

Answering the Call: Practical Strategies for Improving Earlier Diagnosis and Patient-Centered Management of COPD in Primary Care: Healthcare Provider Case Discussion #1
TCR #1: 58-Year-Old Patient Presents with Progressive Exertional Dyspnea Over 2 Years

This document serves as a script for the program releasing to Twitter on September 20, and is for EACCME application review purposes only. The actual program content link will be made available on September 20.

Tweets

Opening Tweet

[@SoMeCME: 1:25 PM EDT / 6:25 PM BST](#)

📢 #MedTwitter #COPDChat  #CME credit!

Supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

☆ GET CREDIT ☆ CME & Pretest 📄 <https://integrityce.com/COPDCaseDiscussion1>



[@meilan_han](#) & [@ProfHurst](#) to quote tweet and tag colleagues; Respond to & Retweet poll (do not quote retweet)

Example for faculty quote tweet: We are getting started – Join us to weigh in on the #COPDChat
@FACULTYNAME @FACULTYNAME @FACULTY NAME

Housekeeping & Faculty Disclosures

[@SoMeCME immediately reply](#)

🔧 Housekeeping 🔧

✓ Reference & glossary 📄 <https://bit.ly/3CYqWdG>

✓ Full CME info 📄 <https://integrityce.com/COPDCaseDiscussion1>

☆ Pretest 📄 <https://bit.ly/3cxMlzw> ☆

✓ Faculty Affiliation & Disclosures 📄

Faculty Information #COPDChat



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Disclosures:
 Personal fees: Aerogen, Altesa Biopharma, AstraZeneca, Boehringer Ingelheim, Chiesi, Cipla, DevPro, GlaxoSmithKline, Integrity, Medscape, Merck, Mylan, NAC, Novartis, Palaris, Pulmonex, Regeneron, Sanofi, Teva, United Therapeutics, UpToDate, Verona
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 Data Safety Monitoring Board/funds paid to Institution: Medtronic, Novartis
 Stock options: Altesa Biopharma, Meissa Vaccines



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Disclosures:
 In kind research support/funds paid to the institution: AstraZeneca, Boehringer Ingelheim, Chiesi, Takeda

 **#COPDChat**



 Provided by Integrity Continuing Education, Inc.
 This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

  This program has been developed in collaboration with International Primary Care Respiratory Group and COPD Foundation.

[@SoMeCME immediately reply](#)


 Before we begin, here are a few  tips for participating in this #COPDChat

Tips for Joining the #COPDChat #COPDChat

-  Use #COPDChat in every tweet to make sure it is seen
-  Search #COPDChat & make sure to filter the results by "Latest" to see all of the tweets in the conversation
-  Keep an eye out for multiple polls throughout the course of the hour, and be sure to vote!
-  Like and retweet content to let us know what you want to see more of
-  Share your thought and questions as a reply to the threads.

We Want To Hear From You!

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What's your specialty? – Add as poll

[@SoMeCME immediately reply](#)

First up: What's your specialty? If none of these options apply to you, click the link to complete the pretest & tell us who you are: <https://bit.ly/3cxMlzw> #COPDChat

- ⚡ Primary Care Physician
- ⚡ Pulmonologist
- ⚡ Critical Care
- ⚡ Other

[@meilan_han](#) & [@ProfHurst](#) to reply here with a quick intro & Tag more colleagues; Respond to & Retweet poll (do not quote retweet)

Example for reply tweet: “Hoping to have a great mix of clinicians! @... @.... @... #COPDChat

PATIENT CASE INTRODUCTION

[@SoMeCME: 1:30 PM EDT / 6:30 PM BST](#)

Let's meet our patient, Julia

Meet Julia

- 58-year-old woman
- Worsening dyspnea
- Smokes 30 cigarettes a day
- Ten-year history of clear-to-yellow morning sputum (~5 mL)
- Progressive exertional dyspnea over two years
- Recent change: shortness of breath



#COPDChat

INTEGRITY
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IPCRG

COPD
FOUNDATION

This program has been developed in collaboration with International Primary Care Respiratory Group and COPD Foundation.

