

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](#).

4. Encourage [smoking cessation](#) in all patients diagnosed with COPD.*

What you should study:

- ✓ **Priority Topic: [Smoking Cessation](#)**

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

<http://www.msss.gouv.qc.ca/professionnels/vaccination/protocole-d-immunisation-du-quebec-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 co-morbidities** (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 co-morbidities

- ✓ [COPD Exacerbation Treatment AAFP 2010](#)
- ✓ [Acute COPD Exacerbation 2018](#) **Page 4 has a blurb on co-morbidities**

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