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Title: A targeted intervention for depression initiated during pulmonary rehabilitation improves adherence to exercise, mood and dyspnea after acute exacerbation of COPD (AECOPD)

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Body: Co morbid depression can adversely impact quality of life in COPD and may contribute to failures in treatment adherence. AECOPD are often associated with disease progression, alterations in mood and advancing disability. Patients admitted to an inpatient rehabilitation facility after AECOPD and were screened for major depressive disorder (MDD) with the 17 item Hamilton Depression Scale (Score≥14) and the SCID/DSM-IV. Patients identified with MDD where then randomized to a Treatment as Usual group (TAU) or an intervention group focused on working with a care manager in the community after discharge (PID-C). Dyspnea was rated using the PFSDQ-M.

Exercise Performance at Interview 8 (weeks 26-28) p=.52

	Medications % Adherent	Exercise % Adherent	Dyspnea 28 weeks**	Dyspnea 52 weeks**
PID-C n=67	63*	71*	126.81***	120.92****
TUA n=71	50	62	154.39	167.18

*PID-C vs. TAU, p=ns;**post-hoc comparison of least square means after adjustment for multiple comparisons;****PID-C vs. TAU, p=.019;****PID-C vs. TAU, p=.002

The treatment's beneficial effect on dyspnea is particularly encouraging in this cohort of patients with advanced COPD, mortality=22.5% in 52 weeks with a propensity to neglect treatment because of physical discomfort, demoralization, and the high demands of their exercise program. The study’s findings are encouraging because they suggest that adherence enhancement is both feasible, effective and offers a greater reward in terms of decreased symptoms (dyspnea) when maintenance activity is coupled with the

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