

# IPCRG 10<sup>th</sup> World Conference – the best Tweets

#ipcr2021 Despite demonstrating its adaptability, some primary care has not been paid for virtual consultations. What's the story in your country?


LIVE

## Overall impact- Beyond PC, Covid-19 brought 5 relevant lessons for health policy & systems at large

- 1- The need to come to a full understanding of importance of primary care in responding to a pandemic and value **PC's power to swiftly adapt to circumstances** it had never before experienced while maintaining a strong rapport with local practice populations.
2. The importance to support professionals in primary care to cope with the stress and strains of working under conditions of a pandemic, through **balanced work** scheduling and **collaborative working** relationship in **defined geographical areas**.
3. It is essential to **protect primary care services** and to make sure that such services are provided to all those who need it.
4. COVID-19 experience stresses the importance of interaction between **PC, Secondary care & public health**.
5. Experiences collected during the COVID-19 pandemic should find their way into the **teaching and training** of health professionals. Responding to pandemics requires international collaborations, thus it would be appropriate that teaching and training programmes could also operate **in an international context**.



Mehmet Urgan  
WONCA




10th IPCRG  
WORLD  
CONFERENCE  
6-8 MAY


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International Primary Care  
**IPCRG**  
Respiratory Group



@IPCRG  
#IPCRG2021

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.

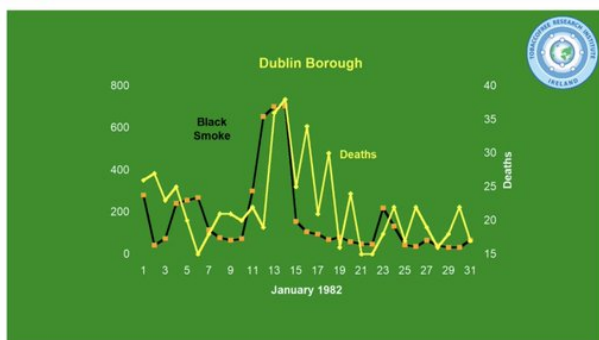
Luke Clancy

@Tfri2002


at #ipcr2021 Irish pioneer and activist for improving air quality and better respiratory outcomes

@HSELive

LIVE



Luke Clancy  
Ireland




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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

**LIVE**

TOBACCOFREE RESEARCH INSTITUTE

### *Smokefree Ireland Success Factors*

- Sustained leadership/commitment
- Partnerships – (Health alliance, OTC, DOHC)
- Trade union support
- Political support- cross party



Luke Clancy  
Ireland

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IPCRG Respiratory Group

@IPCRG #IPCRG2021

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

UNIVERSITY OF Southampton

### What effect does Long Covid have on daily life?

- 32% (28%) unable to live alone without assistance at 6 weeks
- 66% (72%) taken time off sick (median 60 days)
- 37% (33%) loss of income due to illness
- Being ill affected respondents' ability:
  - self-care 50% (42%)
  - domestic chores 84% (80%)
  - work 75% (78%)
  - childcare 36% (33%), caring for other adults 26% (25%)
  - mental health 64% (65%)



Nisreen Alwan  
UK

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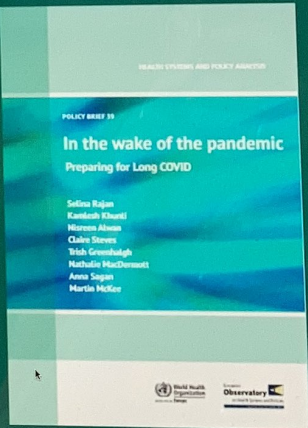
Primary Care


IPCRG Respiratory Group

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.

## Recognition

- Independent of lab confirmation
- Occupational illness
- Clinical management
  - physical assessment
  - investigations to detect treatable pathologies
  - treatment
  - rehabilitation
- Primary care & Long Covid clinics – equitable pathways
- Policy





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
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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

Brian McKinstry  
UK

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Amanda Barnard GP in the Bush Capital of Australia tells #IPCRG2021 about last years bush fires. SABA still available over counter even though associated with poor control in normal times because of life saving action for escapees from fire who dont bring medicines

LIVE

## Immediate/short term health impacts of bushfire smoke in Australia


GPs 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<sup>1</sup>- 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)

1 Clare M Walter, Elena K Schneider-Futschik, Luke D Knibbs, Louis B Irving Health Impacts fo Bushfire smoke exposure in Australia Respirology 25,5,495-501





Amanda Barnard  
Australia



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


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Primary Care




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## Acute care

### Remote consulting in a Covid pandemic



- Ask the patient 'How is your breathing today?' (compared to yesterday/last week)
- ? Ask standard questions (MRC Dyspnoea score)?
- X Roth score (Time how long how before the patient stops speaking to take a breath)
- Listen to whether the patient sounds breathless when they speak

### How do you assess breathlessness remotely?



Hilary Pincock  
UK



Hilary Pinnock  
UK



- Ask the patient 'How is your breathing today?' (compared to yesterday/last week)
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- Roth score (Time how long how before the patient stops speaking to take a breath)
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How do you assess breathlessness remotely?



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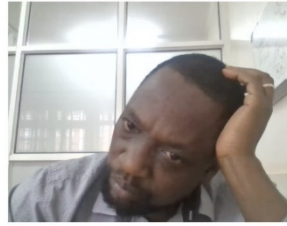


## #IPCRG2021 Achieving cleaner air - Bush fires, Vehicle pollution, Passive tobacco inhalation

● LIVE



Evelyn Brakema  
The Netherlands



Bruce Kirenga  
Uganda



Luke Clancy  
Ireland



Amanda Barnard  
Australia



Moses Okol  
Uganda



Frederik van Gemert  
The Netherlands



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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.

DEATH

Anxiety & fear of death

Blue feet

Numb mouth and tongue

Fainting because of headache

Vertigo & sudden muscle weakness

Head phones with volume turned down

Light and sound sensitivity

Crazy back pain

Feeling ok every other day!

Hanna Sandelowsky  
Sweden

Nazim Uzzaman  
Bangladesh

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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
- Overusing cylinder oxygen (2l/min) given after recent admission with chest infection


"I'm so frightened"

"I know there's nothing anyone can do..."





Anna Spathis  
UK




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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

• LIVE



Jim Stout  
USA



Oliver Anglin  
UK




Sara Nelson  
UK



Mark Levy  
UK



Richard Iles  
UK




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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 García Pardo!


## Asthma Right Care in urgent care

Marina García-Pardo

### Alternatives to nebulisers



1. Photograph provided by Marina García-Pardo; 2. Video displayed with consent from patient/parent



Enseñamos a los pacientes, y como puedes ver, los niños las saben usar. Es fácil enseñar a los pacientes, y merece la pena pasar unos minutos enseñando cómo usarla correctamente. Así evitamos que vengan a emergencias tan a menudo.


This AstraZeneca-sponsored symposium is organised in collaboration between AstraZeneca and Veeva ID: ESS-1139; Date of preparation: April 2021

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**IPCRG**  
Primary Care Respiratory Group

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.

**Social movements also thrive on images: still & moving**



**ASTHMA RIGHT CARE**


[www.ipcrg.org/asthmarightcare](http://www.ipcrg.org/asthmarightcare)

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International Primary Care Respiratory Group



Mar Martinez  
Spain

© LWC



**Tier 2**

Conducted in **Kuala Lumpur**  
1-3 November 2019

20 **primary care physicians and paediatricians** who specialised in children with asthma in both public and private sectors from **10 different states** of Malaysia.



