Despite demonstrating its adaptability, some primary care has not been paid for virtual consultations. What's the story in your country?

Really delighted to hear Luke Clancy talk about clinical leadership on air pollution - from coal and tobacco smoke over the last 30 years in Ireland. So much to learn about how he influenced policy.

Luke Clancy
@Tfri2002

at #ipcrg2021 Irish pioneer and activist for improving air quality and better respiratory outcomes

@HSELive
In Ireland, and in no other country, in 1990 banned sale, distribution and marketing of bituminous coal; despite propaganda. Immediate and dramatic drop in air pollution.

Smoke free legislation in Ireland - ministerial courage - ban smoking in bars and restaurants in 2004

COVID challenges:
@Dr2NisreenAlwan

talking now about long COVID. Measurement challenges: relapsing nature, lack of lab confirmation, samples tend to be hospitalised patients so?representative. ONS: 7-18% prevalence depending on age in studied popn with at least 1 symptom at 12 wk
Way forward for #LongCovid - important to make it easy to get support ie not lab confirmation. Use physical assessment. Wise investigations to detect treatable conditions. Aim for equity.
Brian McKinstry on setting up early warning system for deteriorating patient with COVID-19 in community.

Components of Monitored System

- For 14 days Twice daily
  - Record symptoms
    - Breathlessness (none, at rest, on minimal effort, moderate effort)
    - Cough
    - Fever
  - Record signs
    - Resting and post exercise O2 saturation
    - Resting pulse
    - Temperature
  - Advice
    - Triggers clear advice to seek help when symptoms or signs show deterioration
- Ease of Use
  - Be provided on a variety of platforms
Immediate/short term health impacts of bushfire smoke in Australia

GP's and primary care in the fire areas - distressed patients with cough, respiratory tract irritation, wheeze and worsening symptoms

Role of salbutamol (OTC in Australia)

Recent systematic review\(^1\) - 9 studies with predominant pollution source as fires. All showed significant impact – most on the day of the event

- Increased COPD admissions or ED attendance (increased risk for 3 days in elderly)
- Increased asthma admissions or ED attendances (one study found highest risk estimate at 5 days post exposure)

Hilary Pinnock gives great overview of response in primary care to COVID19 - so much happened in such short length of time. Learning about what motivates clinicians, how to maintain routine care, role of teleconsulting, reorganisation of facilities. Pendulum not settled yet.
#IPCRG2021 Achieving cleaner air - Bush fires, Vehicle pollution, Passive tobacco inhalation
Striking images from Swedish patient. Guess what, people are people the world over - they contend with different health systems, but much experience of health, particularly during Covid19 is shared.
Anna Spathis illustrating Breathing Thinking Functioning model - a practical low cost approach to breathlessness. Really feels to have universal application

Terry (1)

- Aged 63; stage 3 COPD
- ’Panic’ walking along coast path
- Increasingly housebound, sleeping badly, drinking more alcohol
- Repeated hospital attendances, calling for an ambulance at night because of breathlessness
- Ongoing cylinder oxygen (2l/min) given after recent admission with chest infection

“I’m so frightened”
“I know there’s nothing anyone can do...”
London team describes #IPCRG2021 large scale changes for children with asthma. It's slow to change. General practice is key but incentive schemes haven't worked yet and not everyone has the right training, also in emergency departments.
Emergency attendance is a small moment in life of someone with #asthma but a really big opportunity to put people on right path of asthma control. Role to educate abs connect to right pathway Thanks Marina Garcia Pardo!
We are delighted to have senior figures from our Industry Partners, Robert Fogel Novartis, Angus Hamblin AZ & Dave Leather, GSK join us to discuss how we get Respiratory up the policy agenda & how we can generate primary care evidence.

@sian4health
Mar Martinez shows how IPCRG is using narrative, social media and visual messages to drive change to #asthmarightcare - part of our broad ranging approach to behaviour change as well as teach the teacher and e-learning.
#IPCRG2021 Children with Asthma Teach the Teacher programme spreading to train new teachers in all regions of Malaysia in Tier 2
Teach the Teacher reaching the frontline in Tier 3 #ipcrg2021
education coordinator Juliet McDonnell shows 22,000+ enrolments from primary care on our e-learning on difficult to manage asthma with @Medscape.

30k downloads of transcripts shows how we must continue to make education accessible to #primarycare in multiple languages & formats.
#IPCRG2021 Isabel Portela describes how primary care can be the place for diagnosis and management of sleep apnoea

3. FEASIBILITY OF THE DIAGNOSIS AT PRIMARY CARE SETTING?

An ideal system will provide specialty input, at the right time, in the right form.

