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**Title:** Outcomes of pulmonary rehabilitation according maintenance treatment in real life COPD patients

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**Body:** Pulmonary rehabilitation (PR) improves health status as well as exercise tolerance in symptomatic patients with chronic obstructive pulmonary disease (COPD). Maintenance bronchodilator (BD) therapy is recommended to improve symptoms and could enhance ability to train and augment benefits of PR. We aimed to evaluate if the modality of inhaled medication therapy could improve exercise tolerance and health-related quality of life (HRQL) in real life patients with COPD who were referred to PR. We compared HRQL (Saint George Respiratory Questionnaire; SGRQ) and six minute walk distance (6MWD) after PR according to maintenance treatment: no long-acting bronchodilators (N); long-acting  $\beta_2$ -adrenergic agonist or anticholinergic BD (LABD); combined treatment with long-acting  $\beta_2$ -agonist plus inhaled corticosteroid (dual therapy; DT); or DT plus long-acting anticholinergic BD (triple therapy; TT). All groups used short acting bronchodilators as needed. One hundred forty five COPD patients (64% males) who completed PR were retrospectively classified according their treatment. Twenty nine received no maintenance therapy (N), 16 LABD, 82 DT and 18 TT. They were  $64.5 \pm 8.8$  years old and showed a mean FEV<sub>1</sub> and FVC of  $42.6 \pm 18.2\%$  and  $65.7 \pm 21.5\%$  predicted, respectively. In the baseline test they walked  $393.5 \pm 94.9$ m. No difference was found related to baseline spirometric, 6MWD and SGRQ values. The whole sample presented significant improvements in total and specific domains of SGRQ ( $p < 0.05$ ) as well as 6MWD ( $53.1 \pm 65.7$ m;  $p < 0.01$ ) with no difference among treatment groups. In conclusion, in a real life cohort of COPD patients the specific maintenance therapy did not interfere in clinical PR outcomes.