Ee Ming Khoo  
Malaysia

 This educational activity was supported by an educational grant from GlaxoSmithKline



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10th IPCRG World Conference



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## Teach the Teacher reaching the frontline in Tier 3 #ipcrg2021

### Tier 3

**"Workshop on Assessment and Management of Asthma in Children and Adults"**

- 5-7 March 2020
- Supported by Penang Health office
- 28 family medicine specialists



Penang

Selangor

Negeri Sembilan

Kuala Lumpur

**"Workshop on Children with Asthma"**

- Virtual workshop
- 2-3 April 2021
- Supported by RESPIRE
- 20 medical officers





Ee Ming Khoo  
Malaysia



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Respiratory Group

@IPCRG  
#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

The screenshot shows a Zoom meeting with Juliet McDonnell, IPCRG, as the presenter. The main content is a presentation slide with a green background. On the left, there is a Medscape e-learning module titled 'Diagnosis, Referral, and Therapy of Asthma' featuring an anatomical illustration of the lungs. On the right, a list of key features is displayed:

- Complex design and build
- Innovative design
  - including interactive MedSim
- Multiple languages
  - Downloads 30k
- Reach –
  - Global
  - c36k- 22k primary care learners
  - 4583 learners claimed CPD credits
- Evaluation
  - Participation / Satisfaction
  - Pre and post knowledge assessment - 'educational impact challenge'
- Interaction – polling, compares with peers

Below the list, the text 'e: Key issues in the diagnosis, referral and therapy of asthma.' is partially visible. The footer of the presentation includes the following information:

h IPCRG  
RLD  
NFERENCE  
MAY

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@IPC  
#IPC



And here's our experience of a MOOC for

@RESPIREGlobal

with U of Edinburgh still two runs to go so do enrol - plenty of opportunity for engagement with moderators. <https://ipcr.org/news-and-events/free-online-course-chronic-respiratory-diseases-crd-in-primary-care-settings>.

The screenshot shows a presentation slide for a MOOC titled "Learn: CRD in Primary Care Settings". The slide is divided into two main sections. On the left, there is a video player showing a woman in a pink headscarf examining a patient's chest. On the right, there is a list of bullet points detailing the course's design, reach, engagement, evaluation, and interaction. Below the video player, the title "Learn: CRD in Primary Care Settings" is displayed in green text. At the bottom of the slide, there is a green banner with white text and a QR code. The banner includes the IPCRG logo, a QR code, and social media handles. To the right of the slide, a small video inset shows a woman wearing headphones, identified as Juliet McDonnell from IPCRG.

- Design and build with multiple partners inc' RESPIRE countries
  - Focus on primary care and low resource settings
  - Future Learn design and platform
- English only
- Reach –
  - 1300 enrolled
  - SE Asia
- Engagement
  - 114 completed 90% of course
- Evaluation
  - Satisfaction – rated
  - Participation
- Interaction
  - a/synch discussion boards
  - Moderation

**Learn: CRD in Primary Care Settings.**

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Juliet McDonnell  
IPCRG

#IPCRG2021 Isabel Portela describes how primary care can be the place for diagnosis and management of sleep apnoea

LIVE


### 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



Isabel Portela  
Spain




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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


## UK Guidance is.....

Main theme is:

- Comprehensive investigation in Primary Care to rule out other pathologies that may cause symptoms and quantify severity of Long Covid
- Covid +ve swab – not necessary (Wave 1 no home swabs)
- CXR at 12 weeks
- Blood tests – FBC, renal, liver, CRP, Ferritin, BNP, Thyroid
- 1 minute Sit to Stand – assess O2 desaturation
- Postural BP
- Psych/Anxiety assessment
- Holistic Screen - Yorkshire tool useful, Fatigue scale
- Refer to Long Covid Assessment service, if ruled out other causes



Maria Buxton  
UK




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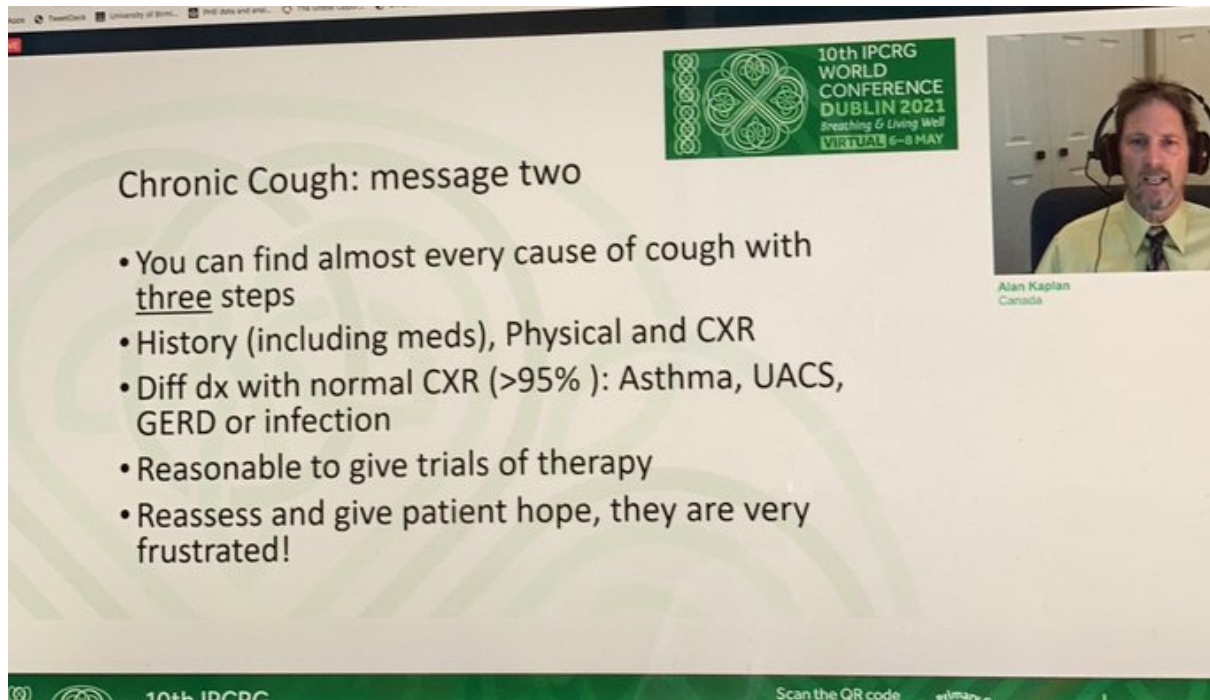
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**IPCRG**  
Respiratory Group

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#IPCRG2021

Clear messages from Alan Kaplan on chronic cough (most important question for primary respiratory care in our forthcoming research prioritisation) at #ipcr2021. Case study to explore.



The image is a screenshot of a virtual conference presentation. The main content area is a white slide with a green border. The slide title is "Chronic Cough: message two". Below the title is a bulleted list of five points. In the top right corner of the slide, there is a green logo for the "10th IPCRG WORLD CONFERENCE DUBLIN 2021" with the tagline "Breathing & Living Well" and the dates "VIRTUATE 6-8 MAY". In the top right corner of the video feed, there is a small inset video of Alan Kaplan, a man with a beard and glasses, wearing a headset and a light blue shirt. Below the video inset, the name "Alan Kaplan" and "Canada" are displayed. At the bottom of the slide, there is a green bar with the text "10th IPCRG" on the left and "Scan the QR code" on the right.

