

Answering the Call: Practical Strategies for Improving Early Diagnosis and Patient-Centered Management in Primary Care


TCR #2: 67-Year-Old Man With Poorly-controlled COPD with a Mild Exacerbation

This document serves as a script for the program releasing to Twitter on September 21, and is for EACCME application review purposes only. The actual program content link will be made available on September 21.

Tweets

Opening Tweet

[@SoMeCME: 2:25 PM EDT / 8:25 PM CEST](#)

📢 #MedTwitter #COPDChat  #CME credit!
Supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.
★ GET CREDIT ★ CME & Pretest ➔ <https://integrityce.com/COPDCaseDiscussion2>



The banner features a dark blue background with a green Twitter bird logo on the left. The text 'Welcome!' is in large white font. Below it, the date 'Wednesday, September 21, 2022' and times '8:30 PM – 9:30 PM CEST / 7:30 PM – 8:30 PM BST / 2:30 PM – 3:30 PM EDT' are listed. The title 'Answering the Call in COPD: Practical Strategies for Improving Earlier Diagnosis and Patient-Centered Management in Primary Care' is centered. On the left, Meilan Han, MD, MS (@meilan_han) is introduced with her profile picture. On the right, Ana Viejo Casas, MD (@AnaViejo2) is introduced with her profile picture. In the center, text encourages users to 'Like, Retweet, or Reply and give your input' and 'Don't forget to use #COPDChat in all of your tweets!' with a green Twitter bird logo. The bottom of the banner contains logos for Integrity Continuing Education, IPCRG, and COPD Foundation, along with a note about the educational grant and collaboration with the International Primary Care Respiratory Group and COPD Foundation.

@meilan_han & @anaviejo2 to quote tweet and tag colleagues; Respond to & Retweet poll (do not quote retweet)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](#)

#COPDChat

🔑 Housekeeping 🔑

✓ Reference & glossary 📖 <https://bit.ly/ADDRESS>

✓ Full CME info 📖 <https://integrityce.com/COPDCaseDiscussion2>

★ Pretest 📖 <https://bit.ly/3KJvYwm> ★

✓ Faculty Affiliation & Disclosures 📖

Faculty Information #COPDChat



Meilan Han, MD, MS
 Professor of Medicine
 Division of Pulmonary and Critical Care
 University of Michigan
 Ann Arbor, Michigan

Disclosures:
 Personal fees: Aerogen, Altesa Biopharma, AstraZeneca, Boehringer Ingelheim, Chiesi, Cipla, DevPro, GlaxoSmithKline, Integrity, Medscape, Merck, Mylan, NACE, Novartis, Polarian, Pulmonx, Regeneron, Sanofi, Teva, United Therapeutics, UpToDate, Verona
 In kind research support/funds paid to institution: American Lung Association, AstraZeneca, Biodesix, Boehringer Ingelheim, COPD Foundation, Gala Therapeutics, NIH, Novartis, Nuvalir, Sanofi, Sunovion
 Data Safety Monitoring Board/funds paid to institution: Medtronic, Novartis
 Stock options: Altesa Biopharma, Meissa Vaccines



Ana Viejo Casas, MD
 Department of Family Medicine
 Servicio Cántabro de Salud
 Santander, Spain
 Grupo de Respiratorio en Atención Primaria
 International Primary Care Respiratory Group

Disclosures:
 Advisory Board: AstraZeneca
 Speakers' Bureau: Menarini, Novartis

 #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 tonight's #COPDChat

Tips for Joining the #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!



Provided by Integrity Continuing Education, Inc.



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

This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

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/3KJvYwm> #COPDChat

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

[@meilan_han](#) & [@anaviejo2](#) 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"

