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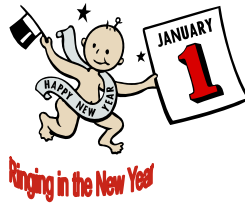
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Enrollment Deadline for the
COPD Health Program...
JUNE 2007

Only 5 months remaining!



A NEW YEAR'S RESOLUTION FOR YOUR PATIENTS

Helping your patients maintain and improve their quality of life is every provider's goal. This can be challenging when caring for the patient with COPD. In prior issues we have discussed managing symptoms with medication. However, there are other non-pharmacologic interventions you can utilize.

Pulmonary Rehabilitation can be beneficial to your patient with all stages of COPD. The goals of these programs are to improve symptoms, improve quality of life and increase physical and emotional participation in everyday activities. The minimum length of an effective rehabilitation program is two months. The longer a program continues, the more effective the results. Encouraging your patients to participate in a program will help you meet the goal of improving the quality of your patient's life.

Exacerbation What is it?.....

An exacerbation is defined as "an event" in the natural course of the disease characterized by a change in the patients baseline dyspnea, cough and/or sputum that is beyond normal day-to-day variations, is acute in onset and may warrant a change in regular medication.

IMPORTANT: Exacerbations may also be accompanied by non-specific complaints: malaise, insomnia, sleepiness, fatigue, depression and confusion.

- In patients with stage IV: very severe COPD, the most important sign of a severe exacerbation is a change in mental status. This signals a need for immediate evaluation in the hospital.
- The most common causes of exacerbations are infections of the bronchotracheal tree and air pollution.

Conditions that mimic exacerbations:

- Pneumonia
- Congestive heart failure
- Pneumothorax
- Pleural effusion
- Pulmonary embolism
- Arrhythmia

Exacerbation Management Home vs Hospitalization

HOME MANAGEMENT

- Increase the dose and/or frequency of existing bronchodilator therapy, preferably with B₂ – agonists.
- If not already used, an anticholinergic can be added until symptoms improve.
- Systemic glucocorticosteroids, especially for patients with baseline FEV₁ of < 50% predicted. Steroids shorten recovery time, improve lung function and hypoxemia, and may reduce the risk of early relapse. A dose of 30-40 mg prednisolone per day for 7-10 days is recommended.
- Antibiotics should be given if:
 - The following three cardinal symptoms are present: increased dyspnea, increased sputum volume and increased sputum purulence
 - If two of the above cardinal symptoms are present and one of them is increased sputum purulence

DID YOU...

Ask your patients if they are ready to quit smoking and offer to help them with a plan?



Next Month...
Antibiotic Discussion

HOSPITAL MANAGEMENT

The risk of dying from an exacerbation of COPD is closely related to the development of respiratory acidosis, presence of comorbidities and need for ventilatory support. Patients lacking these features are not at risk of dying, but those with severe COPD may require hospitalization anyway.

Figure 5.4-3. Indications for Hospital Assessment or Admission for Exacerbations of COPD*

- Marked increase in intensity of symptoms, such as sudden development of resting dyspnea
- Severe underlying COPD
- Onset of new physical signs (e.g., cyanosis, peripheral edema)
- Failure of exacerbation to respond to initial medical management
- Significant comorbidities
- Frequent exacerbations
- Newly occurring arrhythmias
- Diagnostic uncertainty
- Older age
- Insufficient home support

*Local resources need to be considered.

Figure 5.4-4. Indications for ICU Admission of Patients with Exacerbations of COPD*

- Severe dyspnea that responds inadequately to initial emergency therapy
- Changes in mental status (confusion, lethargy, coma)
- Persistent or worsening hypoxemia (PaO₂ < 5.3 kPa, 40 mmHg), and/or severe/worsening hypercapnia (PaCO₂ > 8.0 kPa, 60 mmHg), and/or severe/worsening respiratory acidosis (pH < 7.25) despite supplemental oxygen and noninvasive ventilation
- Need for invasive mechanical ventilation
- Hemodynamic instability—need for vasopressors

*Local resources need to be considered.