### 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!

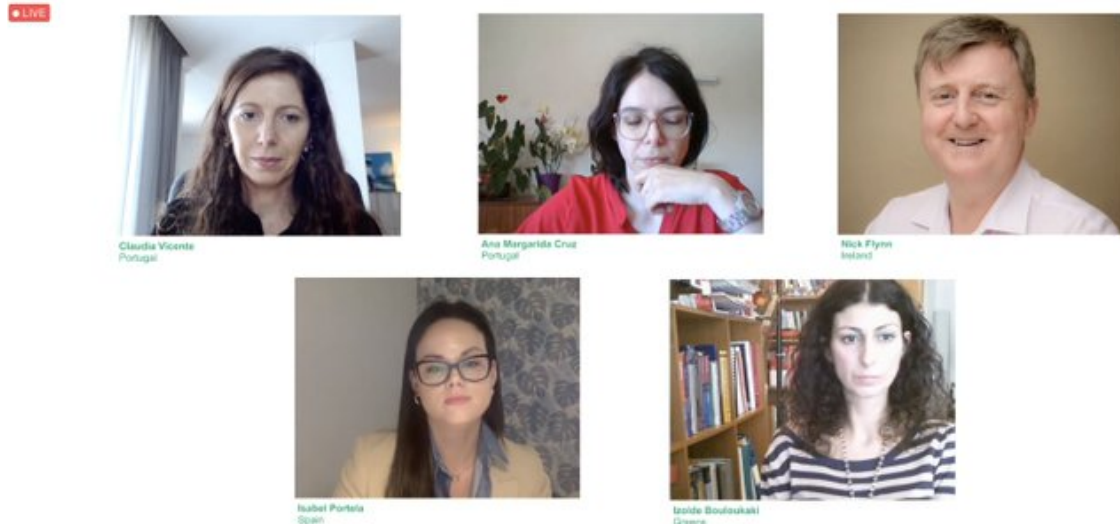
10th IPCRG WORLD CONFERENCE DUBLIN 2021  
Breathing & Living Well  
VIRTUATE 6-8 MAY

Alan Kaplan  
Canada

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#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





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Reason to diagnose COPD - encourage physical activity even if hard to do currently with COVID19 lockdowns.

@Boehringer

symposium at #IPCRG2021

**Reduced physical activity in patients with COPD impacts long-term outcomes<sup>1-3</sup>**

**Absolute risk of 4-year mortality by patient activity level<sup>1</sup>**

| Activity Level | Percentage | Visual Representation (Icons)            |
|----------------|------------|--|
| Active         | 0%         | 10 standing human icons                  |
| Sedentary      | 9%         | 9 standing human icons, 1 seated icon    |
| Very inactive  | 31%        | 6 seated human icons, 4 lying down icons |

**Reduced activity** (indicated by a downward arrow between the activity levels and the outcomes)

**Limited physical activity is associated with:<sup>2,3</sup>**

- Reduced quality of life
- Increased risk of hospitalisation
- Increased mortality

**To avoid exertional breathlessness, many patients adopt a sedentary lifestyle, which promotes further loss of exercise capacity<sup>2</sup>**

respiratoryXchange

1. Wozniak E, et al. Chest 2011;140:331-342; 2. O'Donnell DE, et al. Adv Ther 2020;37:41-48; 3. Wato H, et al. Eur Respir J 2014;44:1521-1537.

151

**Steve Holmes**  
UK

**James Chalmers**  
UK

**10th IPCRG WORLD**

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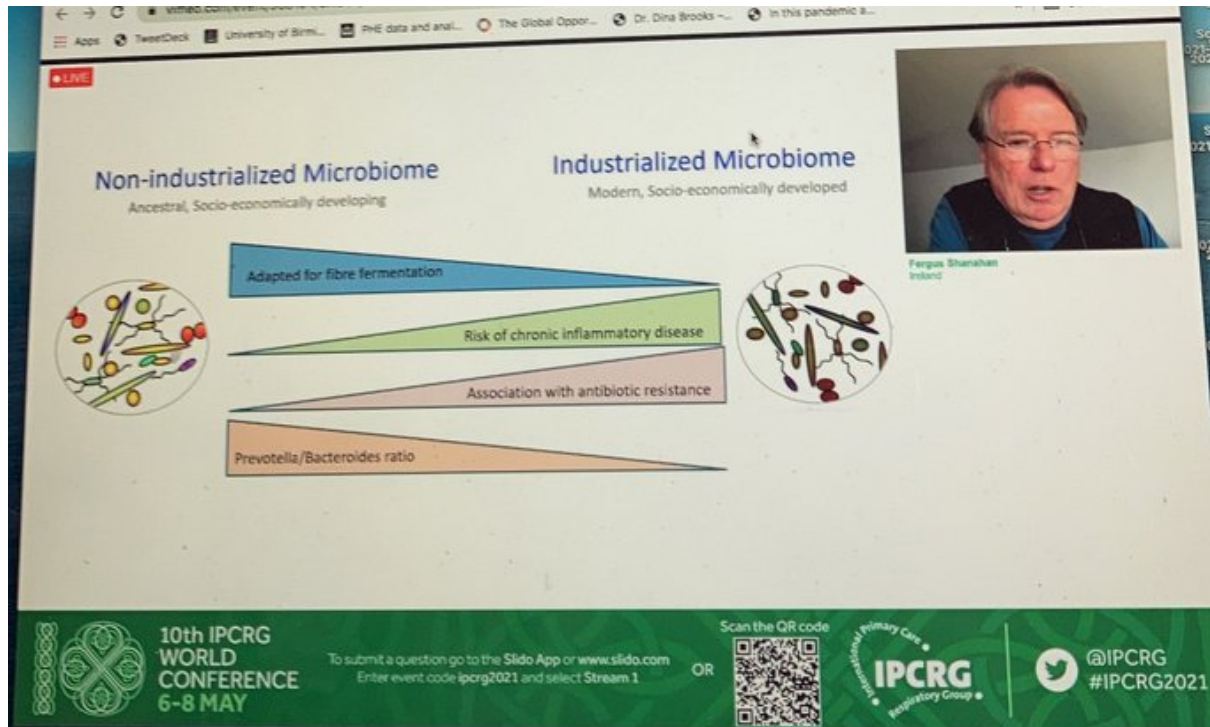
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Primary Care

IPCRG

@IPCRG

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


LIVE

## ROUTINE REVIEW


**Refer to secondary care**

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






Kevin Gruffydd-Jones  
UK




James Chalmers  
UK




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.. 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.

### How Can We Harness the Microbiome?

The diagram illustrates the relationship between diet, gut microbiome, and immune response. On the left, a box labeled 'Diet' shows a bowl of fruit and vegetables. An arrow points from 'Diet' to a central box labeled 'Microbes' which contains a microscopic image of bacteria. From the 'Microbes' box, two arrows branch out: one labeled 'Components' points to two dendritic cells (DC) and a column of T cell subsets; the other labeled 'Metabolites (e.g. Histamine, SCFAs)' points to the same dendritic cells. The T cell subsets are represented by colored circles: T<sub>reg</sub> (blue), T<sub>H1</sub> (red), T<sub>H17</sub> (yellow), T<sub>H22</sub> (green), T<sub>H2</sub> (yellow), and T<sub>H9</sub> (red).

