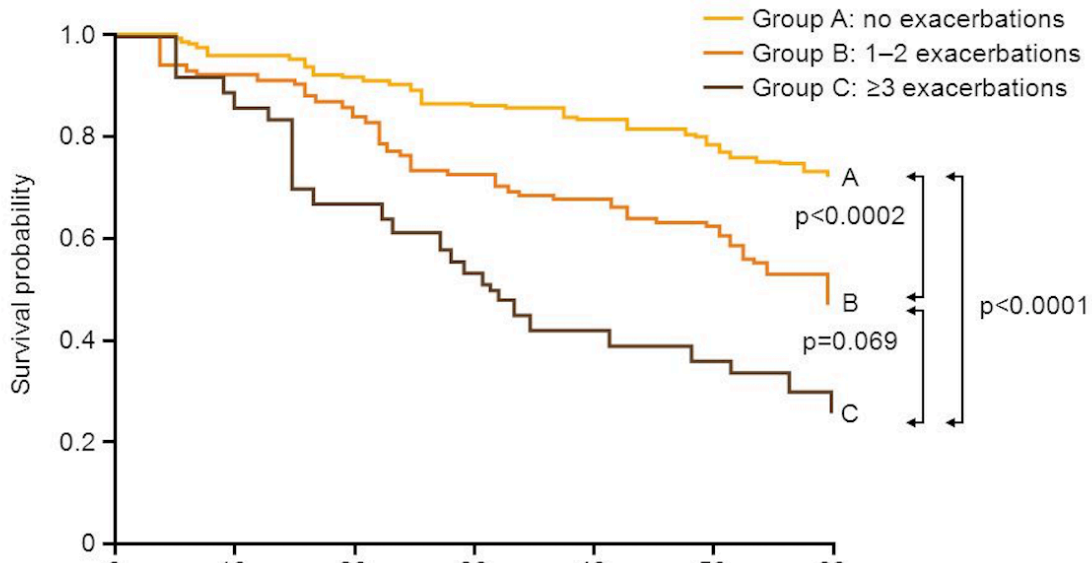
Intervention Opportunities in COPD Management

AAFP

Chronic obstructive pulmonary disease (COPD) is a progressive but variable condition. Management of COPD is an ongoing process, and the goal is to get control and prevent exacerbations with treatment.[1,2] Getting control of COPD means minimizing symptom burden and limiting risk of disease progression, exacerbations, and mortality.[1-3] Mortality risk increases with each severe COPD exacerbation, such as those requiring an emergency department visit or hospitalization.[4,5] **In COPD management, every exacerbation counts and needs to be prevented.**[3-5]

COPD exacerbations increase mortality risk



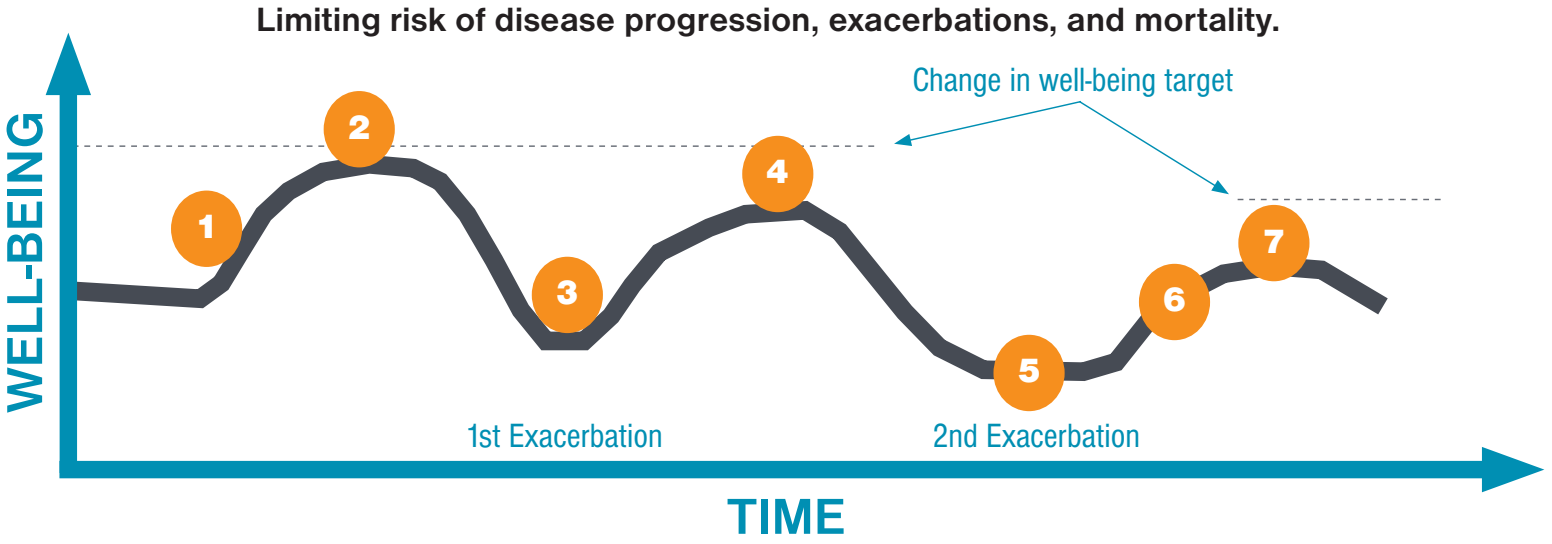
COPD = chronic obstructive pulmonary disease

