IPCRG — International Primary Care Respiratory Group — Est. 2001

work locally collaborate globally

COPD RIGHT CARE — AN IPCRG INITIATIVE

COPD Right Care Wheel guidance notes

Feedback survey

Website

The Chronic Obstructive Pulmonary Disease (COPD) Right Care Wheel has been developed by the clinically-led charity, International Primary Care Respiratory Group (IPCRG) as a quick helper for prescribing choices.

The tool is intended to support health care prescribers who know people with COPD need inhaled medicine(s) but are unsure which option to choose; and to help clinicians develop their COPD consultation skills by working with people with COPD to understand what the condition is, what might happen to them and to improve their adherence to therapies.

As part of a growing social movement approach, we are having these conversations between prescribers, COPD educators, pharmacists and people with COPD in five countries. Try and see how you can use it to get a conversation going.

The guidance provides potential steps and questions to ask when using the tool. Tailor it to the person you are speaking to.

More information can be found in www.ipcrg.org/COPDRightCare.

Good luck with your conversations and thank you for participating.

The COPD Right Care Team March 2024

Further Reading
Please refer to your national guideline on COPD if you require further information. If you do not have one, please refer to the GOLD Report and Pocket Guide from the Global Initiative for Chronic Obstructive Lung Disease which is updated annually.[1]

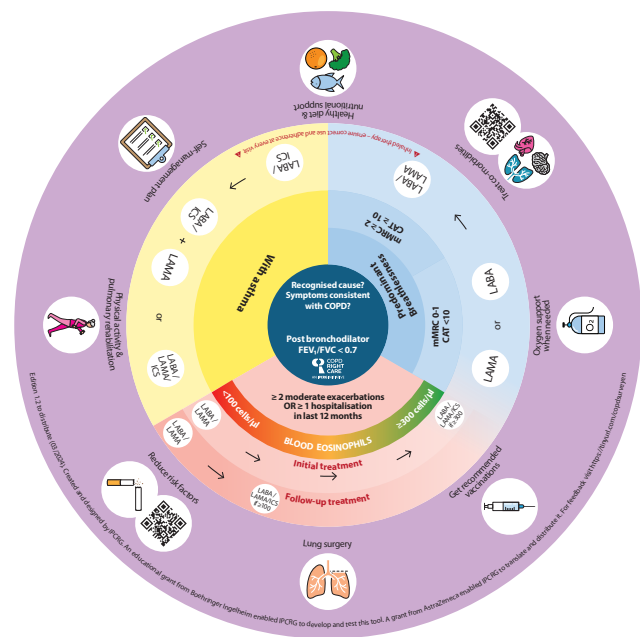To find out more about COPD Right Care go to https://www.ipcrg.org/copdrightcare

The wheel has two sides:
- **Side A to assist with treatment, with a rotating wheel**
- **Side B to assist with patient conversations and motivational communication**

Guidance Steps
Side A: Rotating Circle
Depicts the 3 types of COPD people tend to have matching 3 inhaler pathways.

Step 1
Look at the words in the core of the inner circle and check that the patient meets the three criteria for a diagnosis of COPD.

Cause – is there a recognised cause, such as tobacco smoking?

Symptoms – are they consistent with COPD?

Spirometry – Is the Post bronchodilator $FEV_1/FVC < 0.7$?

Step 2
Choose one of the 3 (with asthma, yellow, predominant breathlessness, blue, ≥2 moderate exacerbations or ≥1 hospitalisation, pink)

If patients with COPD have concomitant asthma they should be treated like patients with asthma.

Treatment with long-acting bronchodilators is recommended for patients with predominant breathlessness. Should these not be available short acting muscarinic antagonist (SAMA) or short acting beta agonist (SABA) could be the choice to start with.

Before initiating inhaled corticosteroids (ICS) for patients with frequent exacerbations consider the blood eosinophil levels. The thresholds to prescribe ICS for initial and follow up therapy are different.

Parameters are based on the GOLD guidance below and when taken account of it will make treatment more personalised and reduce over prescribing of ICS.

Factors to consider when adding ICS to long acting bronchodilators (note the scenario is different when considering ICS withdrawal)		
Strongly favours use	*Favours use*	*Against use*
History of hospitalisation(s) for exacerbations of COPD# ≥ 2 moderate exacerbations of COPD per year# Blood eosinophils ≥ 300 cells/µl History of, or concomitant, asthma	1 moderate exacerbation of COPD per year# Blood eosinophils ≥ 100 to <300 cells/µl	Repeated pneumonia events Blood eosinophils <100 cells/µl History of mycobacterial infection

#despite appropriate long-lasting bronchodilator maintenance therapy

*note that blood eosinophils should be seen as a continuum; quoted values represent approximate cut-points; eosinophil counts are likely to fluctuate

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Step 3
Check and assure yourself you are choosing the right and safest pathway.