**Diet** → **Microbes**

**Components** → DC, T<sub>reg</sub>, T<sub>H1</sub>, T<sub>H17</sub>, T<sub>H22</sub>, T<sub>H2</sub>, T<sub>H9</sub>

**Metabolites (e.g. Histamine, SCFAs)** → DC, T<sub>reg</sub>, T<sub>H1</sub>, T<sub>H17</sub>, T<sub>H22</sub>, T<sub>H2</sub>, T<sub>H9</sub>

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Respiratory Group


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## Summary of immunotherapy messages

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


 **Asthma UK Centre  
for Applied Research**


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Regulatory Group

 **@IPCRG  
#IPCRG2021**

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.

| - How to avoid allergies?<br><b>Practical advice to improve tolerance</b>   | - And when you are already allergic?   |
|---|--|
| 1) Primary prevention:  | 2) Secondary (tertiary) prevention:  |
| <ul style="list-style-type: none"> <li>• Support breastfeeding, solid foods from 4-6 months onwards</li> <li>• Do not avoid environmental exposure unnecessarily (e.g. foods, pets)</li> <li>• <b>Strengthen immunity by increasing connection to natural environment!</b></li> <li>• Strengthen immunity by regular physical exercise</li> <li>• Strengthen immunity by healthy diet (e.g. traditional Mediterranean or Baltic type)</li> <li>• Use antibiotics with care; majority of microbes are useful and support health</li> <li>• Probiotic bacteria in fermented food or other preparations may strengthen immunity</li> <li>• Do not smoke</li> </ul> | <ul style="list-style-type: none"> <li>• Promote regular physical exercise, especially in asthmatic children and adults</li> <li>• Promote healthy diet; Mediterranean or Baltic type of diet improves asthma control</li> <li>• Consider use of fermented food or other preparations, including probiotic bacteria</li> <li>• Consider allergen specific immunotherapy:               <ul style="list-style-type: none"> <li>– allergens as is (foods)</li> <li>– sublingual tablets or drops (e.g. timothy, birch pollen), subcutaneous injections</li> </ul> </li> <li>• <b>Hit early and hit hard respiratory / skin inflammation. Find maintenance treatment for long-term control</b></li> <li>• Do not smoke</li> </ul> |

Nature step works and works fast!! Lot of hope.


# Why to take the Nature Step? Because it works – fast!

SCIENCE ADVANCES | RESEARCH ARTICLE

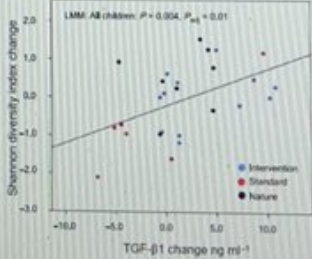
ENVIRONMENTAL STUDIES

## Biodiversity intervention enhances immune regulation and health-associated commensal microbiota among daycare children

Marja L. Roslund<sup>1</sup>, Riikka Puhakka<sup>1</sup>, Mira Grönroos<sup>1</sup>, Noora Nurminen<sup>2</sup>, Sami Oikarinen<sup>2</sup>, Ahmad M. Gazali<sup>3\*</sup>, Ondřej Cinek<sup>4</sup>, Lenka Kramná<sup>4</sup>, Nathan Siter<sup>5</sup>, Heli K. Varl<sup>1</sup>, Laura Soininen<sup>1</sup>, Anirudra Parajuli<sup>1</sup>, Juho Rajaniemi<sup>6</sup>, Tuure Kinnunen<sup>3,6</sup>, Olli H. Laitinen<sup>2</sup>, Heikki Hyöty<sup>2</sup>, Aki Sinkkonen<sup>1,7†</sup>, ADELE research group<sup>1</sup>



**Intervention (4 weeks)**  
**in 4 centres;**  
**3 city daycare centres and**  
**3 nature daycare centres as controls**




Shannon diversity index change

TGF-β1 change ng ml<sup>-1</sup>

LMM: All children:  $P = 0.004$ ,  $P_{adj} = 0.01$

● Intervention  
■ Standard  
● Nature




Kerttu Saarinen  
Finland

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#IPCRG2021


... 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




Andy Walsh  
UK




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Great to welcome Evelyn Brakema to tell the story of

@FRESHAIRTeam funded by @EUhorizon2020 at #ipcrgr2021.

Importance of context eg Kyrgyzstan lowland and highland household air pollution meant COPD almost 3x higher in highlands and more women. SETTING tool developed.

Uganda

Vietnam

Kyrgyzstan

Greece

Evelyn Brakema  
The Netherlands

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**10th IPCRG WORLD CONFERENCE 6-8 MAY**

**Partnership**  
BREATHE WELL  
TOGETHER WE CAN SAVE LIVES

**Partners:**  
 - **UNIVERSITY OF BIRMINGHAM**  
 - **APPLIED HEALTH RESEARCH**  
 - **IPCRG** (International Primary Care Respiratory Group)  
 - **FMABC** (Federation of Medical Associations of the Balkans)  
 - **IPCRG** (International Primary Care Respiratory Group)  
 - **IPCRG** (International Primary Care Respiratory Group)

**Speakers and Organizers:**  
 - Katarina Stavrik  
 - Radmila Ristovski  
 - Karen Jones  
 - Alex Enocson  
 - Peyman Adb  
 - Rachel Jordan  
 - Amanda Lantry  
 - Birrind Cooper  
 - Nino Magladkelidze  
 - Tamaz Magladkelidze  
 - Peymane Adb  
 - UK  
 - Alice Turner  
 - Nicola Gale  
 - Alice Stith  
 - Sue Jowett  
 - Kate Jolly  
 - KK Cheng  
 - Sonia Martins  
 - Rafael Stelmach  
 - Aldo Agra  
 - Jaime Correia de Sousa  
 - Joán Williams  
 - Zihan Pan  
 - Chunhua Ch

**Logos:**  
 - **BREATHE WELL**  
 - **TOGETHER WE CAN SAVE LIVES**  
 - **UNIVERSITY OF BIRMINGHAM**  
 - **APPLIED HEALTH RESEARCH**  
 - **IPCRG**  
 - **FMABC**  
 - **IPCRG**  
 - **IPCRG**

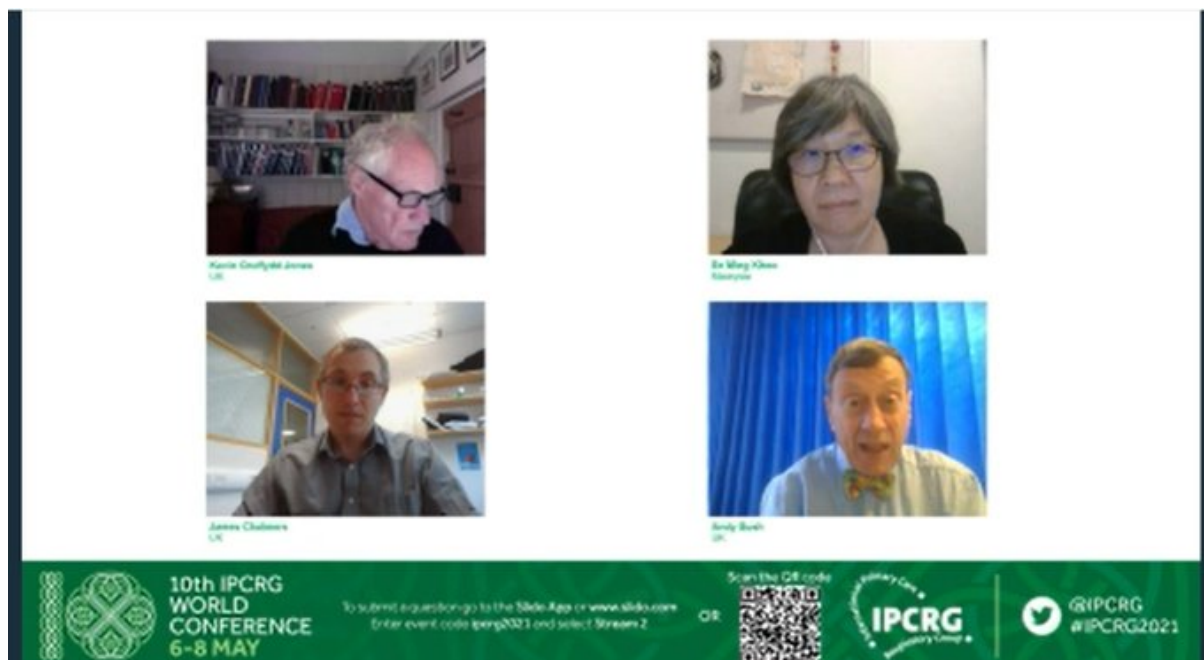
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Discussing the real primary care challenge of preventing bronchiectasis end stage airway damage vs practising good antimicrobial stewardship. 1,2 or 3 week productive cough may not need antibiotics or sputum samples but persistent productive coughs 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 #ipcrgr2021 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

# RESPIRE

**Vision:**

To reduce the impact and number of deaths caused by respiratory diseases in Asia.




