



Talking to patients about chronic obstructive pulmonary disease (COPD) and COPD exacerbations (i.e., lung attacks)

Identifying at-risk patients

Chronic obstructive pulmonary disease (COPD), an umbrella term that includes emphysema and chronic bronchitis,¹ is a leading cause of morbidity and mortality across all racial and ethnic groups and in men and women, particularly for those 55 years and older.² A significant cause of increased morbidity and mortality is COPD exacerbations (i.e., lung attacks).³

Family physicians play a crucial role in recognizing, diagnosing, and managing COPD and the risk factors for exacerbations to reduce lung attacks, excess morbidity and early mortality.

The [Global Initiative for Chronic Obstructive Lung Disease \(GOLD\)](#) offers more recommendations for COPD management to lower symptom burden and prevent or reduce exacerbations. Their reports are updated yearly.

Fast facts^{1,4}

- More than 14.2 million people in the United States have a physician diagnosis of COPD with many more people undiagnosed.
- That constitutes more than 6% of adults in the United States with the prevalence increasing from 2011-2021 among adults 75 years and older, individuals living in rural areas and those who have ever smoked.
- Up to 80% of those with COPD experience at least one exacerbation in a given year with more than 50% experiencing at least one moderate or severe exacerbation.

Exacerbation risk assessments^{5,6}

The most common modifiable risk factors for COPD exacerbations (i.e., lung attacks) include:

- Continued smoking or vaping
- Poor adherence to therapy
- Poor inhaler technique
- Previous exacerbations (i.e., lung attacks)
- Comorbidities, including depression, uncontrolled asthma, gastroesophageal reflux disease and cardiovascular disease, which require specific therapies to reduce risks

Identifying and discussing therapies for these risk factors for lung attacks with your patients and their families empowers them to make informed decisions about treatment choices.

Talking to patients using shared decision-making

The five-step SHARE Approach (i.e., **S**eek, **H**elp, **A**ssess, **R**each, **E**valuate) can facilitate shared decision-making between family physicians and their patients and help reduce risk factors and prevent or reduce exacerbations. *Table 1* adapts and summarizes the use of the SHARE Approach for patients with COPD.

Table 1. SHARE Approach for patients with COPD⁷

SEEK your patient's participation	HELP your patient explore and compare options	ASSESS your patient's values, preferences and situation	REACH a decision with your patient	EVALUATE your patient's decision
- Explain to the patient the purpose of the conversation - Use plain language for what constitutes COPD and lung attacks - Ask the patient about their concerns related to COPD, loss of independence, activity limitations, breathlessness, use of inhalers and medications, and previous lung attacks - Ask the patient if they want to include family and/or caregivers in the discussions	- Review the modifiable risk factors for COPD with patients as shared above, plus discuss their COPD phenotypes like high eosinophil counts, emphysema and current lung function - Suggest support strategies, including pulmonary rehabilitation - Review the risks and benefits of current and available medications to manage COPD, including newer therapies such as biologics	- Encourage the importance of your patient's values and input and emphasize that COPD is treatable - Ask open-ended questions, actively listen, show empathy and provide positive reinforcement - Do this over several visits, as it often becomes more important to the patient and family following an exacerbation	- Set SMART goals (i.e., Specific, Measurable, Achievable, Realistic and Time-bound) with your patient for risk reduction, to improve functional status and to reduce or prevent exacerbations - Discuss the patient's decision and the course of action to implement their goals, including additional resources or education they need - Verify the goals and next steps	- Review the patient's decisions and address any concerns you and your patient have about meeting the SMART goals - Offer support to overcome any foreseeable barriers - Monitor the treatment decisions and schedule follow-up appointments with your care team, as well as with other specialists, such as cardiologists, pulmonologists and pulmonary rehabilitation therapists

Tools to assess COPD status, support patient awareness and manage an action plan include the [COPD Assessment Test \(CAT\)](#) and the [My COPD Action Plan](#).

References

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