

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is a debilitating and progressive long-term lung condition characterised by dyspnoea, cough and sputum production. It is estimated to affect around half a million Australians. While the condition is incurable and often complex to manage, it is possible to slow progression and prevent exacerbations with accurate diagnosis and appropriate stepwise care. GP registrars need to develop a planned, patient-centred and evidence-based approach for managing COPD.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Structured history taking and case finding • Use of spirometry for accurate diagnosis and assessment of COPD • Differential diagnosis – asthma, cardiac conditions etc. • Lung Foundation stepwise approach for COPD management, including non-pharmacological treatments and self-management • Range of available inhaler devices and tailoring to different patients • How to develop a COPD action plan • How to manage exacerbations • Indications for referral 						
<p>PRE-SESSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Drugs for chronic obstructive pulmonary disease – Australian Prescriber 						
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Consider COPD in patients with recurrent LRTIs • Spirometry is essential in diagnosis and assessment of COPD • Reversibility on spirometry does not necessarily exclude a diagnosis of COPD, as asthma and COPD commonly overlap • It is always worth encouraging patients to quit smoking, no matter what stage of the disease • Pulmonary rehabilitation is associated with reduced exacerbations and hospital admissions and should be considered for all patients • There are negligible differences in efficacy and side effects of different LABAs, and different LAMAs • LABA/LAMA combination products should be reserved for patients who are not controlled on LABA or LAMA monotherapy • Ensure SAMAs are ceased if a LAMA is started • ICS are not recommended for those with mild COPD • Check inhaler technique regularly • Comorbid conditions are very common, including CV disease, GORD, DM, anxiety/depression, and osteoporosis • Don't forget immunisations! • Self-management that enables patients to start treatment of exacerbations reduces hospital admissions 						
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1753 432 1854">Read</td> <td data-bbox="432 1753 1497 1854"> <ul style="list-style-type: none"> • The value of spirometry in clinical practice - NPS Medicinewise News • COPD-X Concise Guide for Primary Care - an excellent guideline summary </td> </tr> <tr> <td data-bbox="336 1854 432 1921">Watch</td> <td data-bbox="432 1854 1497 1921"> <ul style="list-style-type: none"> • Videos of correct inhaler technique - National Asthma Council </td> </tr> <tr> <td data-bbox="336 1921 432 2022">Use</td> <td data-bbox="432 1921 1497 2022"> <ul style="list-style-type: none"> • Device-specific checklists to assess patient's inhaler technique • Primary Care Respiratory Toolkit – online decision support </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • The value of spirometry in clinical practice - NPS Medicinewise News • COPD-X Concise Guide for Primary Care - an excellent guideline summary 	Watch	<ul style="list-style-type: none"> • Videos of correct inhaler technique - National Asthma Council 	Use	<ul style="list-style-type: none"> • Device-specific checklists to assess patient's inhaler technique • Primary Care Respiratory Toolkit – online decision support
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<p>FOLLOW UP/ EXTENSION ACTIVITIES</p>	<ul style="list-style-type: none"> • NPS MedicineWise interactive case study COPD: navigating inhaled medicines management • Lung Foundation online training • Observe the practice nurse undertaking spirometry testing with a patient • Registrar to undertake the clinical reasoning challenge and discuss with supervisor 						



Chronic Obstructive Pulmonary Disease (COPD)

Clinical Reasoning Challenge

Dave Rowlam, a 69 year old retired accountant, presents to you with worsening dyspnoea over the past couple of years. He smokes about 15 cigarettes/day. You suspect COPD and arrange spirometry.

QUESTION 1. What are the MOST IMPORTANT findings on spirometry for a diagnosis of COPD? List two.

- 1 _____
- 2 _____

QUESTION 2. You diagnose moderate COPD. Which of the following medications is MOST APPROPRIATE to commence at this point? Select as many as appropriate.

- SABA for symptomatic treatment
- SAMA for symptomatic treatment
- LABA as monotherapy
- LAMA as monotherapy
- LABA/LAMA combination
- ICS
- LABA/ICS combination
- Oral prednisone

QUESTION 3. What other interventions would you recommend to manage his COPD at this point? List as many as appropriate.



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ANSWERS

QUESTION 1

What are MOST IMPORTANT findings on spirometry for a diagnosis of COPD? List two.

- FEV1/FVC ratio less than 70% and not fully reversible
- FEV1 below 80% of the volume predicted

QUESTION 2

Which of the following medications is MOST APPROPRIATE to commence at this point? Select as many as appropriate

- SABA for symptomatic treatment
- SAMA for symptomatic treatment
- LABA as monotherapy
- LAMA as monotherapy

QUESTION 3

What other interventions would you recommend to manage his COPD at this point? List as many as appropriate.

- Education
- Smoking cessation
- Pulmonary rehab
- Physical activity
- Immunisation for pneumonia and influenza