Ee Ming Khoo  
Malaysia

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International Primary Care  
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Respiratory Group





#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 #ipcr2021 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 #ipcr2021 with @ProfHurst

#ipcr2021 #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 #ipcr2021 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 #ipcr2021

Who to prioritise for support with their tobacco dependence? Firstly know it's very cost effective so increase investment! See our comparable NNTs

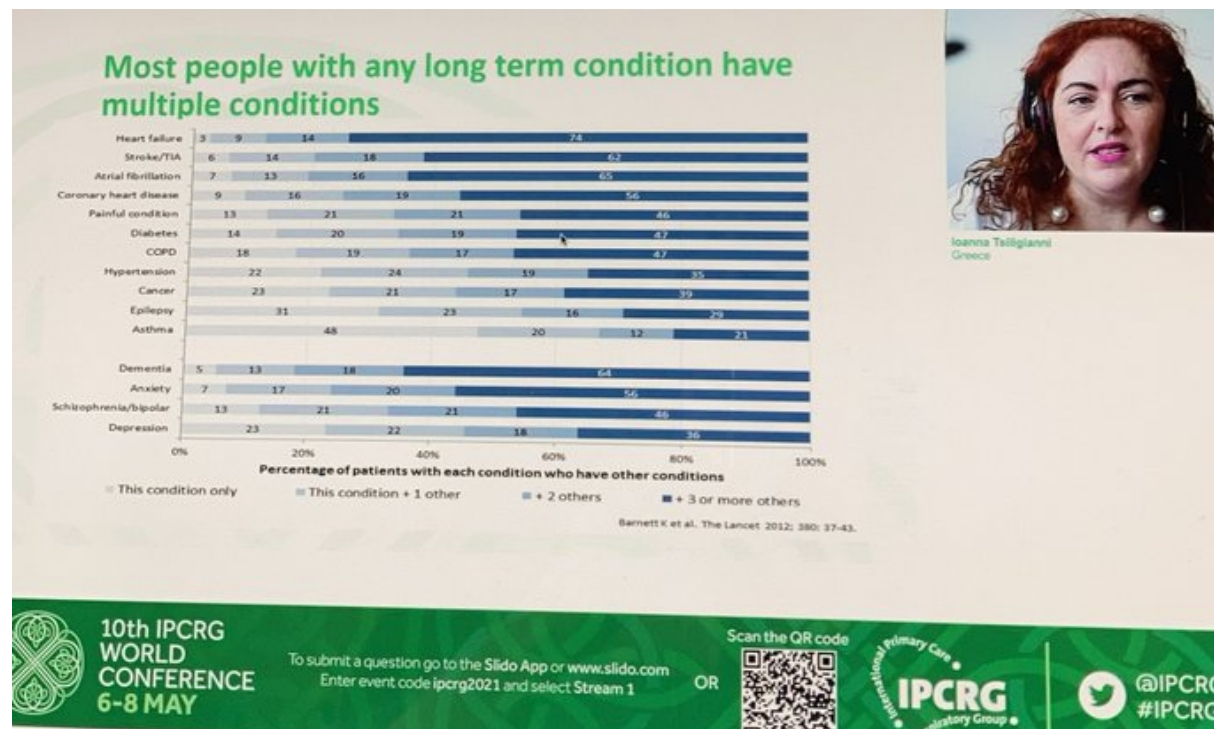
<https://ncbi.nlm.nih.gov/pmc/articles/PMC5466643/> People with long term conditions. People who are most dependent and where normalised as will have big impact

<https://t.co/D6lXmO3yTK?amp=1>

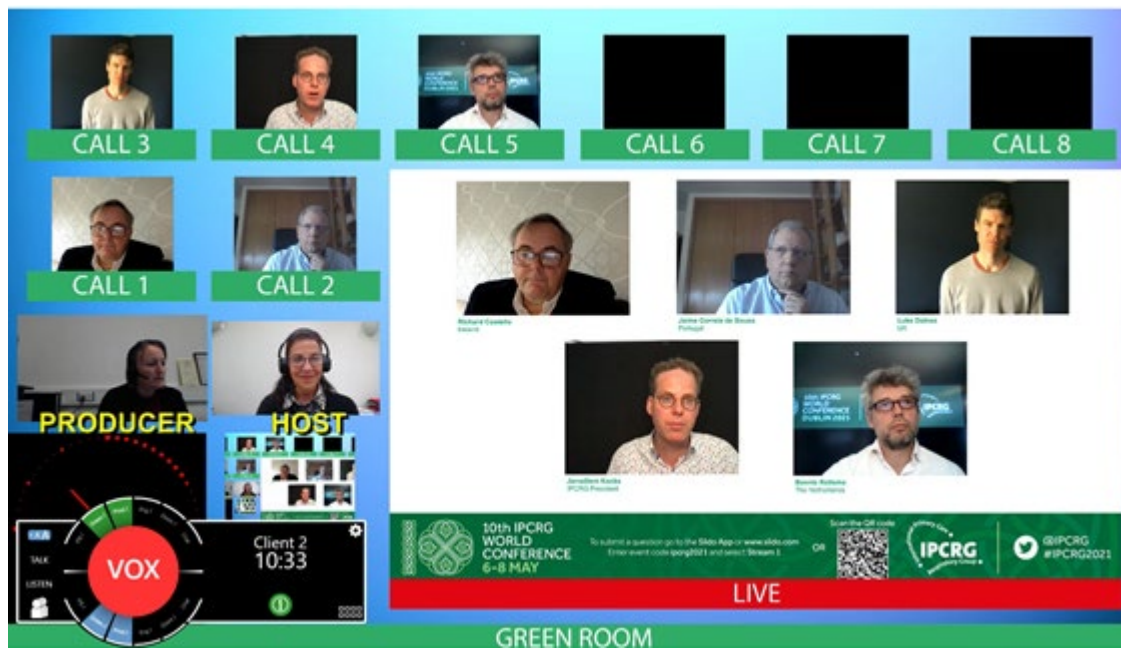
Another reason to add varenicline to @WHO EML: 11x more likely to stop if take full course of varenicline. Talk positively about side effects - take with food/water to avoid nausea, earlier to avoid sleep disturbance, dreams are vivid says @DarushAttar@sarah\_rylance



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://ipcr.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://ipcrgr2021.org>



Miguel Roman reminds us of the desktop helper guiding you about right use of inhaled corticosteroids in #copd. See <https://ipcr.org/dth6>

**DESKTOP HELPER**  
No. 6, 2nd edition May 2020

**Appropriate use and withdrawal of inhaled corticosteroids (ICS) in patients with chronic obstructive pulmonary disease (COPD)**

The purpose of this desktop helper is to provide guidance on the appropriate use and withdrawal of inhaled corticosteroids (ICS) in patients with COPD. It is intended to be used by healthcare professionals in the context of clinical decision-making. It is not intended to be used as a substitute for clinical judgment or as a basis for legal action.

**1. Indication for ICS:**

- Patients with COPD who have a documented history of asthma or a history of COPD exacerbations in the previous 12 months.
- Patients with COPD who have a blood eosinophil count  $\geq 300 \mu\text{L}^{-1}$ .

