

GOLD NUGGETS

GLOBAL INITIATIVE FOR CHRONIC
OBSTRUCTIVE
LUNG
DISEASE

ADVANCED EHEALTH FOR COPD

SPONSORED BY THE CANCER, CARDIOVASCULAR DISEASE
AND PULMONARY DISEASE PROGRAM AT COLORADO
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND
THE UNIVERSITY OF COLORADO HOSPITAL

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University of Colorado Hospital, COPD eHealth

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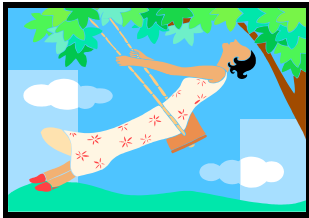
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Enrollment Deadline - June, 2007

Only **2** months remaining!

**DON'T FORGET TO
VISIT OUR
WEBSITE**

www.copdehealth.org

REFER YOUR COPD
PATIENTS TO
COPD EHEALTH

Spring is in the air...

With the weather warming up, now is a good time to encourage your patients to get more exercise. For some, allergies may make outdoor activities difficult; encourage increased indoor/gym activity time if so.

BODY MASS INDEX http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm

Does your patient get short of breath while eating?

A reduction in BMI is an independent risk factor for mortality in COPD patients. A significant number of patients with moderate to very severe COPD show a reduction in their BMI and fat free mass. Encouraging small frequent meals can be helpful; some may find that high protein drinks incorporated into their daily diet can help add calories and build muscle mass. Discuss nutritional status and encourage weight gain with COPD patients with BMIs less than 21 and especially with patients at < 19.

High BMI with COPD patients may increase work of breathing – especially if excess weight is carried in the midsection. If a patient's BMI is > 25, weight loss counseling can be helpful. Small, more frequent, meals and snacks may help reduce shortness of breath. Lung transplant carries an increased risk of mortality for patients with a high BMI; people are often delayed in placement on the lung transplant list until their BMI is reduced.

Formula: $Wt (lbs) / [Ht (in)^2] \times 703$ e.g. $Wt = 150 lb, Ht = 5'5" (65")$
Calculation: $[150 / (65)^2] \times 703 = 24.96$

Figure 5.3-2. Topics for Patient Education

For all patients:

- Information and advice about reducing risk factors

Stage I: Mild COPD through Stage III: Severe COPD

Above topic, plus:

- Information about the nature of COPD
- Instruction on how to use inhalers and other treatments
- Recognition and treatment of exacerbations
- Strategies for minimizing dyspnea

Stage IV: Very Severe COPD

Above topics, plus:

- Information about complications
- Information about oxygen treatment
- Advance directives and end-of-life decisions

Patient education regarding smoking cessation has the greatest capacity to influence the natural history of COPD

Figure 5.3-3. Examples of Patient Questions

- *What is COPD?*
- *What causes COPD?*
- *How will it affect me?*
- *Can it be treated?*
- *What will happen if my disease gets worse?*
- *What will happen if I need to be admitted to the hospital?*
- *How will I know when I need oxygen at home?*
- *What if I do not wish to be admitted to intensive care for ventilation?*

ADVISE smokers to quit at every visit.
Have you recommended *CHANTIX* (*varenicline*)?

See Tonstad et al. Effect of Maintenance Therapy with Varenicline on Smoking Cessation. JAMA, July 5, 2006, No.1.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16820548&itool=pubmed_AbstractPlus

NEXT MONTH...

Results of the *Towards a Revolution in COPD Health* (TORCH) Trial

Please contact our office @ 303-372-8378 if you would like a BMI hardcopy chart