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**Title:** Symptom experience in patients with COPD and their level of physical activity. Is there a good association?

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**Body:** Rationale Several instruments including physical activity monitors and questionnaires are used to assess the functional status in patients with COPD. The relation between objectively measured physical activity (PA) and questionnaires assessing functional status and symptoms is poorly studied. Methods 54 patients with COPD (age 66±7, FEV1 62±22% pred) were included. PA was assessed during 2 periods of 14 consecutive days in 6 weeks, by the dynaport movemonitor and actigraph. The amount of steps per day and movement intensity during walking (MI) were used for this analysis. Symptom experience was measured by the MRC scale for dyspnea (MRC), COPD Assessment Test (CAT), functionality subscale of the CCQ (CCQ-f) and the dyspnea subscale of the CRQ (CRQ-d), every 2 weeks. The correlations with PA were measured, both with and without inclusion of the weekends. Results The univariate correlations are shown in table1. All questionnaires were significantly correlated with both the steps per day and the MI. Excluding weekends did not increase the correlation between 'functional status' and steps per day and slightly enhanced the correlations with MI.

Table 1 Univariate correlations (p<0.05)

	steps/day		MI	
	WE incl	WE excl	WE incl	WE excl
MRC	r=-0,49	r=-0,50	r=-0,62	r=-0,64
CCQ-f	r=-0,44	r=-0,44	r=-0,47	r=-0,50
CRQ-d	r=0,44	r=0,44	r=0,45	r=0,47
CAT	r=-0,32	r=-0,32	r=-0,31	r=-0,34

WE incl= PA data including weekends, WE excl= PA data excluding weekends

Conclusion The symptoms experienced by the patients and functional status are only modestly related to the amount and intensity of PA. Interventions that improve symptoms may therefore not automatically result in enhanced physical activity levels.