

# Optimizing COPD Care During COVID

## Ensure patients are optimally protected during a dedicated COPD visit

1. What type of visit did you have with your patient?

- Telephone  Video  In person

2. Is there something that the patient was able to do 6 months ago that they cannot do today?

3. Since the patient's last visit, have they been in the habit of refilling their prescriptions monthly?



### Understanding the patient's COPD health status

- Assess COPD burden based on symptoms and disability
  - CAT (<10 – mild, 10-20 moderate, >20 – severe)
  - The minimum important difference of the CAT is 2 points<sup>1</sup>
  - mMRC (0-4, higher number indicates greater disability)
  - How often are you using your ventolin?
- Identify “at risk” patients. Since their last visit, has the patient experienced worsening symptoms requiring:
  - Antibiotic (Abx) and/or prednisone (OCS)
  - ER visit and/or Hospitalization



### Prioritize patient concern

#### Increasing symptom burden

*What to look for:* Increased use of ventolin, increase mMRC or CAT score

#### Goal: Maximize lung function and reducing breathlessness

Consider<sup>2</sup>:

- Step up from LAMA to LAMA/LABA
- Step up from LAMA/LABA to ICS/LAMA/LABA

#### High risk for Exacerbation

*What to look for:* More than 1 course of Abx and/or OCS, or 1 hospitalization

#### Goal: Reduce risk of future exacerbation

Consider<sup>2</sup>:

- Step up from LAMA to LAMA/LABA
- Step up from LAMA/LABA to ICS/LAMA/LABA
- Providing the patient with a course of Abx and/or OCS

## Modified Medical Research Council Dyspnoea Scale

<b>0</b>	"I only get breathless with strenuous exercise."
<b>1</b>	"I get short of breath when hurrying on the level or walking up a slight hill."
<b>2</b>	"I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level."
<b>3</b>	"I stop for breath after walking about 100 yards or after a few minutes on the level"
<b>4</b>	"I am too breathless to leave the house" or "I am breathless when dressing."

Doherty DE *et al.* COPD: Consensus Recommendations for early diagnosis and treatment. *Journal of Family Practice*, Nov 2006.

## COPD Assessment Test™ (CAT)

SCORE

I never cough	0 1 2 3 4 5	I cough all the time	<input type="text"/>
I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is full of phlegm (mucus)	<input type="text"/>
My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight	<input type="text"/>
When I walk up a hill or a flight of stairs I am not out of breath	0 1 2 3 4 5	When I walk up a hill or a flight of stairs I am completely out of breath	<input type="text"/>
I am not limited to doing any activities at home	0 1 2 3 4 5	I am completely limited to doing all activities at home	<input type="text"/>
I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not confident leaving my home at all because of my lung condition	<input type="text"/>
I sleep soundly	0 1 2 3 4 5	I do not sleep soundly because of my lung condition	<input type="text"/>
I have lots of energy	0 1 2 3 4 5	I have no energy at all	<input type="text"/>
			<b>TOTAL SCORE</b> <input type="text"/>

COPD Assessment Test and the CAT logo are trademarks of the GlaxoSmithKline group of companies.

©2020 GlaxoSmithKline. All rights reserved.

### With every assessment ....

- 1. Confirm that the pharmacist has reviewed inhaler technique with the patient
- 2. Ensure that your patient has instructions on how to manage flare-ups (i.e action plan)
- 3. Encourage patients to remain active and exercise regularly
- 4. Review smoking status & inquire about interest in smoking cessation strategies (if still smoking)
- 5. Remind patient to protect themselves: Use a mask and hand sanitizer when you're in a public place
- 6. Inquire about vaccination status (annually)