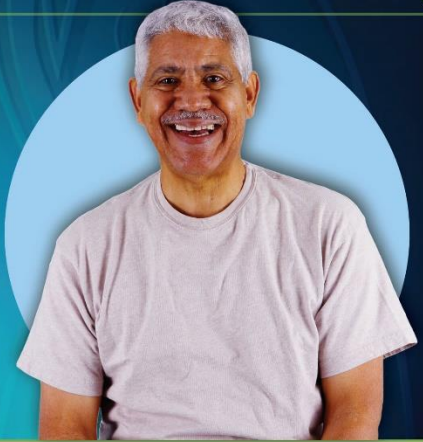
PATIENT CASE INTRODUCTION

[@SoMeCME](#): 2:30 PM EDT / 8:30 PM CEST

Let's meet our case patient, Rick #COPDChat

Meet Rick

- 67-year-old man
- History
 - GOLD Group C COPD
 - 1 exacerbation leading to hospitalization 8 months ago
 - Moderate-severe osteoarthritis
 - Poor vision
 - Mild memory loss
- EOS <100/ μ L
- Current meds: SABA prn, LAMA
- Presents with an acute exacerbation



#COPDchat

INTEGRITY
CONTINUING EDUCATION
www.integrityce.com

Provided by Integrity Continuing Education, Inc.

IPCRG

COPD
FOUNDATION

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

This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

Q: CASE QUESTION

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

What would be your first step for this to help this patient during the exacerbation? #COPDchat

Increase SABA dose

Switch bronchodilators

Add inhaled steroid

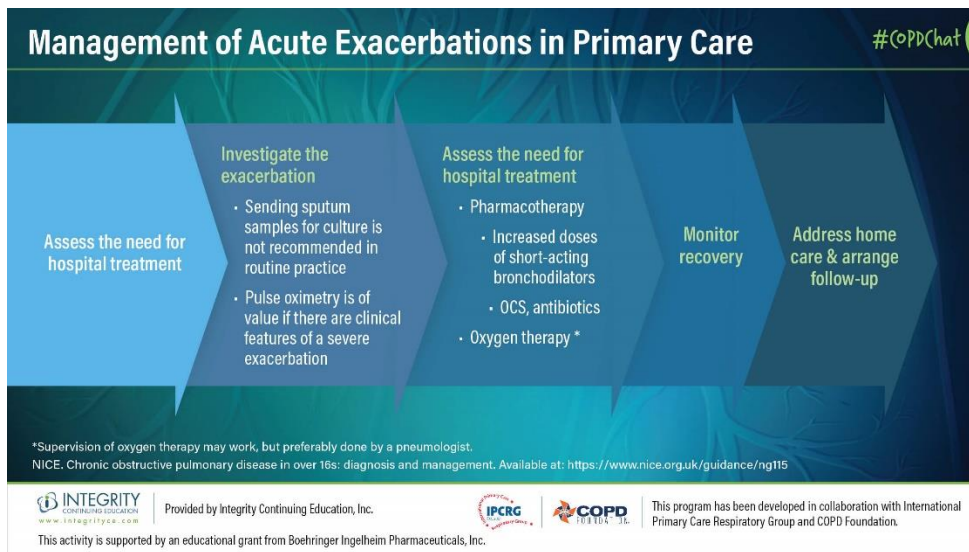
[@meilan_han](#) & [@anaviejo2](#) reply with what you might do in practice or speak to below points; Respond to & Retweet poll (do not quote retweet)

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

PRIMARY CARE MANAGEMENT OF COPD EXACERBATION

[@anaviejo2](#) immediately reply

Let's go over management of #COPD exacerbations in primary care #COPDchat



@meilan_han reply and discuss the role of primary care in the management of acute COPD exacerbations

