Priority Topic: **COPD**

### Key Features:

**You should know about the GOLD guidelines 2017**

1. In all patients presenting with symptoms of prolonged or recurrent cough, dyspnea, or decreased exercise tolerance, especially those who also have a significant smoking history, suspect the diagnosis of chronic obstructive pulmonary disease (COPD).

2. When the diagnosis of COPD is suspected, seek confirmation with pulmonary function studies (e.g., FEV1).

**Risk factors, symptoms, diagnostic testing, interpretation of results**

**What you should study:**

- ✓ COPD Full Guideline BC 2017
- ✓ COPD Diagnosis and Management AAFP 2017

3. In patients with COPD, use pulmonary function tests periodically to document disease progression.

   ✓ Just do it!

4. Encourage **smoking cessation** in all patients diagnosed with COPD.*

**What you should study:**

- ✓ **Priority Topic: Smoking Cessation**

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5. Offer appropriate **vaccinations** to patients diagnosed with COPD (e.g., influenza/pneumococcal vaccination).

**What you should study:** no great concise article but here’s the bottom line:

**NB:** patients with COPD should get 2 pneumococcal vaccines: polysaccharide and conjugated (prevnar13 and pneumovax23) **these are both covered in Quebec for patients with certain conditions - see PIQ**

- influenza: ALL patients with COPD annually
- prevnar: ALL patients with COPD once in adulthood
- pneumovax: ALL patients with COPD once in adulthood
- zoster (as appropriate)
- TdaP (as appropriate)

6. In an apparently stable patient with COPD, offer **appropriate inhaled medication for treatment** (e.g., anticholinergics/bronchodilators if condition is reversible, steroid trial).

**What you should study:** know about PDE4-inhibitors

✓ COPD Treatment CFP 2016
✓ COPD Brochure Lung Association 2016
✓ COPD Meds CTS Guideline

7. Refer appropriate patients with COPD to **other health professionals** (e.g., a respiratory technician or pulmonary rehabilitation personnel) to enhance quality of life.

**What you should study:**

✓ COPD Diagnosis and Management AAFP 2017
8. When treating patients with acute exacerbations of COPD, rule out comorbidities (e.g., myocardial infarction, congestive heart failure, systemic infections, anemia).

**What you should study:**
know how to treat an acute exacerbation as well as to rule out comorbidities

- COPD Exacerbation Treatment AAFP 2010
- Acute COPD Exacerbation 2018  Page 4 has a blurb on comorbidities

9. In patients with end-stage COPD, especially those who are currently stable, discuss, document, and periodically re-evaluate wishes about aggressive treatment interventions.

**What you should study:** Care goals and level of intervention should be discussed

- Levels of Intervention McGill Bioethics 2010
- Patient Perceptions of Severe COPD NATURE 2015

**Note:** *See the key features on Smoking Cessation.*