

# 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

May/June 2007

University of Colorado Hospital, COPD eHealth

4200 E 9th Ave, Mailstop C-300, Denver, Co 80262 303-372-8378

### Principal Investigator & Program Director

R. William Vandivier, MD  
[www.copdehealth.org](http://www.copdehealth.org)

### Co-Investigators

Norbert F. Voelkel, MD  
Thomas J Stelzner, MD  
John M. Westfall, MD  
Jeffery J. Glasheen, MD  
Jim Grigsby, PhD  
Sung-joon Min, PhD  
Debra P. Ritzwoller, PhD, RRT

### Program Coordinator

Patricia B. Koff, MEd, RRT  
303-476-8049

### Participating Institutions

University of Colorado Hospital  
Kaiser Permanente  
University of Colorado at Denver and  
Health Sciences Center

### Contacts

#### University of Colorado

Tammie Freitag, RN  
Care Coordinator 303- 476-8052

Shannon Schrader, RN, BSN  
Care Coordinator 303- 476-8053

Christine Verano, RN, BSN  
Care Coordinator 303-372-0707

Laura Kunde, RRT  
Care Coordinator 303-372-8943

Nancy Osburn, RN, BS, BSN CCRN  
Care Coordinator 303-372-8944

Debbie Andrews, RD  
Nutritionist 303-372-8090

Debbie Diaz  
Adm. Assistant 303- 372-8378

#### Kaiser Permanente

Christine Kveton, RRT  
Care Coordinator 303- 476-8050

Stephanie Carwin, RRT  
Care Coordinator 303- 476-8055

#### High Plains-Eastern CO.

Christin Sutter 303- 921-8744



### DON'T FORGET TO VISIT OUR WEBSITE

[www.copdehealth.org](http://www.copdehealth.org)

REFER YOUR COPD  
PATIENTS TO  
COPD EHEALTH

*Enrollment Deadline - August, 2007*

**2** months remaining!

Now that summer is here, are your patients thinking of traveling to the mountains?

There are some new oxygen delivery systems that can help keep patients mobile. Encourage patients to talk with their oxygen providers to get details about portable concentrators and small liquid systems.

### PULMONARY EMBOLISM and COPD Exacerbations

Encouraging activity with COPD patients may help reduce the chance of pulmonary emboli (PE). Research into the possibility that pulmonary emboli may be responsible for COPD exacerbations has increased in the past year. While we know that the majority of COPD exacerbations are viral or bacterial (or combinations) in origin, there are some which are not easily explained. Studies report between 1% and 25% incidence of PE in the COPD population. **Main message:** PE may trigger acute dyspnea in COPD – especially in the most severe patients. **In the absence of sputum changes, sore throat, fever or cold symptoms, consider PE as a possible exacerbation cause.** To read more, access these articles:

[Rutschmann OT, Cornuz J, Poletti PA, Bridevaux PO, Hugli OW, Qanadli SD, Perrier A.](#) Should pulmonary embolism be suspected in exacerbation and risk of pulmonary embolism. *Thorax.* 2007; 62:121-125.

[Nijkeuter M, Sohne M, Tick LW, Kamphuisen PW, Kramer MH, Laterveer L, van Houten AA, Kruij MJ, Leebeek FW, Buller HR, Huisman MV; Christopher Study Investigators.](#) The natural course of hemodynamically stable pulmonary embolism: Clinical outcome and risk factors in a large prospective cohort study. *Chest.* 2007; 131:517-523.

[Wedzicha JA, Hurst JR.](#) Chronic obstructive pulmonary disease exacerbation and risk of pulmonary embolism. *Thorax.* 2007 Feb;62(2):103-4. No abstract available. Erratum in: *Thorax.* 2007 Apr;62(4):371.

## **Towards a Revolution in COPD (TORCH )**

Another study worth reviewing:

[Calverley PM, Anderson JA, Celli B, Ferguson GT, Jenkins C, Jones PW, Yates JC, Vestbo J; TORCH investigators.](#)

Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease. N Engl J Med. 2007 Feb 22;356(8):775-89.

This 6000 + patient study addresses the use of Advair (50 µg salmeterol / 500 µg fluticasone propionate) in the COPD population and shows promise that these two drugs, when used in combination, can have a positive influence on reducing exacerbations and improving health status. The primary risk appears to be an increased risk of developing pneumonia. There were no risks of increased bone fractures, no excess cardiac disorders and no higher rates of cataracts.



### **CONSIDER Pulmonary Emboli with COPD if patients are:**

Elderly  
Immobilized  
Hospitalized  
Acute dyspnea is present without other symptoms  
Malignancies present

**NEXT MONTH... Surgical Options  
for COPD**