Q: CASE QUESTION

@SoMeCME immediately reply

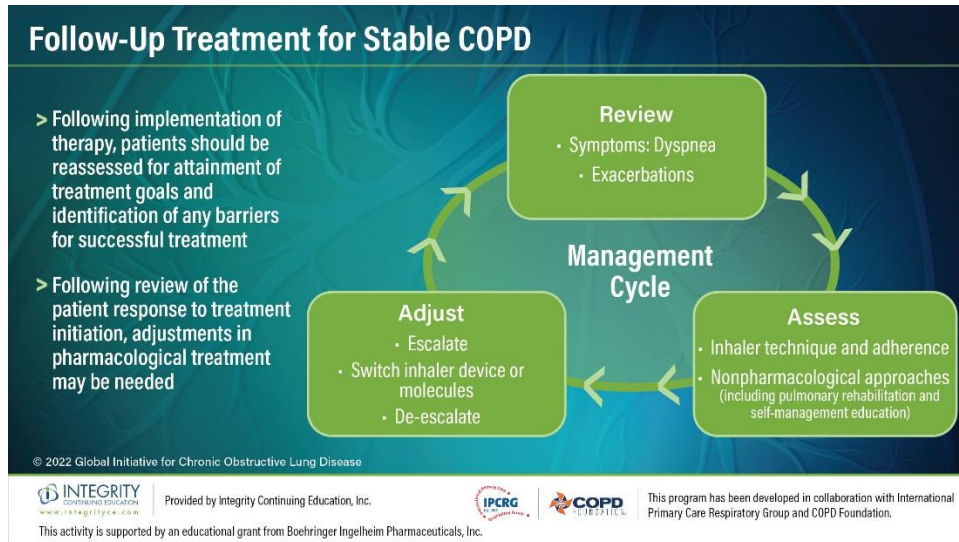
Following an increase in short-acting bronchodilator dose, Rick recovers from the acute exacerbation. What would be your next step? #COPDChat

Adjust pharmacotherapy
Assess eosinophil level
Evaluate inhaler technique

MANAGEMENT OF STABLE COPD

@meilan_han: immediate reply

Here are @GOLD_COPD recommendations for stable #COPD #COPDChat



@meilan han reply and open faculty discussion with **@anaviejo2**

Example: What is the approach to management for a patient with stable COPD?

CASE PATIENT: ASSESSMENT

[@SoMeCME 2:40 PM EDT / 8:40 PM CEST](#)

📋 We performed an assessment on Rick' #COPDChat

- ✓ Good inhaler technique
- ✓ Adherent to pharmacotherapy, PR, & lifestyle intervention

👉 Based on Rick's recent Hx & assessment, an escalation in pharmacotherapy is warranted

@meilan han & @anaviejo2 reply and open discussion:

- How often do you find that poor symptom control is due to poor adherence or device technique?
- How often do you assess patients for adherence and good technique?

Q: CASE QUESTION

[@SoMeCME immediately reply](#)

Which of the following would you recommend for Rick? #COPDChat

LABA/LAMA

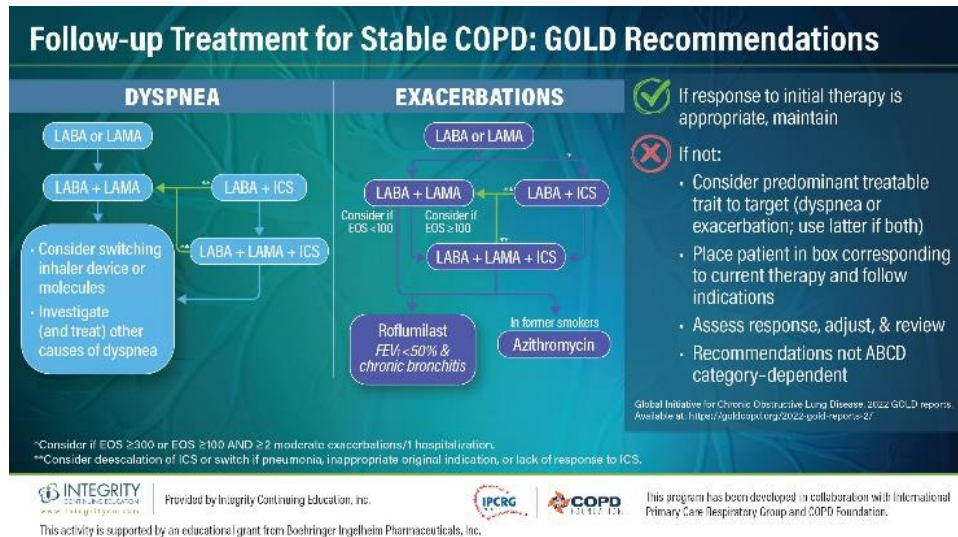
LABA/ICS

LABA/LAMA/ICS

ADJUSTING COPD TREATMENT: PHARMACOTHERAPY

@anaviejo2: 2:45 PM EDT / 8:45 PM CEST

Adjusting Tx for poorly controlled #COPD #COPDChat



@anaviejo2 reply and open discussion with @meilan_han

Example: What is the approach to treatment escalation for a patient like Rick? @meilan_han