Reprinted from *Thorax*, 60; Soler-Cataluña, Martínez-Garcia, Román-Sánchez, Salcedo, et al.; Severe acute exacerbations and mortality in patients with chronic obstructive pulmonary disease; 925-931; with permission from Elsevier.

THE GRAPH BELOW SHOWS THE POTENTIAL TREATMENT TOUCHPOINTS IN MANAGEMENT OF A PATIENT'S COPD OVER TIME.

Content developed by the American Academy of Family Physicians and sponsored by GlaxoSmithKline.

Limiting risk of disease progression, exacerbations, and mortality.



1. Initial Assessment: Patient is a former smoker who is undertreated on rescue medication; an initial CAT score of 16 was obtained. Add combination LABA/LAMA pharmacotherapy. Complete a COPD Action Plan.
2. Follow-up Visit: Improvement with treatment; the patient is stable. Assess functionality, symptom burden (e.g., CAT and mMRC Dyspnea Scale), and smoking status. Use shared decision-making to define expectations.
3. Exacerbation: Ensure vaccinations and assess inhaler technique, adherence, and comorbidities. Prescribe appropriate short-term pharmacotherapy, reevaluate maintenance therapy, and consider pulmonary rehabilitation.
4. Regular COPD Checkup: Ensure vaccinations and assess smoking status, inhaler technique, adherence, and comorbidities. Record CAT and mMRC scores. Revisit COPD Action Plan.
5. Second Exacerbation in 12 Months: Prescribe appropriate short-term pharmacotherapy and reevaluate inhaler technique, adherence, and comorbidities. Consider other assessments (e.g., CBC with differential for eosinophilia, CT scan for lung cancer screening and emphysema). Reevaluate maintenance therapy and add an ICS.
6. Follow-up Visit: Assess functionality and symptom burden (e.g., CAT and mMRC Dyspnea Scale). Review other assessments. Assess smoking status, inhaler technique, adherence, and comorbidities. Use shared decision-making to redefine expectations.
7. Regular COPD Checkup: Ensure vaccinations and assess smoking status, inhaler technique, adherence, and comorbidities. Record CAT and mMRC scores. Review and update COPD Action Plan.

This theoretical patients' course of COPD and treatment was designed by Barbara Yawn, MD, MSc, FAAFP. Clinical practice recommendations/guidelines were consulted in the development of this treatment plan.[1,4,5] Apply clinical reasoning in treatment of your patients.

CAT = COPD Assessment Test; CBC = complete blood count; CT = computed tomography; ICS = inhaled corticosteroid; LABA = long-acting beta-agonist; LAMA = long-acting muscarinic antagonist; mMRC = Modified Medical Research Council.

REFERENCES

1. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. 2021 report. Accessed March 15, 2021. https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1-25Nov20_WMV.pdf.
2. Nici L, Mammen MJ, Charbek E, et al. Pharmacologic management of chronic obstructive pulmonary disease. An official American Thoracic Society clinical practice guideline. *Am J Respir Crit Care Med.* 2020;201(9):e56-e69.
3. Stevermer JJ, Fisher L, Lin KW. Pharmacologic management of COPD exacerbations: a clinical practice guideline from the AAFP. *Am Fam Physician.* 2021;104(1):online.
4. Suissa S, Dell'Aniello S, Ernst P. Long-term natural history of chronic obstructive pulmonary disease: severe exacerbations and mortality. *Thorax.* 2012;67(11):957-963.
5. Soler-Cataluña JJ, Martínez-García MA, Román Sánchez P, et al. Severe acute exacerbations and mortality in patients with chronic obstructive pulmonary disease. *Thorax.* 2005;60(11): 925-931.