COPD UPDATE 10 12 13 Dr Imran Satia

2 types Cough Dyspnoea Spit Colds Wheeze [Blue Bloater Bronchitis]

Little of Symptoms but severe disease [Pink Puffer Emphysema]

Lots of elderly look COPD [ratio > 0.7] but are not smokers and don't have COPD

Look at TREND of FEV1s serious if falling year by year

Asthma Variable Dyspnoea
Night time wakening with breathlessness cough
Not continuous cough
May have eczema and hayfever

Tests >400 ml change in FEV1 and change in FEV1/FVC with bronchodilator or 30 mg prednisolone daily for 2 weeks
PFS variable 20% or more

ASTHMA TYPES
Asthma with variable dyspnoea
Cough Variant Asthma cough no dyspnoea
Eosinophilic Bronchitis cough wheeze

TESTS Sputum Eosinophils
Exhaled Nitric Oxide

M receptors [acetyl choline stimulates] Block these with anticholinergic. Side effects Constipation Urine Retention Dry Eyes/Glaucoma Dry Mouth Tachycardia or worse Arrythmia
B2 Receptors [Noradrenaloine] Stimulate these
NO Production from Eosinophils Use anti inflammatory [Steroid] or New PD4 Inhibitor

LOOK AT
FEV1
BMI Very fat or very thin not good
MRC Dyspnoea Score
Number of Exacerbations
?Heartburn a factor or not

MANAGEMENT
STOP CIGS

PULMONARY REHAB for at least those who have had 1 exacerbation. Exacerbation means not just a course ox amoxil pred but a hospital admission
IMMS FLU PPV 23 is used in UK as PREVINAR for Kids is too expensive but it has been found immunising kids protects the old people
MEDICINES

FEV1 low	ics+laba	laba+ics	2 Exac
	or lama	+- lama	
FEV1 better	saba or sama	lama or laba	0-1 Exac
	MRC 0-1	MRC 2-	

NEW PRIMARY CARE DRUG Aclidinium a bd anticholinergic that is easy to inhale and does not stimulate the cardiac receptors can also be given with very poor renal function

Add others secy care
Theophyline
Azithromycin doubt if worth while reduction in exacs for the risk of spreading resistance
PD4 Inhibitors
Secy Care LTOT Surgery Bullae Endo Bronchial Ball Valve Lung Transplant
3 indications for lung transplant COPD Interstitial Fibrosis [Idiopathic with COPD the Connective Tissue type does well with DMARDS] Cystic Fibrosis

WHEN TO THINK OF OTHER THINGS
Falling FEV1
Exacerbations
Increasing Dyspnoea
Loads of cough [bronchiectasis]
Tired all the time [sleep apnoea]

Bronchiectasis
a-1 anti trypsin deficiency
Immune deficiency eg HIV
Cancer
TB or Atypical Mycobacterium

Pulmonary Hypertension/ Multiple PEs look at ankles, neck veins
Bullous Emophysema
Cough Hypersensitivity
Sleep Apnoea

Do Chest x ECHO Refer