"It is necessary to explore the cost-effectiveness relationship in management protocols where specialists and Primary Care physicians are involved."

María Ángeles Sánchez Quiroga.
Spanish pulmonologist
51st National Congress of SEPAR

10th IPCRG WORLD CONFERENCE
6-8 MAY

Scan the QR code to download the app or go to www.slides.com. Enter event code: ipcr2021 and select Stream 2.
And also interesting question about whether people who got early support are coping better post COVID than those who managed on own in community.

Maria Buxton reminding us of the importance of holistic assessment and ruling out other diagnoses in patients experiencing ongoing symptoms post covid. @IPCRG #IPCRG2021
Chronic Cough: message two

- You can find almost every cause of cough with **three** steps
- History (including meds), Physical and CXR
- Diff dx with normal CXR (>95%): Asthma, UACS, GERD or infection
- Reasonable to give trials of therapy
- Reassess and give patient hope, they are very frustrated!
#IPCRG2021 Great discussion between our primary care apnoea experts about how we get pathways right for patients by working with hospitalists and physiologists in an integrated way and no letting silos of care reduce value for populations
Reason to diagnose COPD - encourage physical activity even if hard to do currently with COVID-19 lockdowns.

@Boehringer

symposium at #IPCRG2021
Two types of microbiomes - non industrialised and industrialised. Important to consider both says Fergus Shanahan.

And in Irish Travellers three things that most influenced microbiome wasn’t diet but housing, sibling number and animals. Public health implications if people with nonindustrialised microbiome have lifestyle changes imposed on them.
ROUTINE REVIEW

Refer to secondary care
• 3 or more exacerbations per year.
• Presence of *P. aeruginosa*, *Non tuberculosis mycobacteria*
• Associate Co-morbidities such as Rh arthritis, *IBD*.
• Deteriorating lung function.
• Failure to normalize after acute attack

.. and what to do when someone with Bronchiectasis has an exacerbation
Liam O’Mahoney - people with severe asthma have different gut microbiome - less A. Muciniphila and also more histamine secreting bacteria. So harness knowledge. Need studies for these interventions.
Summary:

- AIT is safe and effective
- It is underused as a management strategy
- It is recommended in allergic rhinitis
- Indications for use in asthma are increasing
- Ultimately, AIT may diminish or prevent disease progression
The issue that the “natural step” in Finland needs to address. Learnt from Russian Karelia where same exposures are tolerated: continuous contact with biodiversity eg grow own vegetables. Improve diagnosis in short term and longer term. Education of primary care and public.
Nature step works and works fast!! Lot of hope.
... and don't expect them to cough up the sputum - expectoration not required for this diagnosis!

**When to suspect Bronchiectasis**

- CHRONIC PRODUCTIVE COUGH, esp with +ve sputum bacteriology
- Atypical 'asthma'
- Single +ve culture for an unusual micro-organism
  - St. aureus, Ps. aeruginosa, B. cepacia
- Previous specific infections
  - B. pertussis, Adenovirus serotypes 7, 14, 21
- Non-resolving pneumonia, persistent CXR changes, recurrent consolidation
- Persistent crackles
- Haemoptysis
- Severe oesophageal disease
- Localised bronchial obstruction
- FH of respiratory disease
Great to welcome Evelyn Brakema to tell the story of @FRESHAIRTeam funded by @EUhorizon2020 at #ipcrg2021.

Importance of context eg Kyrgyzstan lowland and highland household air pollution meant COPD almost 3x higher in highlands and more women. SETTING tool developed.
Peymane Adab at #IPCRG2021 thanks IPCRG for connecting the @unibirmingham team to our network for @BreatheWell_UoB

Learn more here https://ipcrg.org/breathewell @GlobalHealthRe2

Thanks to @NIHRglobal for funding
Discussing the real primary care challenge of preventing bronchiectasis end stage airway damage vs practising good antimicrobial stewardship. 1, 2 or 3 week productive cough may not need antibiotics or sputum samples but persistent productive coughs do.

Top notch panel discussion. Patients with the clinical syndrome of bronchiectasis and negative CT still need treatment - don’t wait until the airways dilate. Great to hear speakers getting passionate on this.

