# ANNUAL CHANGES IN AEROBIC FITNESS ARE BIASED BETWEEN NORMATIVE EQUATIONS IN CHILDREN AND ADOLESCENTS WITH CYSTIC FIBROSIS

O. W. Tomlinson<sup>1,2</sup>, A.R. Barker<sup>1</sup>, J. Trott<sup>2</sup>, P. J. Oades<sup>2</sup>, N. J. Withers<sup>2</sup>, & C. A. Williams<sup>1,2</sup>

1. Children's Health and Exercise Research Centre, Sport and Health Sciences, University of Exeter, Exeter, EX1 2LU, UNITED KINGDOM.

2. Royal Devon and Exeter NHS Foundation Trust Hospital, Exeter, EX2 5DW, UNITED KINGDOM.

## OBJECTIVE

Peak oxygen uptake (VO<sub>2peak</sub>) is an important prognostic parameter in CF. Three equations are recommended by the ECFS to characterise VO<sub>2peak</sub> as a percent of predicted ( $%_{Pred}$ ) – Jones (1985), Orenstein (1993) and Werkman (2014), with previous cross-sectional research showing poor agreement between equations. However, longitudinal agreement between equations is unknown and therefore explored in this analysis.

## **METHODS**

Two years of sequential cardiopulmonary exercise testing (CPET) data were retrospectively analysed in 18 children and adolescents (<18 years) with CF (11 male,  $13.9 \pm 2.2$  years). Agreement between equations in annual change in VO<sub>2peak</sub> (%<sub>Pred</sub>) was classified discretely based upon direction of change (i.e. increase/decrease). Only 4/18 patients were characterised using the Jones equation (requires age  $\geq$  15 years). All 18 patients were characterised using the Orenstein and Werkman equations (requires age <18 years).

### RESULTS

Absolute VO<sub>2peak</sub> increased by 0.19 L<sup>min<sup>-1</sup></sup> (p = 0.031), whereas VO<sub>2peak</sub> relative to body mass did not (0.31 mL·kg<sup>-1</sup>·min<sup>-1</sup>, p = 0.83) in the year between CPETs. Direction of VO<sub>2peak</sub> (%<sub>Pred</sub>) varied (mean ± SD, range): -2.2 ± 3.5 %, -0.2 to -7.5% (Jones); +2.2 ± 10.4 %, -17.3 to 21.3% (Orenstein); +1.2 ± 23.6 %, -33.7 to 77.5% (Werkman). Between the Jones and Orenstein equations, 100% of directional changes were in agreement (all reported reductions in VO<sub>2peak</sub>). Between the Jones and Werkman equations, 50% of directional changes were in agreement. Between the Werkman and Orenstein equations, there was 72% agreement.

### CONCLUSION

This analysis highlights discrepancies in characterising direction of annual changes in  $VO_{2peak}$  as  $%_{Pred}$  in children and adolescents with CF, which could impact upon treatment options if

 $VO_{2peak}$  is wrongly over- or under-estimated, dependent upon use of differing equations. Standardised reporting of CPET data is an imperative focus for CF teams and a single equation should therefore be selected for use.