**2. Withdrawal of ICS:**

- Patients with COPD who have a documented history of asthma or a history of COPD exacerbations in the previous 12 months.
- Patients with COPD who have a blood eosinophil count  $< 300 \mu\text{L}^{-1}$ .

**3. ICS dose:**

- Low dose:  $\leq 800 \mu\text{g}$  of beclomethasone or equivalent.
- Medium dose:  $> 800 \mu\text{g}$  of beclomethasone or equivalent.
- High dose:  $> 1600 \mu\text{g}$  of beclomethasone or equivalent.

**4. Monitoring:**

- Monitor for clinical deterioration and consider withdrawal if disease control remains optimal.
- Monitor for side effects (e.g., osteoporosis, cataracts, glaucoma, adrenal suppression).

**5. Dual bronchodilation:**

- Ensure dual bronchodilation with LABA + LAMA.
- For patients with exacerbations despite triple therapy (ICS + LABA + LAMA), consider add-on therapy with roflumilast or macrolides.

**6. COPD, chronic obstructive pulmonary disease; ICS, inhaled corticosteroid; LABA, long-acting bronchodilator; LAMA, long-acting muscarinic antagonist.**

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Primary Care  
Study Group

**@IPCRG #IPCRG**

Questions that still need answers on #copd in primary care says Miguel Roman Rodriguez. #ipcrgr2021. He gives his thoughts

**Appropriate use and withdrawal of ICS in patients with COPD**

**Is it so easy??**

- Is lack of exacerbations related to ICS treatment?
- Is it safe to abruptly discontinue ICS?
- Is the 300 eos cut-point the best one to guide COPD management?
- When should eos be measured? Frequent eos variability
- Possible effects of ICS for COVID in COPD patients?

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Primary Care Respiratory Group

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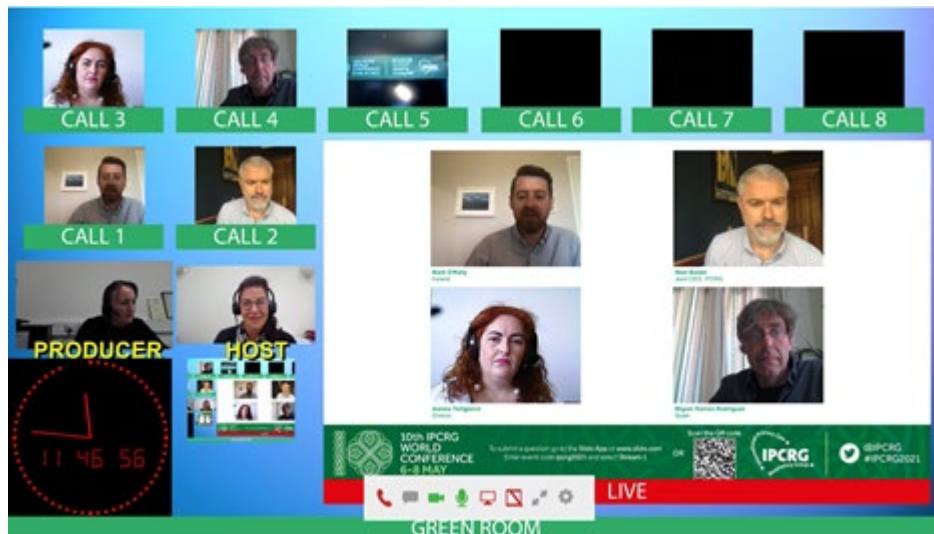
Do sign up for free and moderated MOOC for @RESPIREGlobal <https://ipcr.org/news-and-events/free-online-course-chronic-respiratory-diseases-crd-in-primary-care-settings> starting 24 May for five weeks @WHO@sarah\_rylance@GARDbreathe

Great reviews from first cohort!

<https://t.co/boigEqLCUB?amp=1>



Again at #ipcr2021 privileged to have another erudite panel giving us the benefit of their expertise on the Current Thinking in COPD. Watch on catch-up <http://ipcr2021.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.

**Asthma and COPD – Stratification and Management Overview** UCCPartners

**Healthcare Assistants/other trained staff**

**Risk Stratification & Prioritisation**

**Prescribing Clinician**

**Gather information e.g.** Up to spirometry, weight, smoking status, RCP questions, ACT/CAT scores

**Self management e.g.** Education (condition specific, exacerbation advice), self care (eg inhaler and spacer technique)

**Behaviour change e.g.** Brief interventions and signposting e.g. smoking, weight, diet, exercise, alcohol

**Asthma**

**COPD**

**Optimise therapy and mitigate risk**

Review symptoms, exacerbations, severity

Optimise inhaler therapy, oral therapy and pulmonary rehab

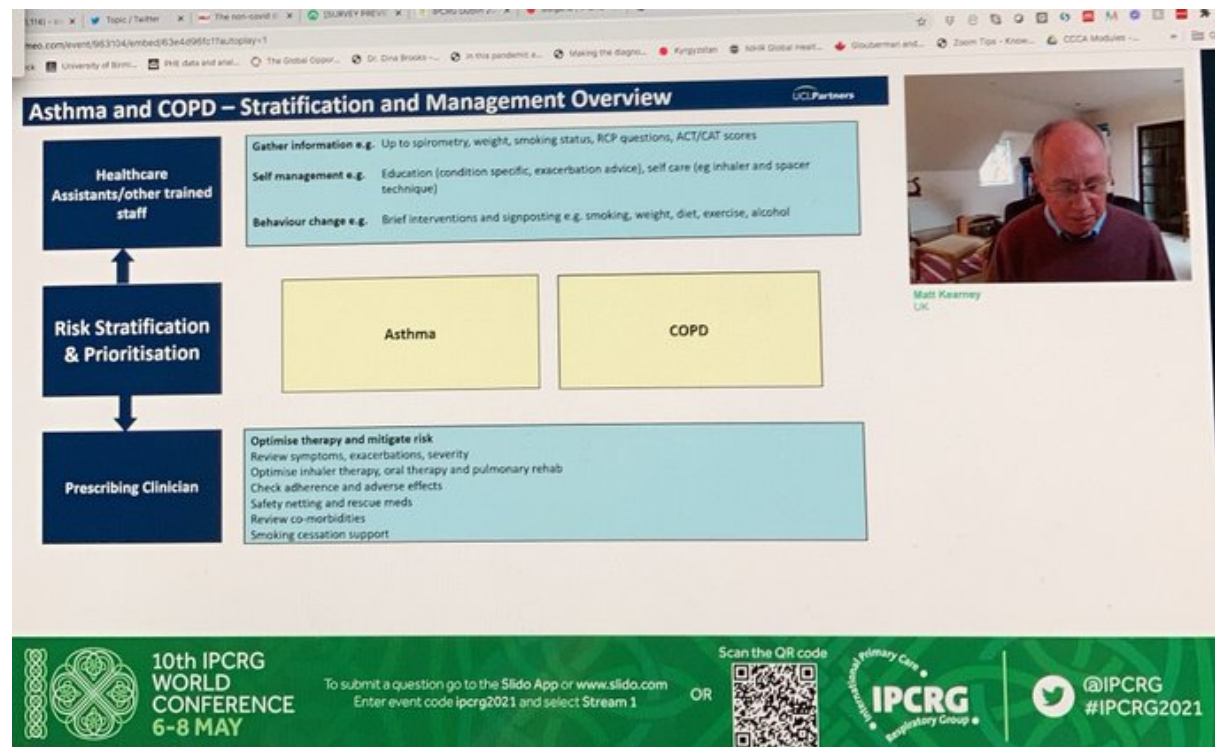
Check adherence and adverse effects

Safety netting and rescue meds

Review co-morbidities


Smoking cessation support

**Matt Kearney UK**



Seems this approach could be truly global @DrMattKearney


## UCLP Proactive Care Frameworks



### The Frameworks

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.