(Q: CASE QUESTION)

MODERATOR enter as a poll

[@SoMeCME immediately reply – Faculty retweet](#)

Which of the following would you have Julia do first? #COPDChat

Fill out a questionnaire

Undergo spirometry

Begin bronchodilator

[@meilan_han](#) & [@ProfHurst](#) reply with what you might do in practice or speak to below points; Respond to & Retweet poll (do not quote retweet)

- How often do you encounter patients like Julia in your own practice?
- Why is it important to have a high index of suspicion in COPD patients?
- Why does earlier diagnosis matter?

EARLIER DIAGNOSIS OF COPD¹⁻⁸

[@meilan_han](#): 1:35 PM EDT / 6:35 PM BST

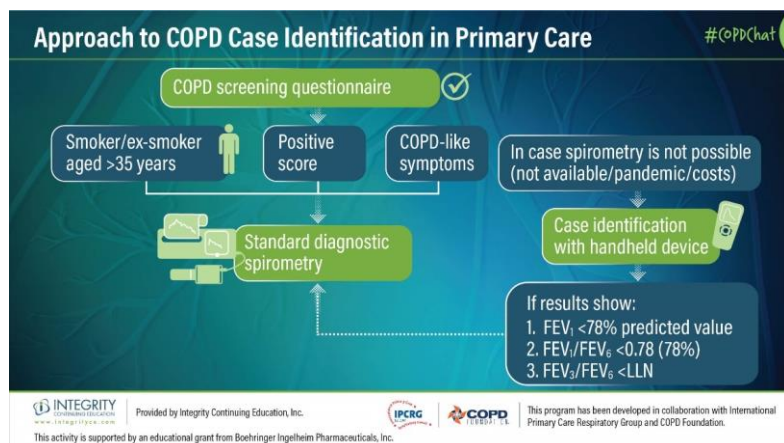
Importance of timely COPD Dx #COPDChat

- 📌 COPD is under diagnosed worldwide
- Most pts at time of Dx already have significant lung function loss, and impaired health status
- 📌 Earlier Dx + intervention
- ★ Better health outcomes (✓ COPD- & ✓ comorbidity-related)
- 📌 Economic toll

APPROACH TO DIAGNOSIS IN PRIMARY CARE⁹

[@ProfHurst](#): 1:38 PM EDT / 6:38 PM BST

- ✗ Screening is not recommended
 - ✓ Case-finding is a reasonable approach
- #COPDChat



[@meilan_han](#) & [@ProfHurst](#) reply and open faculty discussion

Examples for discussion: Is it clinically and cost effective to screen patients for COPD? What is the current recommendation? How can screening questionnaires be applied to case-finding among the general population?

KEY QUESTIONS & CONSIDERATIONS FOR SUSPECTED COPD⁹⁻¹²

@meilan_han: 1:42 PM EDT / 6:30 PM BST

Possible COPD: Initial investigations #COPDChat

🔗 Use validated tools

📄 Examples: <https://integrityce.com/resources>

🔗 COPD-PS

🔗 CAPTURE

🔗 CLHT

🧐 Consider patient history:

🔗 Repeated bronchitis

🔗 Multiple X-ray orders

🔗 Tx w/ bronchodilators, antibiotics, &/or OCS

@meilan_han & @ProfHurst reply and open faculty discussion – Optional topics below

- **What screening questionnaires do you use in practice?**
- **What are the key questions that should be asked of patients?**
- **What in a patient's history might be indicative of COPD? Do you suspect Julia has COPD?**

CASE PATIENT: CLHT

@SoMeCME: 1:50 PM EDT / 6:50 PM BST

📄 We're back w/ Julia's notable history & symptoms! #COPDChat

Julia:

Smoker or ex-smoker

>40 years old

Coughs regular with phlegm

Breathing makes exertion difficult

Tires easily

📄 Based on presentation, Julia is referred for diagnostic spirometry.

(Q: POLLING QUESTION)
MODERATOR enter as a poll

@SoMeCME immediately reply

#COPDChat Thinking about your own practice, please select from the following:

Spirometry is usually performed in my office/clinic/practice

I can easily refer patients to hospital for spirometry

My access to spirometry to Dx COPD is very limited

[@meilan_han](#) & [@ProfHurst](#) reply and open faculty discussion - Can tag colleagues to see what they would do; Respond to & retweet poll (do not quote retweet)


Examples for discussion:

- Can spirometry be effectively performed in a primary care setting?
- If a patient screens positively for COPD, is diagnostic spirometry always indicated?