@IPCRG

#IPCRG #askingtrickyquestions
And finally in this session on IPCRG research at #ipcrg2021 Ee Ming Khoo describes the vision for @RESPIREGlobal and our role in stakeholder engagement, global governance and dissemination as well as linking to our member countries. Also thanks to @NIHRglobal. #proud
#copd treatment recommendations all based on two things: exacerbation risk based on number of exacerbations and symptom burden. These are the two things to ask about argues @ProfHurst in case discussion with @drdermot #IPCRG2021

Post discharge for #copd, how to review in primary care - vaccination up to date, please show me your inhaler and how you use it, check muscle mass and encourage activity (PR if available) plus smoking cessation argues @drdermot in case discussion at #ipcrg2021 with @ProfHurst

Because 20% of people who’ve had COPD exacerbation will die within one year so important to review and support. Subsequent exacerbations tend to come increasingly frequently so need to prevent argues @ProfHurst #IPCRG2021

Post discharge for #copd, how to review in primary care - vaccination up to date, please show me your inhaler and how you use it, check muscle mass and encourage activity (PR if available) plus smoking cessation argues @drdermot in case discussion at #ipcrg2021 with @ProfHurst

#ipcrg2021 #copd @ProfHurst says an exacerbation is the right time to step back and get the basics right, vaccinations, treating tobacco dependency, pulmonary rehabilitation.

Nutrition in #copd - worry most about those who are underweight - no muscle mass so don’t have reserve to get through the exacerbation. But no strong evidence yet for supplementation says @ProfHurst

We can all do Very Brief Advice - ask advise act - to support people who smoke with COPD to quit smoking. Highly evidence based says @ProfHurst #IPCRG2021 See IPCRG’s guidance https://t.co/Z8Cmwdqrre?amp=1

Message at #ipcrg2021 tobacco dependence session: offer tobacco dependent people a CHOICE of pharmacotherapy. Let’s get varenicline and cytisine onto @WHO

Essential Medicines List plus choice of NRT and bupropion. Lifesaving treatment must be affordable @sarah_rylance@Kamsid66

#IPCRG2021 #asthma diagnosis. It’s structured process. Take time. Seek objective evidence. Use LLN in spirometry. Record basis of diagnosis in records. Need national systems for objective testing - very varied globally. If don’t exist, what? Need studies on trial of preventer treatment

Stopping smoking not just good for physical health but also mental health says @DarushAttar #ipcrg2021

Who to prioritise for support with their tobacco dependence? Firstly know it’s very cost effective so increase investment! See our comparable NNTs https://ncbi.nlm.nih.gov/pmc/articles/PMC5466643/ People with long term conditions. People who are most dependent and where normalised as will have big impact

https://t.co/D6IXmO3yTK?amp=1

Another reason to add varenicline to @WHO EML: 11x more likely to stop if take full course of varenicline. Talk positively about side effects - take with food/water to avoid nausea, earlier to avoid sleep disturbance, dreams are vivid says @DarushAttar@sarah_rylance
reminded by @IoannaTsiligia1 at #IPCRG2021 that should consider multimorbidity not just comorbidities based on index condition of #copd. Guidelines don’t really address this. Need guidance on how to be holistic. See paper in press Also polypharmacy see https://ipcrg.org/dth10
#IPCRG2021 Fabulous discussion in the Current Challenges in Asthma Session. Thanks to our panel - Jaime CdeS, Richard Costello, @ljdaines, Bennie Reitsma & our IPCRG President, Janwillem Kocks. If you missed it, catch up on http://ipcrg2021.org
Miguel Roman reminds us of the desktop helper guiding you about right use of inhaled corticosteroids in COPD. See https://ipcrg.org/dth6
Questions that still need answers on #copd in primary care says Miguel Roman Rodriguez. #ipcrg2021. He gives his thoughts.
Do sign up for free and moderated MOOC for @RESPIREGlobal https://ipcrg.org/news-and-events/free-online-course-chronic-respiratory-diseases-crd-in-primary-care-settings starting 24 May for five weeks @WHO@sarah_rylance@GARDbreathe

Great reviews from first cohort!

https://t.co/boigEqLCUB?amp=1
Again at #ipcrg2021 privileged to have another erudite panel giving us the benefit of their expertise on the Current Thinking in COPD. Watch on catch-up http://ipcrg2021.org

More important than FEV1 is depression and anxiety on quality of life in #copd says @IoannaTsiligia1 yet we don’t look for it. Need to talk about this.
Matt Kearney showing important principles of NHS proactive care at home. Post COVID. stratification and management. Task shifting. Developed by GPs and pharmacists with patient and public insights. #IPCRG2021 @DrMattKearney
The UCLP Proactive Care Frameworks focus on 
The HOW of doing things differently

1. Comprehensive GP search tools to risk stratify patients
2. Pathways that prioritise patients for follow up, support remote delivery of care, and identify what elements of LTC care can be delivered by staff such as Health Care Assistants and link workers.
3. Scripts and protocols to guide Health Care Assistants and others in consultations.
4. Training for staff to deliver education, self-management support and brief interventions. Training includes health coaching and motivational interviewing.
5. Digital and other resources that support remote care and self care.
#asthma stratification to support delivery of care as services rerun post Covid. from DrMattKearney at @UCLPartners with focus on how to do it. Would they work in your country?

