



COPD Treatment

Key Points

1) Tobacco cessation is a key intervention in COPD management

Stopping smoking is the only intervention associated with improved symptoms and slows progression of the disease. Tobacco use should be assessed at each visit and patients who are still smoking should be encouraged to stop smoking and offered assistance to do so.

2) Always make sure that Pneumonia and Flu Vaccines are up to date

All patients with COPD should be encouraged to have Influenza Vaccine each year unless there is evidence of true allergy. Pneumococcal Vaccine should be administered when COPD is diagnosed. Pneumococcal vaccine should be repeated at age 65 if it has been more than 5 years since the vaccine.

3) Treatment of COPD is best guided by patient's self report of symptoms

If patient has to stop for breath when walking at on pace on level then further evaluation and treatment is indicated. Self assess severity of COPD symptoms should be assessed at every visit and correlated with treatment. Pulmonary Function Test (PFT) confirms clinical diagnosis and severity of disease but does not always correlate with symptoms.

4) Metered Dose Inhalers (MDI) using beta agonist, atropine agonist and inhaled corticosteroids are the building blocks for the medical management of COPD

Medical management starts with short-acting beta agonist. If persistent symptoms then assess patient adherence and use COPD Algorithm to increase intensity of treatment by using sustained acting medications and adding atropine agonist and inhaled corticosteroids.

5) If patient has Level 2 symptoms check O2 Saturation

If O2 Saturation is <90% then should order ABG and consider need for Home Oxygen therapy. Use of oxygen supplementation when patients have documented hypoxia can improve symptoms and improve survival by preventing cardio/pulmonary complications.