LABA/LAMA: OVERVIEW OF EFFICACY AND SAFETY

@meilan_han immediately reply

Overview of the efficacy & safety of combined LABA/LAMA #COPDChat

Combined LABA/LAMA Therapy vs LABA or LAMA Monotherapy for the Treatment of Moderate-to-Severe COPD

Efficacy

Substantial evidence from a *wide range of RCTs and meta-analyses* indicates consistent and sustained benefits of dual- vs mono-bronchodilation:

- Lung function
- Symptoms
- Risk for exacerbations
- Disease deterioration

Safety

Dual bronchodilation exhibits a similar safety profile to mono-bronchodilation

Buhl R, et al. *Eur Respir J*. 2015;45:969-979; Calverley PMA, et al. *COPD: J COPD*. 2020;17:477-484; Ichinose M, et al. *Int J COPD*. 2018;13:2147-2156; Lipari M, et al. *Ann Pharmacother*. 2020;54:1232-1242; Maltais F, et al. *Respir Res*. 2019;20:238; Singh D, et al. *Eur Respir Rev*. 2021;30:210023; Singh D, et al. *Respir Res*. 2016;17:73; Wedzicha JA, et al. *Adv Ther*. 2020;37:4266-4279; Wedzicha JA, et al. *Lancet Respir Med*. 2013;1:199-209.



Provided by Integrity Continuing Education, Inc.



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

This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

@meilan_han & @anaviejo2 reply and discuss the overall efficacy and safety of LABA/LAMA therapy for moderate-to-severe COPD.

WHEN TO INITIATE ICS

@meilan_han: 2:55 PM EDT / 8:55 PM CEST

When to consider the addition of ICS #COPDChat At what point do you consider initiation of ICS for a patient. Would this be appropriate for Rick at this particular time? @anaviejo2

When to Consider Initiation of ICS for COPD: IPCRG Recommendations

STAGE OF MANAGEMENT	Initial treatment	Reassessment
INDICATIONS FOR CONSIDERING ICS INITIATION	<ul style="list-style-type: none"> • Well-documented history of asthma, especially if diagnosed before 40 YOA • ≥2 moderate exacerbations or 1 hospitalization in the past year and EOS >300/μL 	<ul style="list-style-type: none"> • ≥2 moderate exacerbations or 1 hospitalization in the past year* and EOS >300/μL* • ≥2 moderate exacerbations or 1 hospitalization in the previous year* and EOS >100/μL but <300/μL after carefully balanced risk-benefit considering: <ul style="list-style-type: none"> – Recent pneumonia – Confirmed bacterial colonization – Bronchiectasis – Presence or risk for comorbidities, especially diabetes or osteoporosis

*Or since previous assessment if less than 12 months.

IPCRG. Appropriate use and withdrawal of inhaled corticosteroids (ICS) in patients with chronic obstructive pulmonary disease (COPD).

Available at: <https://www.ipcrg.org/sites/ipcrg/files/content/attachments/2020-06-02/IPCRG%20DH6%20ICS%20COPD%20Rev%20May20.pdf>



Provided by Integrity Continuing Education, Inc.



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

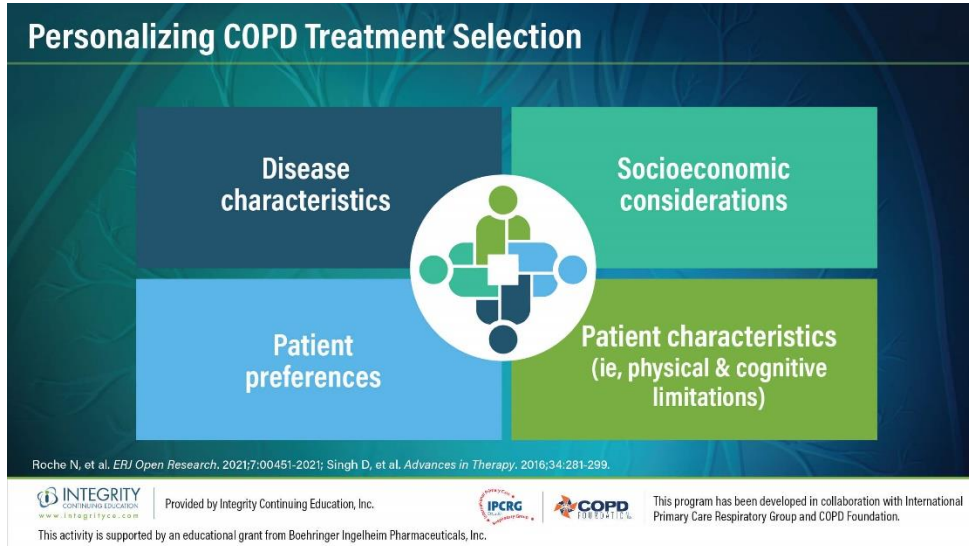
This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

