GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

WEBINAR

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is estimated to affect about 500,000 Australians and is the fifth leading cause of death in Australia. COPD is the second leading cause of hospital admissions and it is estimated between 250,000-600,000 people remain undiagnosed.

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.

As GP supervisors, we have a responsibility to teach registrars how to diagnose COPD and help navigate their thinking about medications and puffers.

What is Chronic Obstructive Pulmonary Disease?

COPD is a debilitating and progressive long-term lung condition characterised by dyspnoea, cough and sputum production.

What definitions should I ensure my registrar is familiar with?

SABA - short-acting beta-2 agonist

SAMA - short-acting muscarinic antagonist

LABA - long-acting beta-2 agonist

LAMA - long-acting muscarinic antagonist

ICS - inhaled corticosteroid

What teaching tool can I use during a COPD lesson with my registrar?

Case studies are a great starting point for discussion. Among other things you can discuss the patient's symptoms, medical and family history, occupational exposure, diagnosis and treatment options. For example: Is the patient a smoker? Has there been a previous personal or family history of significant respiratory illness? Does the patient's occupation expose him to dust or other respirational inhibitors?

Case studies are an excellent starting point for clinical lesson discussions and can be found on a variety of topics, including COPD on the NPS MedicineWise site at www.nps.org.au

Is there a danger of my registrar overlooking potential presentations of COPD?

Yes. It is estimated 250,000-600,000 people in Australia suffering COPD remain undiagnosed. Experienced GPs and registrars alike can miss potential presentations of COPD. For example, a patient older than 40 may present with COPD symptoms, but attribute breathlessness to being deconditioned, unfitness because of changed lifestyle, or re-current chest infections.

NPS MedicineWise estimates:

- 7.5 per cent of Australians 40 years or over have symptomatic COPD.
- This increases to 30 per cent for people aged 75 and over.
- Between 250,000-600,000 remain undiagnosed.
- COPD is the leading cause of avoidable hospital admissions.
- COPD is the fifth leading cause of death in Australia.
- Aboriginal and Torres Strait Islander people are 2.5 times more likely to be diagnosed.

How can I teach my registrar to be aware of potential COPD presentations?

By using a case study, you can ask, "What are the key features on this patient's history that you would wish to ascertain?" Helping to train this line of diagnostic questioning will also benefit your registrar's thought process when sitting their Key Feature Paper (KFP).

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What percentage of patients with COPD is a registrar likely to see in general practice?

ReCEnT data suggests an estimated 0.4 per cent of problems managed by registrars are COPD.

COPD was the 14th most commonly managed chronic condition in general practice in 2015-2016 and is managed at a rate of 0.9 per 100 encounters (0.6 per cent of all problems).

This means your registrar will not often manage patients with COPD, and therefore have limited experience. This highlights your duty as a supervisor to complement their education and upskilling in this area.

SAND data suggests the prevalence of COPD in general practice to be between 4.1-5.3 per cent:

- 43 per cent with mild COPD
- 22-35 per cent with moderate COPD
- 14-42 per cent with severe COPD

What role can NPS MedicineWise play in helping supervisors educate their registrars?

NPS MedicineWise was established in 1988 to promote quality use of medicines and expanded its focus in 2009 to other health technologies.

The quality use of medicines is in the context of Australia's National Medicines Policy which is concerned with:

- Selecting the right management option (including non-pharmacological therapies where the best choice).
- Appropriate use of medicines if a medicine is considered necessary.
- Safety and efficacious use. That is, it delivers a beneficial change in actual health outcomes.

NPS MedicineWise delivers multifaceted clinical programs which are focused on closing evidence-practicec gaps and has a broad range of resources.

For More information, visit https://www.nps.org.au/

Where does COPD fit into the health system and does this impact on a registrar's ability to manage the disease?

There have been nine new medications and many new devices introduced (2014-2017), making it difficult for registrars to come to terms with selecting between agents and devices.

As an established GP, you have a role in helping your registrar navigate medications, puffers (particularly given that inhaler technique is so poor), and issues surrounding PBS guidelines. Because asthma and COPD can be synonymous in people's minds, it is important to note the PBS restrictions.

Registrars should also be supported in referring to the Lung Foundation COPD-X guidelines, and made aware that these are updated every four years.

What are the key evidence-practice gaps in COPD diagnosis and management?

Understanding the practice gaps will benefit your own clinical practice as well as help you support your registrar in COPD diagnosis and management.