CASE PATIENT: DIAGNOSTIC SPIROMETRY

[@SoMeCME: 1:55 PM EDT / 6:55 PM BST](#)

Spirometry #COPDChat

 Prebronchodilator:
FEV1=80%
FEV1/FVC=0.65


 Postbronchodilator:
FEV1=85%
FEV1/FVC=0.65

 Based on her results, Julia is diagnosed w/ COPD

MANAGEMENT GOALS²

[@ProfHurt](#) immediately reply

Goals of management for Julia

-  Relieve symptoms
-  Prevent progression, complications, exacerbations
-  Increase exercise tolerance, daily activity
-  Improve health status & overall QOL

#COPDChat

[@meilan_han](#) reply to open discussion

Examples for discussion:

- What are the management goals for Julia?
- What type of treatments are available to her?
- What do you recommend for similar patients?

(Q: KNOWLEDGE QUESTION)
MODERATOR enter as a poll

@SoMeCME: 2:00 PM EDT / 7:00 PM BST

Which of the following interventions has been shown to decrease lung function decline in COPD? #COPDChat

Regular exercise
Pulmonary rehabilitation
Smoking cessation
Pharmacotherapy

@ProfHurst reply and open faculty discussion; Respond to and retweet poll (do not quote retweet)

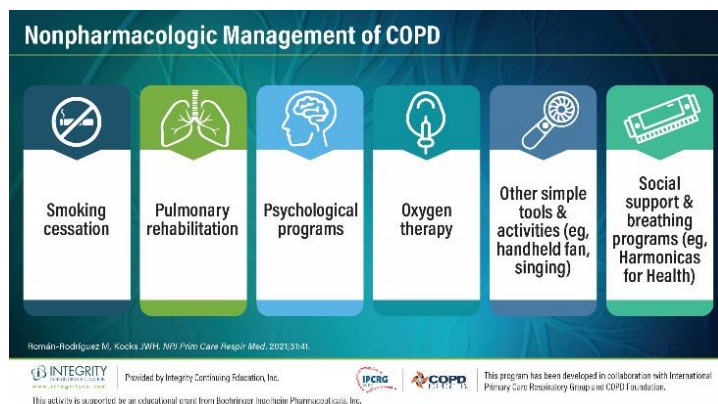
Examples for discussion: *Expand on why smoking cessation decreases lung function decline*

NONPHARMACOLOGIC INTERVENTION FOR COPD¹³

Commented [SC1]: Can tag elaine bevans smith here

@meilan_han: 2:05 PM EDT / 7:05 PM BST

Targeting exertional breathlessness in primary care improves physical activity. Here are just a few of the nonpharmacologic strategies that can be utilized. #COPDChat

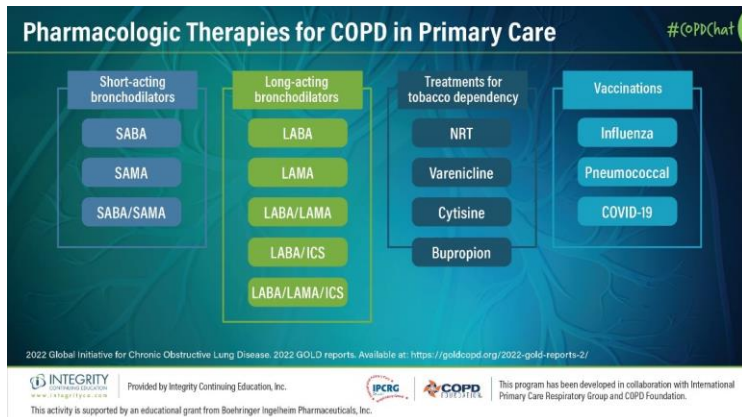


@ProfHurst reply and provide an overview of nonpharmacologic interventions as seen fit

COPD PHARMACOTHERAPY IN PRIMARY CARE

[@ProfHurt immediate reply](#)

Nonpharmacologic interventions go hand-in-hand w/ primary care pharmacologic therapy for COPD #COPDChat