Look at the Swedish primary care #asthma and #copd set up and team! Also have longer consultations.
Great to see two of our long-standing Swedish GP colleagues Karin Lisspers and Kerstin Romberg explaining different roles of their asthma and COPD teams. #IPCRG2021 They have national primary care spirometry driving licence. Shows potential of well funded #primarycare
A structured approach to diagnosing childhood cough. Ask parents to bring an audio or video as they may not cough in the consult.

Chronic cough (>8 weeks)

- 40 children (5 - 12 yrs) with chronic cough (> 8 weeks duration) with no obvious cause who were referred by their primary care physicians.
- Extensive multispecialty workup that included pulmonary, GI, allergy, immunology, and otolaryngology testing.
- Response to treatment was quantified pre-treatment and 8 weeks after treatment by using a visual analog scale.
- GERD – 27%
- UACS (upper airway cough syndrome) – 23%
- Asthma – 13%
- Infection – 5%
- Aspiration – 2%
- Multiple etiologies – 20%

*Chest 2009; 134: 832-835*
Delighted to welcome new family medicine colleague from Saudi Dr Alia Zawawi. #IPCRG2021 High asthma prevalence. Using telemedicine in public and National Guard systems. Has integrated electronic health record in National Guard primary and secondary care, soon with MOH system.
Another global panel at #ipcrg2021 with contributions from Sweden, Ireland, Saudi Arabia & UK discussing models of care now and post-Covid19. If you missed it, view on at http://ipcrg2021.org

Health care assistants have key role in NCD management. Great resources are developed for patients by patient organisations. Role of HCA is to facilitate access to these good quality resources. Need training but doable says @DrMattKearney

Dr Ramasubramanian describing challenge to vaccinate India. Huge population. Clear plan for vaccination BUT didn’t expect extent of hesitancy even in health workers; have had supply problems; two vaccines with different intervals; overseas demand trumped national; new variants.

But many solutions. Improved supply. Fast track approvals. Technology transfer between private and public. Public health infrastructure working better. Still have to influence media to stop infodemic - biggest concern.

Dr Ramasubramanian describing challenge to vaccinate India. Huge population. Clear plan for vaccination BUT didn’t expect extent of hesitancy even in health workers; have had supply problems; two vaccines with different intervals; overseas demand trumped national; new variants.
Way Forwards...

• Vaccination –
  Target 5m/d
• Deploy broader mix of vaccines
• Ramp up manufacturing
• Address vaccine hesitancy
• Monitor, collate & transparently report AEFI
• NPI – Masks, social gathering, testing, surveillance
• Travel
• Schools & colleges
• Genome sequencing
• Strengthening health system
The Covid-19 Vaccinating the World Session at #IPCRG2021 brought together Karina Butler, @Azeem_Majeed & V Ramasubramanian for a wide ranging discussion on the challenge of vaccines. A session not to be missed http://www.ipcrg2021.org
Peter Cross advises don't treat the numbers - treat the patient.

@stonny999 #IPCRG2021 Should we use fixed ratio or lower limit of normal? We can over-diagnose older people and under-diagnose young people. We should look at both measures and think about the whole patient.
#IPCRG2021

Developing leadership skills in respiratory interested researchers and health professionals for system and policy change @RESPIREGlobal
#ipcrg2021 Check out Leadership school ePosters! https://api.ltb.io/show/BBYDQ #eposters via @LTBePosters
Blended Learning on COPD for GPs: A Feasibility Study in Bangladesh

Dr Md. Nazim Uzzaman
Clinical Trainer and GP, Bangladesh
RESPIRE Fellow, University of Edinburgh

https://twitter.com/hashtag/IPCRG2021?src=hashtag_click
Methods

- A household survey was conducted among 1438 (≥40 years) randomly selected individuals in a semiurban area of Pokhara Metropolitan City of Western Nepal.
- Participants were interviewed with a survey questionnaire, including COPD Population Screener.
- Trained enumerators conducted spirometry using a portable spirometer for the detection of COPD.
- COPD was defined by fixed ratio (FR) criteria (FEV₁/FVC<0.70 and symptoms) and lower limit of normal (LLN) criteria (FEV₁/FVC<LLN and symptoms).
Effect of pulmonary rehabilitation in COPD patients in a low resource setting in Sri Lanka: preliminary results

Sooiyakanthan M1, Wimalasekera SW2, Sivapalan K1, Selvaratnam G1, Sally Singh1, & Akila Jayamah1

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