



News Release

FOR RELEASE May 15, 2011, 4:45 p.m. MDT

FOR MORE INFORMATION, CONTACT:

Keely Savoie or Brian Kell

ksavoie@thoracic.org or bkell@thoracic.org

ATS Office 212-315-8620 or 212-315-6442 (until May 13)

Cell phones 917-860-5814 or 516-305-9251

ATS Press Room: 303-228-8473 (May 15-18)

Poster session time: 8:15-10:45 a.m. May 16

Location: Room 201-203 (Street Level), Colorado Convention Center

PRESS CONFERENCE: Sunday, May 15, 2011, 4:45 p.m. MDT

Vitamin D Improves Exercise Outcomes in Patients with COPD

ATS 2011, DENVER – Vitamin D supplements may help patients with chronic obstructive pulmonary disease (COPD) get more from their pulmonary rehabilitation programs, according to a study conducted by researchers from Belgium.

The study results will be presented at the ATS 2011 International Conference in Denver.

“Our study shows that high doses of vitamin D supplementation on top of a standard rehabilitation program improve the outcome in terms of exercise capacity and respiratory muscle strength,” said Miek Hornikx, physiotherapist and doctoral student in the department of pneumology at the Katholieke Universiteit Leuven in Leuven, Belgium.

Vitamin D deficiency is common among patients with COPD, and is often associated with lack of exposure to sunlight and diet. COPD patients also often have limited physical activity as a result of breathing difficulties associated with the disease, which also may result in less exposure to sunlight, Ms. Hornikx explained.

“COPD can be considered as a respiratory disease with important non-respiratory consequences, such as osteoporosis, cardiovascular disease and muscle weakness,” she said. “These consequences eventually will be negatively influenced by physical inactivity which, along with exercise intolerance, is a common feature among patients with COPD and is proven to be related to mortality.

“Low levels of vitamin D in the blood have been related with muscle weakness, a major target for respiratory rehabilitation and increased risk of falls,” she added “Since vitamin D is often depleted in patients with COPD, we wanted to see if vitamin D supplementation would have a beneficial effect on rehabilitation among these patients, perhaps by increasing muscle strength.”

The researchers enrolled 50 COPD patients with a history of exacerbations who had been referred for rehabilitation and randomly assigned them to receive either a monthly dose of vitamin D or placebo. Patients in the vitamin D group were given 100,000 IUs (international units) of vitamin D in their monthly dose; the U.S. recommended daily allowance of vitamin D is 600 IUs daily for adults up to age 70 and 800 IUs daily for adults over age 70.

All patients participated in a pulmonary rehabilitation program for three months. At the beginning of the study and again at the completion of the rehabilitation program, peripheral and respiratory muscle strength, exercise capacity and vitamin D levels were measured. Patients were also asked to complete a quality of life survey both before and after rehabilitation.

At the end of the study, researchers found that patients treated with vitamin D had a significant improvement in exercise capacity and respiratory muscle strength compared to those in the placebo group.

“These results support the idea that correcting vitamin D deficiency by adding vitamin D supplements to training programs allows COPD patients to achieve better results from rehabilitation, including improvements in muscle strength and exercise capacity,” Ms. Hornikx said.

Interestingly, despite significant improvements in exercise capacity in patients treated with vitamin D, those patients did not report a significant increase in health-related quality of life.

“This could be due to the fact that we had a relatively small number of patients included in this study, as well as to the relatively brief duration of the study,” Ms. Hornikx said. Future studies should focus on the specific mechanisms by which vitamin D affects patients with COPD, she added.

###

“Vitamin D Supplementation During Rehabilitation In Patients With Chronic Obstructive Pulmonary Disease: An Intervention Study” (Session B17, Monday, May 16, 8:15-10:45 a.m., Room 201-203 (Street Level), Colorado Convention Center; Abstract 17477)

** Please note that numbers in this release may differ slightly from those in the abstract. Many of these investigations are ongoing; the release represents the most up-to-date data available at press time.*

Abstract 17477

Vitamin D Supplementation During Rehabilitation In Patients With Chronic Obstructive Pulmonary Disease: An Intervention Study

Type: Scientific Abstract

Category: 15.05 - Pulmonary Rehabilitation: Outcomes (PR)

Authors: [M. Hornikx](#), A. Lehouck, C. Carremans, C. Mathieu, I. Muylaert, V. Barbier, I. Coosemans, H. Van Remoortel, M. Decramer, T. Troosters, W. Janssens; Katholieke Universiteit Leuven - Leuven/BE

Abstract Body

RATIONALE

Vitamin D (VitD) deficiency is highly prevalent in Chronic Obstructive Pulmonary Disease (COPD). Low circulating VitD levels have been associated with muscle weakness but only few intervention studies have been able to demonstrate significant benefits of VitD supplementation on skeletal muscle strength. Since muscle weakness, the major target for respiratory rehabilitation, is a common phenomenon in COPD, we explored the additional effect of VitD supplementation on rehabilitation.

METHODS

50 COPD patients with a history of exacerbations and referred for rehabilitation, were randomly assigned to either receiving a monthly dose of 100,000 IU VitD (Age 67±8 years; FEV1 46±17% predicted) or the placebo (Age 69±6 years; FEV1 40±10% predicted). All subjects participated in our pulmonary rehabilitation program for three months, where after all baseline measurements were repeated. Changes in peripheral (quadriceps force: QF) and respiratory muscle force (inspiratory muscle force: MIP; expiratory muscle force: Mep), functional (six minutes walking distance: 6MWD) and maximal exercise capacity (maximal oxygen consumption: VO2 max; maximal workload: Wmax), quality of life (Chronic Respiratory Disease Questionnaire item dyspnea: CRDQ_D) and the VitD level (25-hydroxyvitamin D: 25OHD) were assessed.

RESULTS

Both groups were matched for all anthropometric and baseline characteristics. Active treatment resulted in a significant increase of 25OHD (22,8±15,3 ng/ml (baseline) vs 53,8±15,6 ng/ml (3 months); p=0,000). (*Figure 1*) Compared to persons in the placebo group, patients receiving VitD had a larger improvement in VO2max (0,11±0,21 L/min in VitD vs -0,02±0,19 L/min in placebo; p=0,029) (*Figure 2*), Wmax (p=0,060), 6MWD (36±55 meter in VitD vs 11±74 meter in placebo; p=0,179), QF (15±16 Nm in VitD vs 6,8±19 Nm in placebo; p=0,121), Mip (-11±12 cmH2O in VitD vs 0±14 cmH2O; p=0,06), Mep (p=0,376), CRDQ_D (p=0,337). The small increase in FEV1 was similar in both groups (4,70±17,1% in VitD vs 2,61±23,8% in placebo; p=0,727).

CONCLUSIONS

Our data suggest that high doses of VitD may be applied as additional drug therapy in COPD patients during rehabilitation to improve outcomes. Furthermore our study supports the conduct of an adequately powered study further elucidating the mechanisms of VitD substitution on muscular function and exercise capacity in this setting.