Editorial Note

The times, they are a changing

With the increasing life expectation and population age due to medical progress and better general life conditions, including among others nutrition and housing, patients' clinical patterns are fast moving toward greater complexity, multi-morbidity, comorbidity and chronic criticality.[2] As a consequence health systems will have to face increasing burden and different approaches compared to the past.

At the same time in relatively few years Respiratory Rehabilitation has become a corner stone of comprehensive management of Chronic Obstructive Pulmonary Disease (COPD) and, with less but increasing evidence, of other respiratory and non respiratory diseases. The positive effects on symptom control, ability to cope with activity of daily life and on quality of life are unquestioned and we don't need any more randomised studies on these outcome measures in COPD patients. We need more studies on survival in COPD and on the other outcome indexes of diseases other than COPD.[3]

Nevertheless to face the above changes, the present mean skills and training processes are not enough any more. Also Rehabilitation clinicians and physiotherapists, while maintaining their present and historical skills, must change their approach and add new competences along these lines at least:

1. A comprehensive approach to the patients, moving from "disease-centered to "patient-centered paradigm of care.[4] This task requires by cares a cultural revolution and an effort to improve and enlarge personal knowledge. In other words we have to face a greater effort to improve skills and training involving at the same time deeper and wider fields of knowledge and intervention in diseases other than COPD and in patients with comorbididites with special attention to the most prevalent diseases in each country like TB.[5]
2. Greater ability in facing the needs of "chronically critical patients. This task requires skills in long-term critical conditions like the effects of the so called "ICU induced neuro-myopathy and related cognitive problems.[6]
3. A greater involvement in end-of-life and palliative care requiring abilities to be part of teams facing ethical issues. This task requires a new approach to diseases including a deeper involvement in empathy with patients in the frame of the religious habits and traditions of each society.[7]

"Nomina sunt consequential rerum ,[8] therefore in the light the above issues, we should not speak about "Pulmonary Rehabilitation anymore, but rather about "Rehabilitation of patients with (also) respiratory problems". In the present Issue of IJPMR several qualified authors deal with this new approach, reporting data on Rehabilitation in diseases other COPD, opening a window on the future developments of Rehabilitation.

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