Introduction
Respiratory diseases accounted for more than 15% of inpatient bed-days and constituted a big healthcare burden. “Chronic Lung Disease Empowerment Programme” is a service programme delivered by a multi-disciplinary team of respiratory nurses, pulmonologists and physiotherapists. Implemented since September 2013, the programme aims to enhance self-care capability, improve disease knowledge and hopefully reduce unnecessary healthcare utilizations.

Objectives
To evaluate the effectiveness of non-physiological parameters in the empowerment programme

Methodology
This is a prospective, pre- and post-intervention study conducted from August, 2013 to September, 2014. There are six consecutive 3-hour sessions, including both interactive educational workshops and exercise rehabilitation and covers: 1) General disease knowledge; 2) Pharmacotherapy and inhaler technique; 3) Smoking cessation; 4) Energy conservation skills, stress management intervention and oxygen therapy. 5) Exacerbation self-management concept, breathing retraining and bronchial hygiene; 6) Disease complications. Symptoms, spirometry, nutritional status, exercise tolerance, drug compliance, self-perceived exercise confidence and inhaler techniques would be reviewed during scheduled visits. Pre-program assessment was required to assess their knowledge before participation without provision of correct answers. The same test was provided immediately after the last session for re-evaluation, with more than 5 weeks after the first one.
Result
Thirty-three attended the programme with twenty-nine (88%) completed all six sessions. Four did not complete the second test. The majority was males (89.7%) and twenty-six (90%) were COPD patients. Twelve (41.1%) had major attacks within one month of the first attendance. Only 12 (41.1%) revealed satisfactory medication compliance in the first session, which improved to 86.7% after program completion (P=0.043). Twenty-two (75.9%) considered their nutritional status was “good”, but twenty-one (72.4%) were observed having imbalance diet after objective assessment. Nine (31%) were considered underweight with body mass index (BMI) less than 18.5. The mean self-perceived exercise confidence scores were 57.6 and 79.7 respectively before and after the program. (p=0.002). Having a normal BMI was an independent predictor of having better confidence in exercise. Besides having a significant improvement of inhaler skills after program completion (10.3% vs. 89.7%, p=0.001), there was also a significant improvement of mean disease knowledge score (1.86/5 vs. 4.79/5, p<0.05). The patient empowerment program revealed significant benefits in non-physiological parameters such as self-perceived exercise confidence, inhaler skills, disease knowledge and drug compliance.