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Title: Do illness beliefs predict depression and quality of life after pulmonary rehabilitation?

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Body: Introduction: Several studies have demonstrated the relevance of illness beliefs for health-related outcomes in chronic diseases. Patients form beliefs about possible causes, controllability and consequences. These illness beliefs are linked to anxiety, distress and coping strategies. Aim: Aim of this study was to examine the role of subjective illness beliefs in chronic obstructive pulmonary disease (COPD) patients on later depression and health-related quality of life after pulmonary rehabilitation (PR). Methods: 96 COPD inpatients (GOLD III/IV; 56 female; M=61.3 yrs+8.7) were tested for measures such as exercise capacity (6MWD) and forced expiratory volume in one second (FEV1 % pred.) before and after PR. Additionally, assessment of illness beliefs (Illness Perception Questionnaire-Revised (IPQ-R)), health-related quality of life (HRQL;SF36) and depressive symptoms (Hospital Anxiety and Depression Scale) was included. Results: Biomedical variables showed a significant improvement after PR: 6MWD 66 ±56m; p <.001 (admission 294 ±136m) and FEV1 +4.67 ±8.43% pred.; p <.05 (baseline FEV1 33.52 ±12.53% pred.). Results of hierarchical multiple regression analyses, after controlling for demographic variables and illness severity, indicated that COPD-patients' beliefs about their illness before PR predicted depressive symptoms (ß = .46; p <.001) and health-related quality of life (ß = .29; p <.05) after treatment. Conclusion: Patients' illness beliefs before PR strongly influence later health-related quality of life and depression. COPD-patients may benefit from interventions aimed at changing maladaptive illness beliefs to improve outcome of treatment.