Disease (COPD)

Over 80% of patients with COPD report breathlessness, which may be moderate-to-severe in around half of patients[1]

Breathlessness during physical activity is experienced by the majority of patients living with COPD[2]

Breathlessness begins early - patients with GOLD stage 1 and 2 COPD exhibit signs of breathlessness on exertion[3]

Breathlessness can lead to a downward spiral of increased inactivity and reduces quality of life[4]



Increased levels of physical inactivity are associated with:

Worsening of airway obstruction[5]

Increased likelihood of hospitalization (including readmission)[6,7]

Poorer health-related quality of life[8]

Increased mortality[9]

Improving physical activity levels is key to improving both the pulmonary and systemic manifestations of COPD

The GOLD 2019 Strategy recommends regular physical activity for patients with all severities of COPD, as part of pulmonary rehabilitation[10]

Approaches to improve physical activity include both pharmacological and non-pharmacological interventions[11]

Benefits of physical activity include:

- ✓ Increased inspiratoy capacity[12]
- ✓ Reduced breathlessness[8]
- ✓ Increased exercise tolerance[13]
- ✓ Improved quality of life[8]
- ✓ Reduced hospitalizations[7]
- ✓ Reduced all-cause mortality[14]

Clinical evidence on exercise tolerance of Tiotropium/Olodaterol (T/O)

OTIVATO®

T/O reduces breathlessness before, during and after activity compared with Tiotropium (T) after 6 weeks of treatment (8,5% *p<0,05)[15]

MORACTO® 1+2

T/O increases cycling endurance time compared with placebo after 6 weeks of treatment (17% *p<0,0001)[16]

PHYSACTO®

T/O ± physical activity increased exercise endurance time *vs.* placebo after 8 weeks of treatment as a primary endpoint (46% *p<0,001)[17]

TORRACTO®

Endurance time during cycling test increased with T/O *vs.* placebo after 12 weeks of treatment (14% *p<0,021)[18]

Tiotropium/Olodaterol (T/O) trials have focused on major components of COPD, including hyperinflation, breathlessness and exercise capacity

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