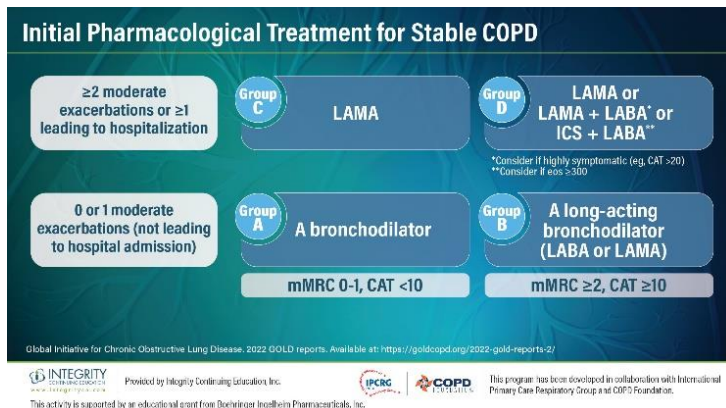


[@meilan_han](#) & [@ProfHurst](#) reply and provide a brief overview of pharmacologic interventions as seen fit

INITIAL PHARMACOTHERAPY SELECTION²

[@meilan_han immediately reply](#)

Initial COPD Pharmacology #COPDChat



[@meilan_han](#) & [@ProfHurst](#) reply and open faculty discussion

Examples for discussion:

- What is the recommended approach for pharmacotherapy selection in newly diagnosed COPD?

JULIA'S MANAGEMENT PLAN

@SoMeCME: 2:12 PM EDT / 7:12 PM BST

#COPDChat Additional history review:

- 👉 Suggests 2 moderate exacerbations in the past year
- 👉 No indication of asthma

Management plan:

- 👉 Tx of tobacco dependency, including pharmacotherapy
 - 👉 Pulmonary rehabilitation
 - 👉 Lifestyle interventions
- Rx LAMA

Pharmacologic Treatment of Tobacco Dependency

NRT	Varenicline	Cytisine	Bupropion
<ul style="list-style-type: none">- Reduces withdrawal symptoms; desensitizes nAChRs (to reduce nicotine-associated reward)- Greater efficacy with combination of long-acting (transdermal patch) & short-acting (gum, lozenge, oral inhaler, nasal spray) NRTs	<ul style="list-style-type: none">- Partial nAChR antagonist; blocks reward effects & mitigates craving & withdrawal during abstinence- Generally well-tolerated- No strong evidence of greater risk for neuropsychiatric or CV AEs	<ul style="list-style-type: none">- Partial nAChR antagonist; blocks reward effects & mitigates craving & withdrawal during abstinence- Less effective than varenicline- Less side effects- Difficult ossification	<ul style="list-style-type: none">- Anti depressant; NDRI; weak nAChR antagonist- No strong evidence of greater risk for neuropsychiatric or CV AEs

Pharmacologic treatment of tobacco dependency should always be part of a supportive intervention program.

Cahill K, et al. Cochrane Database Syst Rev. 2016;2016:CD006103. Rigotti NA, et al. JAMA. 2002;287:566-572.



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@meilan_han & @ProfHurst reply and open faculty discussion

Examples for discussion:

- How do you ensure that patients are adherent to their management plan?
- What are the key barriers that you've encountered? (Eg, key barriers to pulmonary rehabilitation, smoking cessation)

SUPPORTED SELF-MANAGEMENT¹⁴

@ProfHurst immediately reply

Supported self-management #COPDChat

👤 Health care professional support + patient engagement helps pts manage COPD:

- 💡 Understand COPD
- ✓ Manage symptoms
- ✓ Feel better
- ✓ Have greater control over the disease

The infographic, titled "Supported Self-Management Plans" with the hashtag #COPDChat, illustrates how SSM plans help patients manage COPD. It features two overlapping circles: a blue circle on the left for "Understanding & Managing COPD" and a green circle on the right for "COPD Monitoring". The text on the left states that SSM plans help patients manage and understand COPD with guidance from HCPs, empowering them to manage symptoms, feel better, and assume greater control. The blue circle lists: Care plan overview, Information about COPD, associated symptoms, & medications, Self-care, Managing breathlessness, and Managing exacerbations. The green circle lists: Exacerbation action plan, Exacerbation tracker, Medicine diary, Symptoms diary, Record of mood, and Goal setting & progress tracking. At the bottom, it cites the British Lung Foundation and provides a link to a COPD self-management plan. Logos for Integrity Continuing Education, IFCRG, and COPD Foundation are also present, along with a note about the educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

@meilan_han & @ProfHurst reply and open faculty discussion

Examples for discussion:

- What are some strategies that you find to be most effective in promoting patient self-management?

