

# Top Ten Tips

## COPD Management

1. A firm diagnosis of COPD can only be made on the basis of quality assured spirometry: history alone only raises the suspicion of the presence of COPD.
2. Smoking cessation underpins all of COPD management. It is the only treatment which can arrest disease progression.
3. FEV1 is a good indicator of prognosis.
4. The purpose of COPD management is optimisation compared with asthma where the objective is normalisation:
  - Optimisation includes both pharmacological and non pharmacological modalities.
5. The recognition and treatment of depression is very important:
  - Some 40% of patients with COPD suffer from anxiety and depression.
  - Their presence adversely affects outcomes in terms of reduction in exercise capacity, hospital admissions and quality of life.
6. Bronchodilation is the mainstay of pharmacological treatment.
7. Stratify patients by severity ( FEV1, MRC breathlessness scale) in order to identify those who might benefit from oxygen assessment or pulmonary rehabilitation:
  - Pulse oximetry will screen those in whom blood gases are indicated (>92% at rest do not need oxygen).
8. Every exacerbation results in a further permanent deterioration in lung function, making the prevention of exacerbations a priority. This includes:
  - Smoking cessation.
  - Annual influenza vaccination.
  - Optimisation of inhaled medication.
  - Pulmonary rehabilitation.
  - Dietary advice.
  - Self management plans.
9. Patient education concerning their disease underpins self management:
  - Self management aids in early recognition and treatment of exacerbations by providing a guide to patients on when to take their home supply of oral steroids and/or antibiotics.
10. Palliative care should be provided when the clinician estimates that the patient might be alive in one years time:
  - The purpose of this is to provide end-of-life care in order to maximise quality of life, and avoid unnecessary treatments or intervention while managing distressing symptoms through the appropriate use of opioids and /or anxiolytics.
  - The setting up of an advanced care directive may be helpful, and the patient should be put on the GSF.





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