The UCLP Proactive Care Frameworks focus on  
The HOW of doing things differently




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#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?

**Healthcare Assistants** undertake initial contact for all risk groups to provide smoking cessation advice, inhaler technique, check medication supplies and signpost to resources

| High risk  | Medium risk   | Low risk  |
|--|---|---|
| <b>GP/ Nurse Specialist/ Specialist Respiratory Pharmacist</b> <ul style="list-style-type: none"> <li>• Titrate therapy, if appropriate</li> <li>• Ensure action plan in place</li> <li>• Check adherence, inhaler technique (video), spacer advice</li> <li>• Rescue packs prescribed if necessary</li> <li>• Review of triggers, e.g. hay fever</li> <li>• Exacerbation safety netting</li> <li>• Follow up and referral as indicated</li> </ul> | <b>Nurse/ Clinical Pharmacist/ Physician Associate</b> <ul style="list-style-type: none"> <li>• Check optimal therapy; Titrate, if appropriate</li> <li>• Review triggers, e.g. hay fever</li> <li>• Check adherence, inhaler technique (video), spacer advice</li> <li>• Exacerbation management advice</li> <li>• Repeat ACT as per recommendation from ACT test result and escalate to GP/Nurse if red or amber</li> </ul> | <b>Health Care Assistant/ other appropriately trained staff</b> <ul style="list-style-type: none"> <li>• Check inhaler usage &amp; technique; signpost to education; spacer advice</li> <li>• Exacerbation management advice inc. mild hay fever symptoms</li> <li>• Signpost to appropriate information for: Lifestyle information/management of stress</li> <li>• Smoking cessation support</li> <li>• Exercise</li> <li>• Appropriate resources</li> </ul> |


**Digital Support Tools to support patient self-management**  
 Inhaler Technique: [www.asthma.org.uk/advice/inhaler-videos/](http://www.asthma.org.uk/advice/inhaler-videos/) [www.rightbreathe.com](http://www.rightbreathe.com)  
 Asthma deterioration: [www.asthma.org.uk/advice/manage-your-asthma/getting-worse/](http://www.asthma.org.uk/advice/manage-your-asthma/getting-worse/)  
 General Health Advice [www.asthma.org.uk/advice/manage-your-asthma/adults/](http://www.asthma.org.uk/advice/manage-your-asthma/adults/)  
 Smoking Cessation: [www.nhs.uk/oneyou/for-your-body/quit-smoking/personal-quit-plan/](http://www.nhs.uk/oneyou/for-your-body/quit-smoking/personal-quit-plan/) [www.nhs.uk/smokefree/help-and-advice](http://www.nhs.uk/smokefree/help-and-advice)

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International Primary


Look at the Swedish primary care #asthma and #copd set up and team! Also have longer consultations.

## Asthma/COPD clinics in Sweden

- The asthma/COPD nurse and the medical responsible physician are jointly responsible for organization and development of the asthma/COPD clinic

**Asthma/COPD nurse** - ≥15 credits advanced level asthma/COPD/allergy, 4.8 hours/week/1000 listed patients  
**Asthma/COPD GP** – continuous education, 1-2 hours/week support nurse + GPs  
**Physiotherapist** – 7.5 credits advanced level, 1 hour/week/1000 listed patients  
**Every GP** – responsible for his/her patients in cooperation with nurse/team

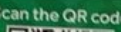
**Other team members:**  
 Psychologist/social worker  
 Dietician  
 Occupational therapist  
 Assistant nurse



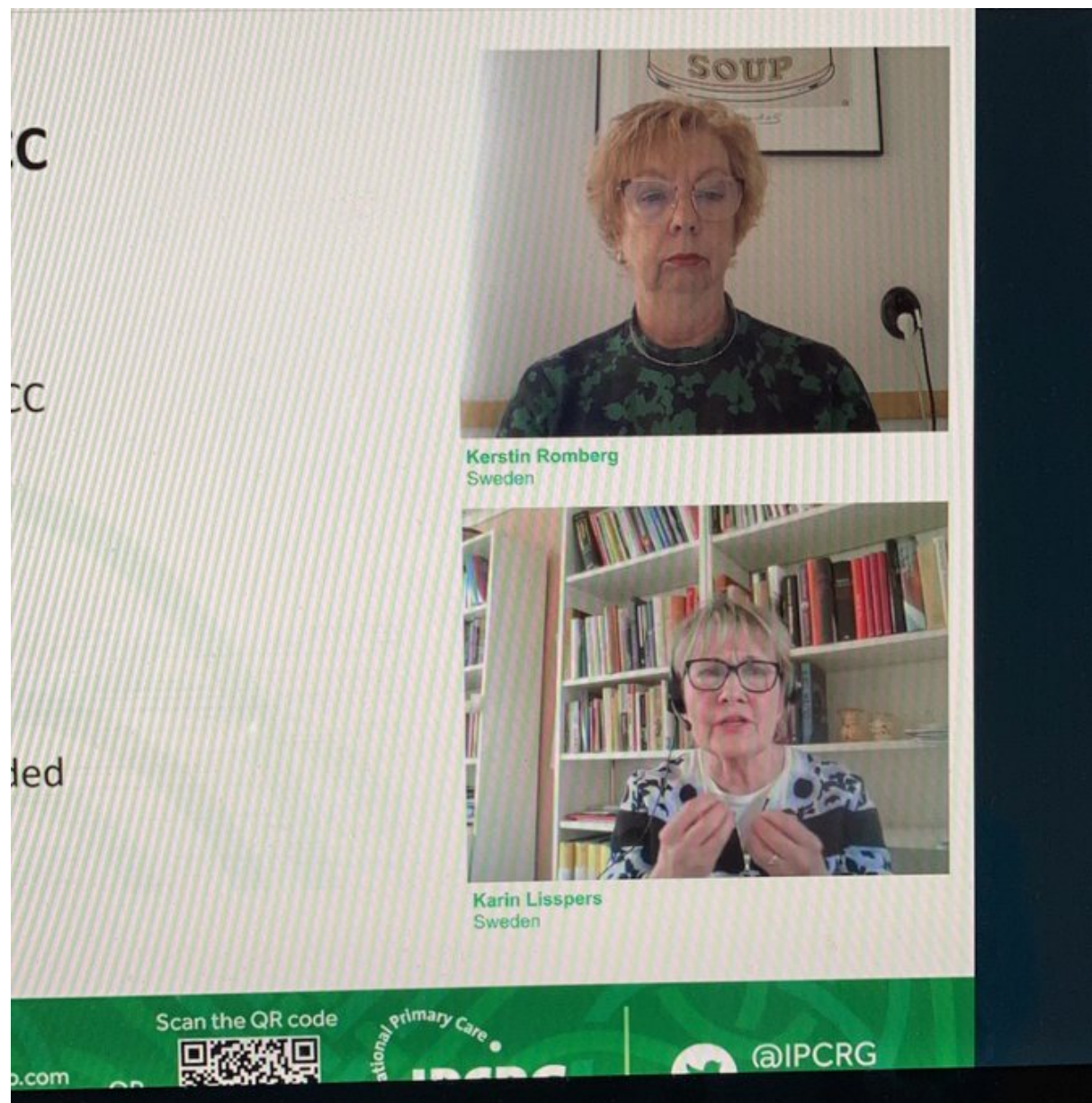
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Great to see two of our long-standing Swedish GP colleagues Karin Lisspers and Kerstin Romberg explaining different roles of their asthma and COPD teams. #IPCRG2021 They have national primary care spirometry driving licence. Shows potential of well funded #primarycare





