CLINICAL COUNSEL NO. 2
ANNUAL CONTROL OF ASTHMA AND COPD IN GENERAL PRACTICE

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Introduction
There is an increasing number of people with chronic diseases who need structured and regular follow-up. Everyone with chronic lung disease should be followed up with an annual review. Alliance between patient and doctor is necessary to achieve joint treatment goals and control of the disease. Education about the disease, triggering factors and self-treatment is important, and staff at the doctor's office can assist in this. The overview below is intended as a template that must be adapted to the individual patient.

Organisation at the doctor's office
Introducing new procedures at the doctor's office is demanding. It is important that the entire office is involved in the process, which involves freeing up time, training and establishing new routines for summoning patients. Employees (health secretary or nurse) can do much of the practical part of the annual check-up. It requires that they receive the necessary training and update their knowledge. Own time book gives a good overview, 45 minutes is often sufficient. Create your own template for medical notes based on the overview below, which can be pasted into the patient's medical record. Often a summary appointment with the GP on the same day or the following week will be necessary. It can take some time for patients to get used to an annual check-up. There can be challenges with patients not taking their medication with them for a review or demonstration of inhalation technique. The doctor's office should therefore have a selection of placebo inhalers that can be used.

Annual asthma control

Theme:	Explanation:
Confirmation of the diagnosis	When making a diagnosis, it is important to note the date and basis for the diagnosis. Particularly important if children were diagnosed before the age of 5.
Smoking status (including snuff and e-cigarettes)	It is important to update smoking status and offer help to stop smoking to those who are motivated. The medical office should have an established program for this.
Symptoms since last check-up. Complete the Asthma Control Test (ACT)	Ask the patient about special complaints since the last time. By using ACT, it will be possible to objectively follow the patient's symptoms. The form can be found at www.asthmacontroltest.com Remember to ask about exacerbations in the past year.
Spirometri med bronkodilator responstest.	Spirometry with bronchodilator response test.
Medications, compliance and treatment plan	Review and update of the medication list. Remember to ask open-ended questions about compliance with the treatment. A treatment plan can be created by printing out a medication list and noting the information on the sheet.
Inhalation technique	Always ask patients to bring their medications to the annual check-up to clarify and demonstrate their use. There are several websites that have examples of the technique, including www.felleskatalogen.no
Vaccination status	Annual flu vaccine and pneumococcal vaccine every 6 years for everyone.
Training/physical fitness/ diet	Discuss physical activity. Diet is important, especially if you are overweight or underweight. Consider referral to a physiotherapist or local LHL groups.

New appointment for consultation	Frequency of consultations according to degree of control of the disease and problems that have come up during the annual check-up.
Relative status	Many relatives struggle, what is their need for information like. Hours for joint training can be offered.

Annual COPD control

Theme:	Explanation:
Confirmation of the diagnosis	When making a diagnosis, it is important to note the date and basis for the diagnosis.
Smoking status (including snuff and e-cigarettes)	It is important to update smoking status and offer help to stop smoking to those who are motivated. The medical office should have an established program for this.
Symptoms and possible worsening since the last check-up. Complete the CCQ or CAT	Ask the patient about special complaints since the last time. By using a standard questionnaire such as CCQ or CAT, it will be possible to objectively follow the patient's symptoms. Ask the patient about deterioration in the past year or the need to contact the emergency room. Map any psychological problems with the PQH9 or GAD7 form.
Spirometry possibly with bronchodilator response test	Spirometry provides an objective measure compared to the patient's optimal value and can reveal a rapid decline in lung function. If asthma is suspected, a bronchodilator response test is indicated.
Assessment of hypoxemia	Measure pO2 (pulse oximetry) to detect abnormal values. If pO2<92% refer to blood gas examination, consider driver's license requirements and need for oxygen during flights. The patient should know his value, something that is helpful during emergency room visits.
Medications, compliance and treatment plan	Review and update of the medication list. Remember to ask open-ended questions about compliance with the treatment. A treatment plan can be created by printing out a medication list and noting the information on the sheet.
Inhalation technique	Always ask patients to bring their medications to the annual check-up to clarify and demonstrate their use. There are several websites that have examples of the technique, including www.felleskatalogen.no
Vaccination status	Annual flu vaccine and pneumococcal vaccine every 6 years for everyone.
Training/physical fitness/ diet	Discuss physical activity. Consider referral to a physiotherapist or local LHL groups. Be aware of patients who experience increased shortness of breath during exercise due to undertreatment of the disease. Diet is important, especially if you are overweight or underweight. For mMRC scores ≥ 2 or more, pulmonary rehabilitation is recommended.
Comorbidity/blood tests/ ECG	Many COPD patients have a significant disease burden; mental disorders, cardiovascular disease, osteoporosis, diabetes etc. There may be an indication for blood tests or an EKG. Important to consider measures for other diagnoses such as referral to bone density measurement for osteoporosis or echo-cor for heart failure.
New appointment for consultation	The frequency of consultations depends on the degree of control of the disease and problems that have come up during the annual check-up.
Relative status	Many relatives struggle, what is their need for information like. Hours for joint training can be offered.

Validated questionnaire:

Form:	Comments:	Web address:
CCQ	COPD, 10 questions, score from 1 – 6.	www.ccq.nl
CAT	COPD, 8 questions, score from 0 – 40	www.kolstest.no

mMRC	COPD, grading of wheezing	www.lhl.no søk på mMRC.
ACT	Asthma, 5 questions score from 5 – 25 also children	www.asthmacontroltest.com
ACQ	Asthma, 5 questions including Fev1	www.qoltech.co.uk
PHQ9	Depression, score from 5-9 mild to 20-27 severe	www.kognittiv.no
GAD7	Anxiety, score from 5-9 mild to 15-21 severe	www.kognitiv.no

Driving license regulations: If Sp02 < 90% or with very severe COPD (FEV1 < 30% of expected), the patient should be referred to a pulmonologist. Arterial blood gas will reveal whether driving license regulations are met (Pa02 > 7.4 kPa) without or with O2 supply. In addition, factors such as weakened muscle power, reduced endurance and reduced cognitive function should be considered.

Tariffs The annual inspection potentially triggers several tariffs. Here follows an overview of possible rates, however, it must be assessed in each individual case whether the basis for the rate is present.

Theme:	**Explanation:**
2ad possibly + 2dd	The consultation fee requires the doctor to visit during the check-up
507c + 10b	Spirometry
507d	Bronchodilator response test (formerly called reversibility test)
701a	Blood tests
101	When quitting smoking
617	Form for mental illness (GAD 7 for anxiety / PHQ 9 for depression)
707	EKG
709	HbA1c if diabetes is suspected or diagnosed

For more information on asthma and COPD see Clinical Counsel No. 4: Asthma and Clinical Counsel No. 6: COPD.

Translated from Norwegian using Google translate Jan 2023