NPS MedicineWise has identified the following key evidence-practice gaps in COPD:

- Diagnosis and assessment of severity.
- Stepwise pharmacological management of COPD.
- Inhaler technique and adherence.

Additional evidence-practice gaps are:

- Patients with COPD (particularly with comorbidities) tend to be inactive. Sedentary lifestyle is associated with increased risk of exacerbations, hospitalisation and mortality.
- Pulmonary rehabilitation is underutilised. A 2011 study found that 43 per cent of patients had never been referred since being diagnosed.
- Smoking accounts for 70 per cent of COPD cases.
- Annual influenza vaccination reduces the risk of exacerbations, hospitalisation and death.
- Up-to-date pneumococcal vaccination prevents bacteraemic pneumonia in elderly patients.

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COPD Key-Evidence Practice Gaps

	GAPS	ACTIONS
Diagnosis and assessment of severity	• 20-30% of patients with COPD do not meet the spirometry criteria. • Underuse of spirometry can lead to misclassification of COPD and subsequent inappropriate use of respiratory medicines. • Proportion with overlap with asthma could range from 17%-50%. • Differentiation of overlap is important as there are differences in the way asthma and COPDF are managed. • Spirometry quality variable in practice.	• Use patient history, clinical examination and spirometry to confirm diagnosis and guide exclusion of asthma. • Use spirometry to assess severity and assist in choosing the most appropriate therapeutic regimen. • Explain the implications of spirometry results to your patients. • Ensure there is a clear process in your practice to perform (or refer for) quality spirometry.
Stepwise pharmacological management of COPD	• Guidelines outline a stepwise approach. This may not always be occurring in practice (i.e., initiations with ICS+LABA). • Medicines used to treat asthma and COPD may be being used to treat respiratory tract infections (e.g., higher initiations in winter of budesonide/formoterol). • A small number of patients may be exposed to unsafe medicine-use practices, including double dosing and the use of regimens that include concomitant use of a SAMA and a LAMA.	• Initially consider a SABA or SAMA for patients with mild COPD. • Limit use of LABA+LAMA dual therapy to patients with uncontrolled symptoms despite (LABA or LAMA) monotherapy. • Limit use of ICS and ICS+LABA to moderate to severe COPD patients experiencing frequent exacerbations. • Avoid harmful duplication of medicine classes. Eg., LAMA/SAMA. • Review at change in therapy, after exacerbation, at transitions in care. • Reinforce benefits of smoking cessation, pulmonary rehabilitation and immunisation with patients.
Inhaler technique and adherence	• Up to 90% of patients do not use their inhalers correctly. • Only 22% of patients in an Australian sample reported their inhaler technique had ever been assessed by a health professional. • Incorrect inhaler technique is associated with: - 50% increased risk of hospitalisation. - Increased emergency department visits. - Increased use of corticosteroids. - Increased risk of ICS side effects like dysphonia and oral thrush.	• Choose a delivery device based on patient-specific factors. • Ensure patients are taught how to use newly prescribed inhaler devices. • Check patients' adherence and inhaler technique regularly and at key points.

Source: NPS MedicineWise

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Can MedicineWise assist me in my knowledge and teaching of COPD to my registrar?

In addition to providing a number of resources, MedicineWise provides educational visits in general practices throughout Australia.

Supervisor, registrar and other medical staff can all benefit from these visits, which include the topic COPD Medicines and Inhalers: Stepping through the options.

This session provides a structured approach to help reduce confusion about the multitude of new COPD products that have been PBS-listed over the last couple of years. The group-based activity includes discussions on the place of spirometry, quality use of fixed-dose combination inhalers and where newer options fit within the latest COPD-X guidelines.

When booking a visit with your regional NPS facilitator, you should encourage your registrar to do some preparatory work, so they get the most value from the session. During your clinical teaching before the NPS educational visit, talk to your registrar about some of the challenging clinical cases he/she has seen. Ask your registrar to prepare questions about these cases and COPD in general in preparation for the NPS MedicineWise educational visit.

For more information, visit www.nps.org.au/medical-info/clinical-topics/chronic-obstructive-pulmonary-disease-copd

Other resources

- General Practice Supervisor Australia COPD Teaching Plan. https://gpsupervisorsaustralia.org.au/download/2537/
- The COPD-X Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease 2016.
- COPD-X Concise Guide for Primary Care.
- Videos of correct inhaler technique – National Asthma Council.
- Device-specific checklists to assess patient's inhaler technique.
- Lung Foundation COPD Action Plan.
- Primary Care Respiratory Toolkit – online decision support.

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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