Abstracts of papers presented at International Society for the Advancement of Respiratory Psychophysiology (ISARP). Inaugural meeting and 13th International Symposium on Respiratory Psychophysiology

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Edited by

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Introduction

The 13th International Symposium on Respiratory Psychophysiology, which marked the inaugural meeting of the International Society for the Advancement of Respiratory Psychophysiology (ISARP), was held at the Grand Seminaire de Saint-Flour, Saint Flour, France, September 25–28, 1994. The abstracts that follow reflect the broad range of topics presented by an interdisciplinary group of scientists and practitioners to an international interdisciplinary audience from diverse regions of the world (Australia, Canada, Cyprus, France, Germany, Israel, Moldavia, Netherlands, New Zealand, Russia, Sweden, United Kingdom and the United States). On behalf of the board of directors and the membership of ISARP, I wish to take this opportunity to thank Dr. Gila Benchetrit (Laboratoire de Physiologie, Faculte de Medicine de Grenoble, La Tronche, France) for her good work as program chair for this 1994 meeting.

The 14th International Symposium on Respiratory Psychophysiology and annual meeting of the International Society for the Advancement of Respiratory Psychophysiology will be held at the Royal York Hotel, Toronto, Canada, October 9–11, 1995. This meeting, which marks the first occasion for the symposium to be held in North America, will convene as a satellite conference to the 35th Annual Meeting of the Society for Psychophysiological Research (Royal York Hotel,

Toronto, Canada, October 11–15, 1995). The 1995 conference committee of ISARP invites submissions of papers, symposia, and workshops from researchers and clinicians concerning all aspects of breathing relevant to both basic and applied respiratory psychophysiology. Information regarding the preliminary program, registration, and guidelines for submissions should be addressed to Dr. Andrew Harper, Program Chair, Department of Psychology, University of North Carolina at Charlotte, Charlotte, NC 28223, USA (Tel: 704-547-4784; Fax: 704-547-3096; E Mail: ARHARVER@UNCCVM.UNCC.EDU).

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Abstracts

1. Lines, numbers and words in the scaling of dyspnea

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The use of psychometric scaling of the intensity of the sensation of dyspnea has become widespread in recent years and has helped in our understanding of both the neurophysiological basis of dyspnea and in the search for more effective therapeutic strategies in its clinical management. Currently, the two main techniques used for scaling dyspnea are the Visual Analogue Scale (VAS — a straight line the ends of which represent the extremes of dyspnea) and the Borg scale (a scale comprising verbal descriptors and numbers). The aim of the present study was to compare the utility of the essential components of these two scales in scaling dyspnea.

Nine healthy subjects performed stair climbs at three different levels (one, three and five flights). At the end of each climb, they were asked to scale the intensity of their breathlessness (dyspnea) using either a VAS, a simple number (between 0 and 10) or a verbal descriptor (based on those in the Borg scale).

Intensity levels were generally comparable across the different scales although at light intensity work (one flight of stairs) lower scores were obtained with the VAS compared to numbers and verbal descriptors. All scales were sensitive at detecting differences in the intensity of dyspnea reported at the different levels of exercise although the VAS performed better than the other scales in this respect.

This study shows that the intensity of dyspnea can be reliably scaled with the various types of scaling modalities and suggests that the use of simple numbers could prove valuable in a clinical setting.

2. VISURESP: A new device for pulmonary rehabilitation based on visual feedback

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This device is aimed to allow patients to practice ventilatory movements with the help of an intermittent visual feedback. The device includes a jacket, a signal processing system and a common PC.

Ventilatory movements are recorded using the principle of respiratory inductance plethysmography. A special sleeveless jacket is made of a material with a texture that