

Letter to the Editor

# Self-Management Training in Chronic Obstructive Lung Disease Improves the Quality of Life

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Dear Editor,

The *Turkish Thoracic Journal* has recently published an interesting and much needed research article in volume 21, issue 4, page 266-73, 2020 by Betül Özdel Öztürk et al. "Self-Management Training in Chronic Obstructive Lung Disease Improves the Quality of Life."<sup>1</sup> I have read the article with great interest and gathered valuable information and congratulate the authors for this. The authors studied structured self-management training in patients with COPD and found that it improves the quality of life and reduces the symptoms of depression and anxiety in comparison to the control group. The authors highlighted the importance of self-management training in pulmonary rehabilitation through their research in patients with COPD, which is appreciable. However, there are some issues, which need clarification.

First, the sample size of the study sample was not calculated, which is important for deriving a meaningful conclusion. Less than optimum sample size may estimate effects or relations inaccurately and, an extremely large sample size may even lead to a loss in accuracy.<sup>2</sup>

The authors mentioned the study design as a prospective case-control study. However, the case-control study design is a type of observational study design that aids in evaluating associations between diseases and exposures.<sup>3</sup> The authors have mentioned in the abstract and later in the text that the patients were randomized into 2 groups: self-management training and standard care (control) groups. The self-management-training group was informed about the physical activity and chest physiotherapy by a single structured education session in the form of presenting and practicing workshop. A team of physiotherapists, psychologists, pulmonary disease specialists, and dietitians provided self-management training and biweekly counseling via phone. The authors studied the self-management training effect on the outcome variables pre-training and post-training and were compared with the control group. According to the study design, a study in which an intervention is deliberately introduced to observe its effects is an experimental study.<sup>4</sup> Thus, the study design has not been adequately reported by the authors. As education training has been delivered and then its effect is seen, the study seems to be an experimental study and, more precisely, a pre-test post-test control group design. Also, the randomization has been mentioned though not adequately defined, so the study could also be mentioned as randomized control trial.

Third, the *P* value is expressed as .000 in Tables 3, 4, and 5 for pre-training and post-training comparison of COPD assessment test (CAT) in self-management group, pre-training and post-training comparison of CAT in standard care group, and comparison of self-management training and standard care groups of SGRQ impact score respectively; which is not an appropriate way of expressing *P* value (though it is expressed as raw data in SPSS). Instead it should be expressed as <.0001).<sup>5</sup>

The study provides valuable information but highlighting the above-mentioned points will make it more acceptable and stronger.

## REFERENCES

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