INTRODUCTION

Lung cancer in Mexico is the main cause of death in men and fifth in women. Initially the course is asymptomatic, however, cough, dyspnea or chest pain must be considered. The aim of Pulmonary Rehabilitation (PR) is to enhance patient care by controlling symptoms in the physical, psychological and social aspects, as much in pre as in postoperative time, if necessary, and to achieve a meaningful and sustainable behaviour change.

METHODS

Inclusion criteria: lung or pleura cancer, with or without chemotherapy, radiotherapy or lung resection. As part of the program, a first evaluation was made which consisted of a 6MWT, SF-36 and St George questionnaires (SGQ) and it was applied the hospital anxiety and depression scale (HAD). Following this, patients started chest physiotherapy (CPT) including diaphragmatic breathing, pursed lip breathing and energy conservation techniques, 3 sessions minimum. If airway clearance was impaired, postural drainage, manual vibration and cough techniques were taught. Then physical conditioning began, 10 sessions minimum prior surgery. During postoperative, patient resumed CPT and 20 sessions of exercise. Eventually, the 6MWT and questionnaires above mentioned were applied. Statistics were performed later.

RESULTS

34 patients were included, only 10 completed the program. Initial 6MWT was 423±76m and final 505±82.5m (increasing 82m). SGQ improved 6 points in the activity component. SF-36 enhanced in physical role 28%, vitality 12% and general health 7%. HAD scale had a higher score but with no statistical significance. The finding about the causes of abandonment: 10 cases with early postoperative discharge, 9 were foreign and returned home, 3 became significantly worse, 1 could not complete it because of economics barriers and 1 died.

CONCLUSIONS

PR shows promise as a therapeutic intervention in the management of lung cancer regardless type of treatment. Its implementation is not the limiting factor but the late of referral or limited access because of unfamiliarity of benefits. Further strategies are needed to promote a long-term adherence and avoid desertion, as well as to make aware the specialists involved.