#IPCRG2021@belnazir A structured approach to diagnosing childhood cough. Ask parents to bring an audio or video as they may not cough in the consult


LIVE

## 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 otorhinolaryngology 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; 136: 811-815




Basil Sinagra  
(Ireland)



CHEST<sup>®</sup>  
Volume 136, Issue 3, September 2009, Pages 811-815




Irish College of General Practitioners



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Primary Care  
**IPCRG**  
Respiratory Group

@IPCRG  
#IPCRG2021

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



**10th IPCRG  
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DUBLIN 2021**  
*Breathing & Living Well*  
**VIRTUAL 6-8 MAY**

**Delivering a Whole System Approach to  
Asthma Care:  
The Kingdom of Saudi Arabia  
National Guard Accountable Care System**

**DR ALIA ZAWAI**  
Consultant Family Medicine  
Associate Dean Postgraduate Studies

**Alia H. Zawawi**  
Saudi Arabia

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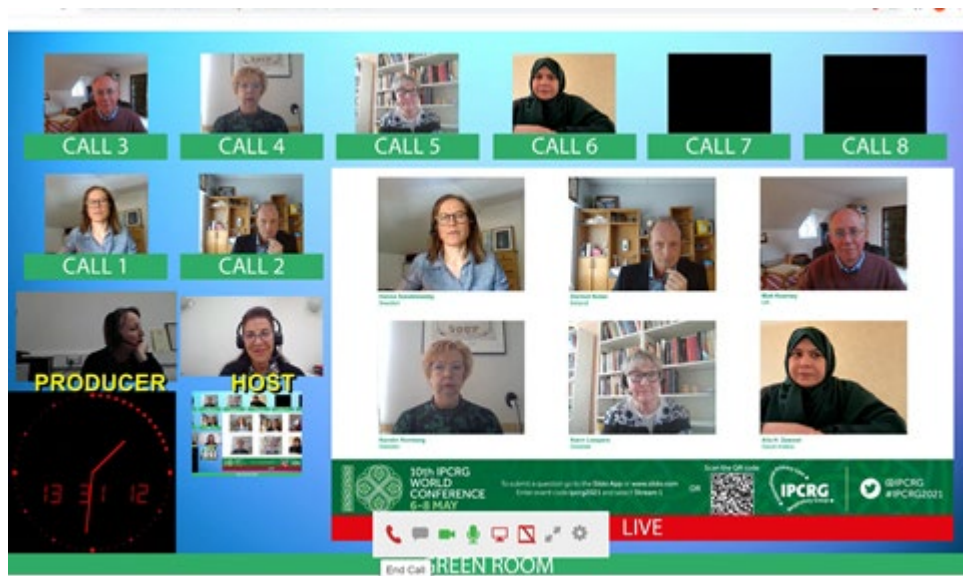
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**@IPCRG2021**  
**#IPCRG2021**

Another global panel at #ipcr2021 with contributions from Sweden, Ireland, Saudi Arabia & UK discussing models of care now and post-Covid19. If you missed it, view on at <http://ipcr2021.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



V. Ramasubramanian  
India

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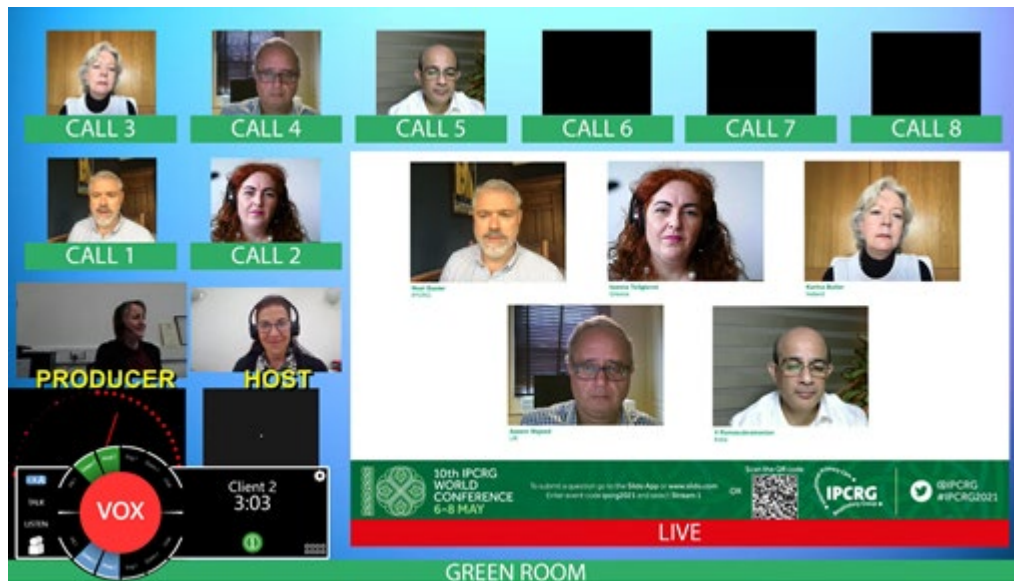
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The Covid-19 Vaccinating the World Session at #IPCRG2021 brought together Karina Butler, @Azeem\_Majeed & V Ramasubramanian for a wide ranging discussion on the challenge of vaccines. A session not to be missed <http://www.ipcrg2021.org>





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.

LIVE

### Interpreting Results – Airflow Obstruction (AFO)


**Airflow Limitation, seen in:**

- Asthma
- COPD
- Chronic bronchitis

**• Key Parameters in AFO:**

- FEV1/FVC % (↓) *signpost for AFO*
- FVC (N or ↓)
- FEV1 (↓) *Tells you how severe*
- Scooping out on the loop


• Bronchodilator response should always be considered in AFO




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## Universal Access to Respiratory Care

Dr. Sarah Rylance  
Medical Officer, NCD Department, WHO HQ



Sarah Rylance  
WHO

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#IPCRG2021 Developing leadership skills in respiratory interested researchers and health professionals for system and policy change @RESPIREGlobal

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## RESPIRE/IPCRGs Leadership School 2020

Faculty:

- Stephen Gaduzo
- Clare Cook
- Noel Baxter
- Steve Holmes
- Amanda Barnard



RESPIRE  
Primary Care  
IPCRG work locally collaborate globally  
Respiratory Group

### Leadership School

19<sup>th</sup> – 20<sup>th</sup> September 2020  
3<sup>rd</sup> – 4<sup>th</sup> October 2020  
31<sup>st</sup> October – 1<sup>st</sup> November 2020



Juliet McDonnell  
UK

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#ipcr2021 Check out Leadership school ePosters! <https://api.ltb.io/show/BBYDQ> #eposters via @LTBePosters

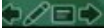

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## Blended Learning on COPD for GPs: A Feasibility Study in Bangladesh

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



#IPCRG2021

## Methods

- A household survey was conducted among 1438 ( $\geq 40$  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 ( $FEV_1/FVC < 0.70$  and symptoms) and lower limit of normal (LLN) criteria ( $FEV_1/FVC < LLN$  and symptoms).



Tara Ballew Adhikari  
Denmark



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Effect of pulmonary rehabilitation in COPD patients in a low resource setting in Sri Lanka- preliminary results

Sooriyakanthan M<sup>1</sup>, Wimalasekera SW<sup>2</sup>, Sivapalan K<sup>1</sup>, Selvaratnam G<sup>1</sup>, Sally Singh<sup>3</sup>, & Akila Jayamaha<sup>4</sup>.

<sup>1</sup> University of Jaffna, Sri Lanka  
<sup>2</sup> University of Sri Jayewardenapura, Sri Lanka  
<sup>3</sup> University of Leicester, United Kingdom  
<sup>4</sup> Kaatsu International University, Sri Lanka



Mathanki Sooriyakanthan  
Sri Lanka