@anaviejo2 reply to question

TAILORING COPD TREATMENT

[@anaviejo2](#): immediate reply

Personalizing COPD Tx #COPDChat_What factors are most important in selecting bronchodilator therapy for a given patient? @meilan_han



[@anaviejo2](#) reply and open discussion with [@meilan_han](#)

INDIVIDUALIZING INHALER DEVICE SELECTION

[@meilan_han](#): 3:05 PM EDT / 9:05 PM CEST

Selecting an inhaler device #COPDChat

✍ Choosing inhalers:

✓ Fewest possible

✓ Simplest


🔑 Consider comorbidities, family support, physical & mental ability, patient preferences

📅 Review periodically:

✍ Inhalation technique (ideally every visit)

✍ Therapeutic compliance (ask patient, check dispensations, use questionnaires)

Inhaler Device Characteristics




Inhaler devices differ significantly with regard to many features:



- Portability
- Need for priming
- Dosing frequency
- Available drug combinations
- Coordination required
- Dependence on inspiratory flow
- Steps required for assembly & use

Clinicians are responsible for providing adequate training so that patients are equipped to use devices effectively

Lavorini F, et al. *Ther Adv Respir Dis*. 2019;13:1753466619884532.



Provided by Integrity Continuing Education, Inc.
www.integrityce.com

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

This activity is supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

@meilan_han & @anaviejo2 reply and provide a brief overview of the different inhaler devices currently available, contrasting their different properties.

@meilan_han immediately reply and open discussion with @anaviejo2 comment on how you would go about optimizing device selection for Rick. How do his comorbidities (ie, his osteoarthritis, poor vision, & cognitive impairment) influence your decision? What other important factors do you often have to consider as part of device selection in practice?

RICK'S MANAGEMENT PLAN

[@SoMeCME: 3:15 PM EDT / 9:15 PM CEST](#)

[Rick's management plan #COPDChat](#)

👉 Rick is initiated on a LABA/LAMA & enrolled in PR

📖 Patient (& caregiver) education provided:

- ✓ Information about his new medication
- ✓ Teach-back instruction to ensure his ability to use the new device
- ✓ Review of self-management

[@meilan_han](#) & [@anaviejo2](#) reply and discuss beyond choosing appropriate devices, how do you maximize the chances that patients will adhere to their treatment and be able to successfully use inhaler devices?

KEY POINTS

[@SoMeCME](#): 3:20 PM EDT / 9:20 PM CEST

#COPDChat 🔑 pts

- ☆ Assess patients w/ poorly controlled COPD for good adherence & inhaler technique
- ☆ Adjust pharmacotherapy if needed
- ☆ Minimize the complexity & # of inhalers, choosing based on individual patient traits (eg, comorbidities, physical & mental ability, & preferences)

CLOSING

[@SoMeCME](#): 3:25 PM EDT / 8:25 PM BST

Thanks for joining this #COPDChat!

☆ Want your CME? ☆

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

Voila!  #CME



[@SoMeCME: immediate reply](#)

Before you go, Take your CME Posttest: <https://bit.ly/3AMtpoP> #COPDChat

Rick is a 67-year-old man with a history of COPD (GOLD C) and one exacerbation leading to hospitalization 8m ago. His EOS <100/ μ L and his current medications include a SABA prn and a LAMA. Which of the following would you recommend for Rick?

LABA/LAMA

LABA/ICS

LABA/LAMA/ICS