Step 4
Whilst you are looking at inhaler choices, use the prompt of the COPD Right Care therapies depicted round the outer circle to consider which may also be appropriate.

Further details about vaccination: influenza, COVID-19, pneumococcal, RSV, dTaP/dTPa for pertussis, tetanus, diptheria and shingles. Criteria for oxygen therapy: PaO2 = 55 mmHg or < 60 mmHg if there is cor pulmonale or secondary polycythemia.

QR codes lead to IPCRG Desktop Helpers to support patients to quit tobacco, to practical guidance for treating COPD patients with mental health problems and to considerations of inhaled medication choice for COPD patients with co-morbidities.[4]

References
1GOLD. Global strategy for prevention, diagnosis and management of COPD. Available at: https://goldcopd.org/. Accessed March 2024.

2Leventhal H, et al. J Behav Med 2016;39:935–46.

3WHO. https://apps.who.int/iris/bitstream/10665/260422/1/WHO-NMH-NVI-18.1-eng.pdf. Accessed April 2023.

4IPCRG. Desktop Helper No. 4 - Helping Patients Quit Tobacco. Available at: https://www.ipcrg.org/desktophelpers/desktop-helper-no-4-helping-patients-quit-tobacco-3rd-edition. Accessed April 2023.

IPCRG. Desktop Helper No. 10 - Rational use of inhaled medications for the patient with COPD and multiple comorbid conditions: Guidance for primary care. Available at: https://www.ipcrg.org/dth10. Accessed April 2023.

IPCRG. Desktop Helper No. 12 - COPD and Mental Health: Holistic and Practical Guidance for Primary Care. Available at: https://www.ipcrg.org/dth12. Accessed April 2023.

Side B
The graph on the wheel is reproduced from The natural history of chronic airflow obstruction. Fletcher C, Peto R. BMJ 1977;1:16458 with permission from BMJ Publishing Group Ltd
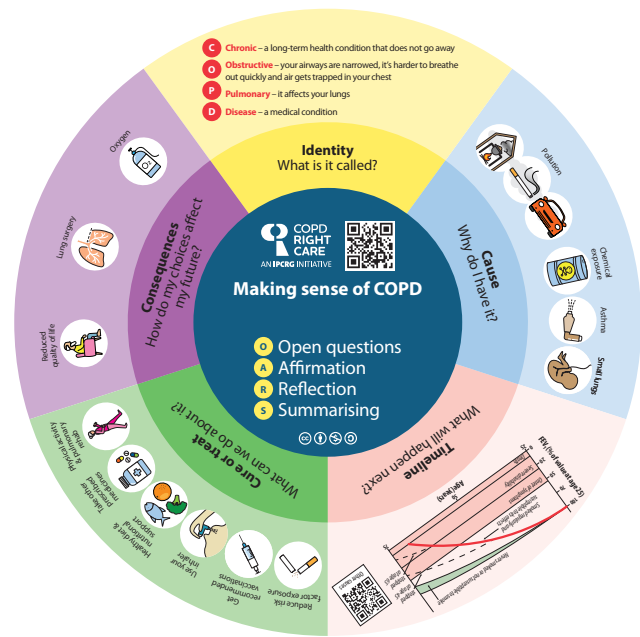
It will support clinicians with a role in helping people with COPD to:

- understand what their condition is
- know what will happen to them; and
- improve adherence to therapies

Step 1
There are 5 key areas to be explored, for people to understand their condition and be able to take part in shared decisions about treatment goals. They are based on the Leventhal Model:

Leventhal Model[2]
- **Identity:** what's my diagnosis called?
- **Timeline:** disease path
- **Cause:** how did it happen?
  (Occupational exposure is possible both from pollution and chemical exposure including organic and inorganic dusts, chemical agents and fumes. Small lungs refer to impaired lung growth during gestation and childhood, caused by a range of early-life processes and exposures.)
- **Cure/Treat:** what can I do about it?
- **Consequences:** how does my choice affect my future? [shared decision-making]

Step 2
The WHO-recommended OARS acronym is a reminder of four motivational communication styles.[3] This approach could be used to address smoking, behaviors etc. and may help people be adherent to their therapies.

- **O**pen questions
- **A**ffirmation of effort, strength, volition
- **R**eflecting to check meaning
- **S**ummary

Step 3
Advise and practise these motivational communication styles.