

**IPCRG presentations on respiratory diseases**

**COPD management and follow-up**

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# **Management of stable disease**

# Follow-up/monitoring

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How to  
reach  
treatment  
goals

- Assess and control COPD
- Control risk factors
- Treat stable COPD
- Treat exacerbations



## Manage Stable COPD: Key Points

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- Identification and reduction of exposure to risk factors are important steps in prevention and treatment.
- Individualized assessment of symptoms, airflow limitation, and future risk of exacerbations should be incorporated into the management strategy.
- All COPD patients benefit from rehabilitation and maintenance of physical activity.
- Pharmacologic therapy is used to reduce symptoms, reduce frequency and severity of exacerbations, and improve health status and exercise tolerance.



# Manage Stable COPD: Goals of Therapy

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- Relieve symptoms
  - Improve exercise tolerance
  - Improve health status
- } Reduce symptoms
- Prevent disease progression
  - Prevent and treat exacerbations
  - Reduce mortality
- } Reduce risk



# Global Strategy for Diagnosis, Management and Prevention of COPD

## Manage Stable COPD: All COPD Patients

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- Avoidance of risk factors
  - smoking cessation
  - reduction of indoor pollution
  - reduction of occupational exposure
- Influenza vaccination



# Global Strategy for Diagnosis, Management and Prevention of COPD

## Manage Stable COPD: Non-pharmacologic

Patient Group	Essential	Recommended	Depending on local guidelines
A	Smoking cessation (can include pharmacologic treatment)	Physical activity	Flu vaccination Pneumococcal vaccination
B, C, D	Smoking cessation (can include pharmacologic treatment) Pulmonary rehabilitation	Physical activity	Flu vaccination Pneumococcal vaccination

# Adequate tools for the clinical management of COPD in PHC

## IPCRG Users' Guide to COPD "Wellness" Tools

As well as being a lung disease, chronic obstructive pulmonary disease (COPD) is an illness with complications that are experienced in different ways by patients. There are over 80 tools that have been developed to measure different aspects of COPD. This users' guide reviews nine of the more than 42 tools that measure the illness or wellness experience of the patient with COPD. It includes tools that measure health status or quality of life as well as tools that measure COPD features such as dyspnoea and breathing problems.

### These criteria are:

1. **Validity/Reliability:** Does this tool have face and content validity – has it been shown to actually measure what it is designed to measure? Is it sufficiently reliable?
2. **Responsive:** Is it adequately responsive to changes in the patient's condition – does it indicate deterioration when the patient's condition deteriorates clinically?
3. **Primary Care Population:** Is it applicable to a primary care




























































Time to complete the tools was considered extremely important, and has been taken into consideration and incorporated in criterion four.

### Which tool to select?

Depending on which criterion is most important for your particular need at the time of choosing, the guide will assist your choice. We did not weight these criteria but you could do that. You are advised to read the notes at the bottom of the table before choosing your tool. With this guide our intention is to give suggestions but



# "Wellness in COPD" tool table/grid

KEY						
 Very poor	 Not good enough, if this criterion is important	 Good enough	 Recommended	 Highly recommended		
Tool/ Criteria	Validity/ Reliability	Responsive	Primary Care Population	Practical/ Easy to Administer	Tested in Practice	Other Languages
AQ20						
BPQ-5						
CARS						
CAT						
CCQ						
CRQ						
MRC-D						
RIQ-MON10						
SGRQ						



# Global Strategy for Diagnosis, Management and Prevention of COPD

## Manage Comorbidities

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COPD often coexists with other diseases (comorbidities) that may have a significant impact on prognosis. In general, presence of comorbidities should not alter COPD treatment and comorbidities should be treated as if the patient did not have COPD.



## Manage Comorbidities

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*Cardiovascular disease* (including ischemic heart disease, heart failure, atrial fibrillation, and hypertension) is a major comorbidity in COPD and probably both the most frequent and most important disease coexisting with COPD. Benefits of cardioselective beta-blocker treatment in heart failure outweigh potential risk even in patients with severe COPD.



# Global Strategy for Diagnosis, Management and Prevention of COPD

## Manage Comorbidities

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*Osteoporosis* and *anxiety/depression*: often under-diagnosed and associated with poor health status and prognosis.

*Lung cancer*: frequent in patients with COPD; the most frequent cause of death in patients with mild COPD.

*Serious infections*: respiratory infections are especially frequent.

*Metabolic syndrome* and manifest *diabetes*: more frequent in COPD and the latter is likely to impact on prognosis.

## Follow-up

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- Patients with COPD often visit for other co-morbid conditions
- Assess COPD status in every opportunity
- Organise the health care team to deal with COPD in different stages of the disease
- Involve the patient and his family in the management



# When to do follow-up?

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## CONSULTATIONS

Depending on the individual patient and the severity level

It should be adapted to the health care system or the health program in each setting

### Periodicity:

- Severe or unstable COPD: weekly or, at least, monthly
- Stable COPD: every 6 months or yearly
- After an exacerbation: more frequent appointments until a better control is reached

# Organise the health care team

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- Discuss within the team the types of organised responses to the patients' needs in different stages
  - Screening of patients at risk
  - From diagnosis to treatment
  - Follow-up
  - Dealing with exacerbations
  - Severe and terminal COPD
- Discuss the tasks and roles of team members for each stage



# Discuss and agree

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## **Appointments**

- ▶ How to organise?
- ▶ How often?
- ▶ Which tasks?
- ▶ Who does what?

## **How to coordinate**

- ▶ Locally
- ▶ With the referral hospital
- ▶ Where to perform spirometries?

## **Motivation**

- ▶ Indicators for respiratory conditions
- ▶ Guidelines
- ▶ One more structured consultation? When to do it?





*Thank you for your attention!*