JULIA'S FOLLOW-UP VISIT AFTER INITIATION OF THERAPY: INADEQUATE RESPONSE

@SoMeCME: 2:20 PM EDT / 7:20 PM BST

Julia's follow-up #COPDChat

- 📄 Sputum volume
- ✓ No exacerbations
- 👤 Significant persistent exertional dyspnea
- ✓ Pulmonary rehabilitation
- ✓ Lifestyle modifications (diet & exercise)
- ✓ Good inhaler technique & adherence

(Q: CASE QUESTION)
MODERATOR enter as a poll

[@SoMeCME](#) immediately reply

What change to Julia's current pharmacotherapy (LAMA monotherapy) would you recommend? #COPDChat

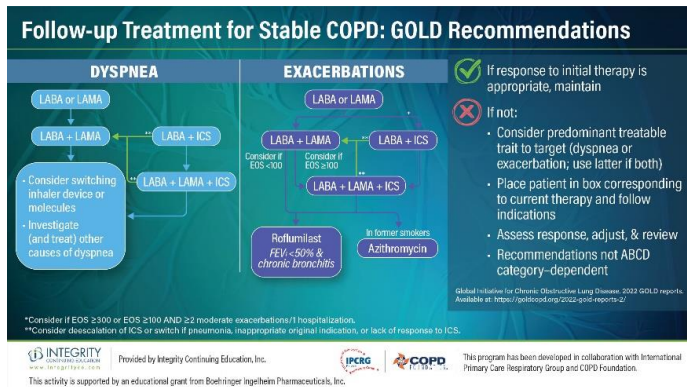
LABA/ICS
LABA/LAMA
LABA/LAMA/ICS

[@meilan_han](#) & [@ProfHurst](#) reply and comment your recommendations on changes to Julia's therapy; Reply to poll & retweet (don't quote retweet)

ADJUSTMENT OF PHARMACOTHERAPY FOR INADEQUATE RESPONSE²

[@meilan_han](#) Immediate reply

Adjustment of COPD Pharmacotherapy #COPDChat



[@ProfHurst](#) reply and discuss the fact that adjustments in pharmacological treatment may be needed if review of the patient response to treatment initiation is inadequate.

JULIA: ADJUSTMENT OF THERAPY & NEXT FOLLOW-UP VISIT

@SoMeCME: 2:25 PM EDT / 7:25 PM BST

📁 Julia is initiated on combined LABA/LAMA

📁 At her 3-month follow-up:

- 📁 Sputum is clear & production less frequent
 - ✓ Dyspnea is minimal
 - ✓ Continued pulmonary rehabilitation & lifestyle modifications
 - ✓ Good inhaler technique & adherence
- #COPDChat

@meilan_han & @ProfHurst reply and comment regarding Julia's case

- How would you monitor her response going forward?
- How often would you review her inhaler technique and adherence & should you review even if symptoms are well controlled?

KEY POINTS

@SoMeCME Immediate reply

#COPDChat 📁 pts

- ☆ Case-finding: clinically & cost effective to identify undiagnosed COPD in community settings
- ☆ PCP spirometry effective w/ training & equipment
- ☆ Earlier Dx + intervention, w/ appropriate monitoring + Tx adjustment = improved COPD & comorbid health outcomes

CLOSING

@SoMeCME Immediate Reply

Thanks for joining this #COPDChat!

☆ Want your CME? ☆

✓ Complete the Post-test & evaluation here: <https://bit.ly/3B19zY5>

The slide is a green-themed graphic with a large "Thank You!" in the center. It features two speakers: Meilan Han, MD, MS (@meilan_han) on the left and John Hurst, PhD, FRCP (@ProfHurst) on the right, each with a small portrait photo. The hashtag #COPDChat is prominently displayed in the center. At the bottom, there are logos for Integrity, PCPD, and COPD, along with a line of small text: "This program has been developed in collaboration with International Primary Care Respiratory Group and COPD Foundations." and "This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc."