



Putting COPD Guidelines into Practice

by

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CONFLICT OF INTEREST

- I have no financial conflict of interest that relates to this presentation. Any use of brand names is not in any way meant to be an endorsement of a specific product, but to merely illustrate a point of emphasis.
- I am an employee of the COPD Foundation. The COPD Pocket Consultant Guide lists all medications commonly used to treat COPD, including off-label use medications, which are clearly marked. I will not be describing meds.

OBJECTIVES

1. Discuss current literature and research that warrants the need to change COPD guidelines
2. Describe new features of the GOLD Strategy and the COPD Foundation Guide to Diagnosis and Treatment
3. Introduce the seven severity domains and implications for treatment
4. Identify how these changes will impact future research, diagnosis and treatment recommendations

NHLBI DEFINITION

- **Chronic Obstructive Pulmonary Disease**
- Serious lung disease that over time makes it hard to breathe
 - Emphysema
 - Chronic Bronchitis
- Blocked (obstructed) airways make it hard to get air in and out

COPDF DEFINITION

- **Chronic Obstructive Pulmonary Disease**
- Serious lung disease that over time makes it hard to breathe
 - Emphysema
 - Chronic Bronchitis
 - Refractory Asthma and
 - Some forms of bronchiectasis
- Blocked (obstructed) airways make it hard to get air in and out

GOLD DEFINITION

- COPD, a common preventable and treatable disease, is characterized by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases.
- Exacerbations and comorbidities contribute to the overall severity in individual patients.
- Alpha-1 testing for young and/or low tobacco use or environmental exposures

ATS, ERS, ACP, ACCP STATEMENT

- Chronic Obstructive Pulmonary Disease (COPD) is a preventable and treatable disease state characterised by airflow limitation that is not fully reversible.
- The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases, primarily caused by cigarette smoking.
- Alpha-1 testing for all with diagnosed COPD

ATS, ERS, ACP, ACCP STATEMENT

Recommendation 1. Use spirometry to diagnose airflow obstruction in patients with respiratory symptoms

- Spirometry – Strong recommendation, moderate evidence

Recommendation 2. COPD w/symptoms and FEV1 60%-80%

- BD use – weak recommendation, low evidence

Recommendation 3. COPD w/symptoms and FEV1 <60%

- BD use – strong recommendation, moderate evidence

Recommendation 4. COPD w/symptoms and FEV1 <60%

- Mono LAMA or LABA – strong recommendation, moderate evidence

ATS, ERS, ACP, ACCP STATEMENT

Recommendation 5*. COPD w/symptoms and FEV1 <60%

- Combo LAMA or LABA or ICS – weak recommendation, moderate evidence

Recommendation 6. COPD w/symptoms and FEV1 <50%

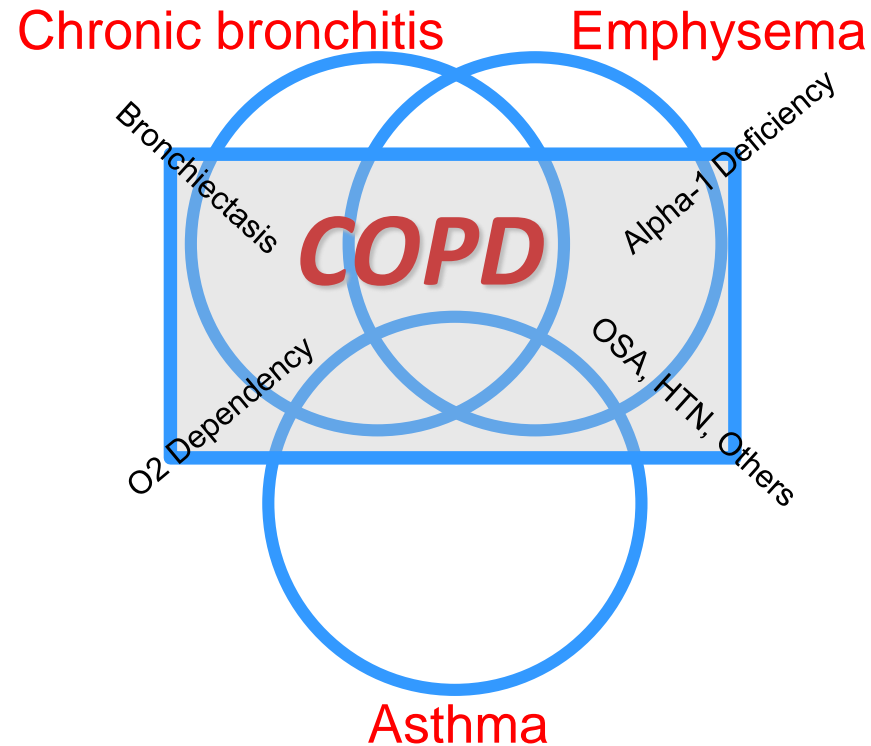
- Pulmonary Rehab – strong recommendation, moderate evidence

Recommendation 7. Prescribe continuous oxygen therapy for resting hypoxemia ($P_{aO_2} \leq 55$ mm Hg or $SpO_2 \leq 88\%$)

- Oxygen – Strong recommendation, moderate evidence

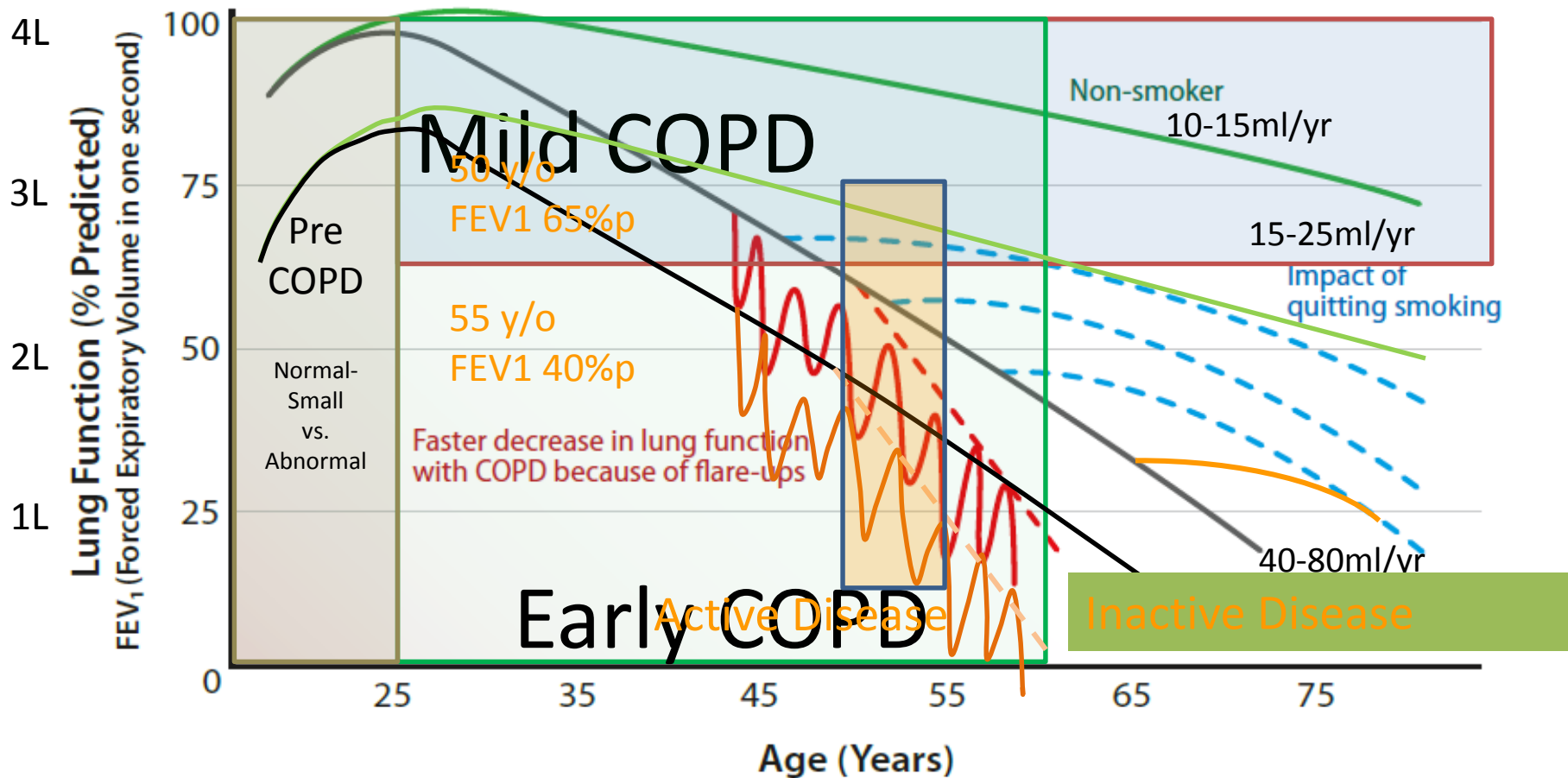
COPD: DEFINITIONS OF 21ST CENTURY

- Preventable and treatable
- Airflow limitation that is not fully reversible
- Progressive disease
- Abnormal inflammatory response of the lungs
- Subsets of patients



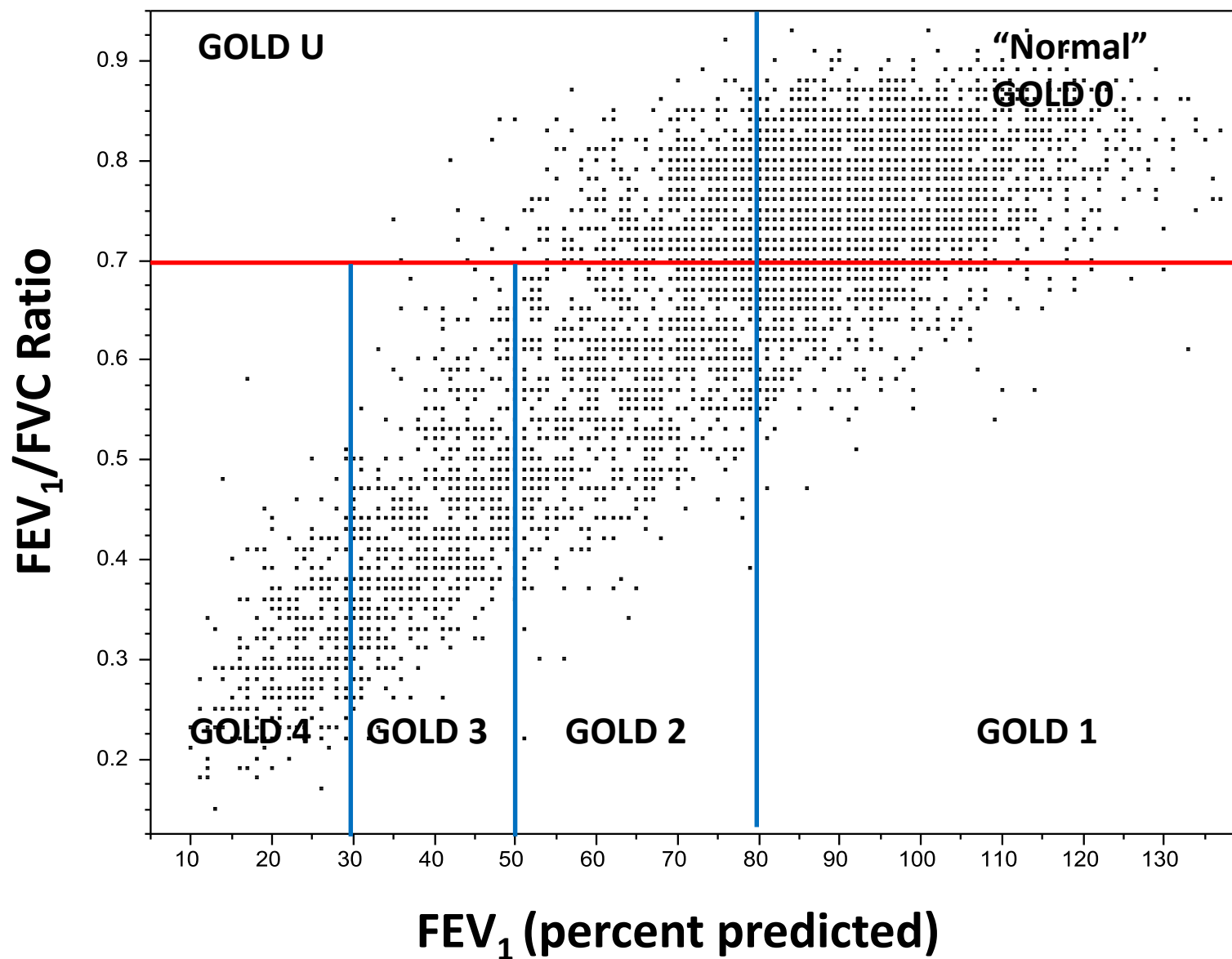
Box = FEV₁/FVC < 70% or < LLN

How Your Lung Function Changes as You Age



Modified by Mannino, D.M., MASAC Chair, COPD Foundation, 2011. Fletcher C, Peto R. 1977. The Natural History of Chronic Airflow Obstruction. *BMJ* 1977;i:1645-8. Wedzicha, J., Wilkinson, T. 2008. Impact of Chronic Obstructive Pulmonary Disease Exacerbations on Patients and Payers. *American Thoracic Society* 3:218-221.

Distribution of Subjects in the COPDGene Cohort

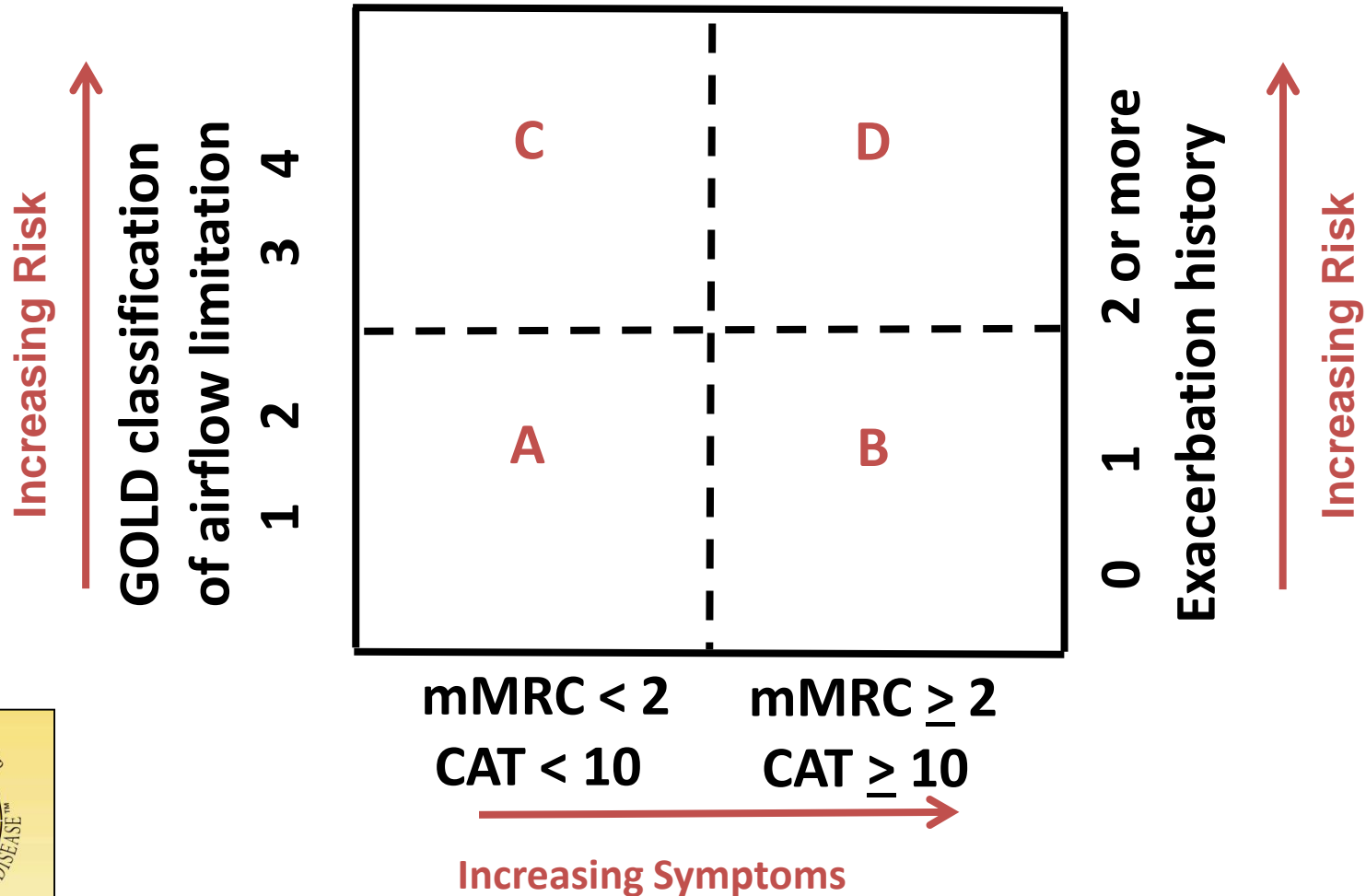


GOLD TREATMENT OF COPD

FEV₁ / FVC < 70%

I: Mild FEV ₁ ≥ 80% pred	II: Moderate FEV ₁ 50-80% pred	III: Severe FEV ₁ 30-50% pred	IV: Very Severe FEV ₁ < 30% pred or FEV ₁ < 50% predicted plus respiratory failure
Active Reduction of risk factor(s); influenza vaccination →			
<i>Add</i> short-acting bronchodilator when needed →			
		Add regular treatment with one or more long-acting bronchodilators: β ₂ agonists and anticholinergics Add rehabilitation	
		Add ICS for repeated exacerbations	
			Add LTOT Surgical interventions

COPD ASSESSMENT: A NEW MODEL





Guide to COPD Treatment

All patients should receive:

Smoking cessation; vaccination for influenza, pneumococcus, pertussis, alpha-1 testing

	short acting bronchodilator (as needed)	LAMA or LABA or LAMA plus LABA	ICS/LABA	roflumilast	oxygen	exercise/pulmonary rehabilitation	lung volume reduction surgery	azithromycin
Spirometry Grade SG1 Mild								
SG 2/3 Moderate/ Severe								
Regular symptoms								
Exacerbation risk high								
Oxygenation severe hypoxemia								
episodic hypoxemia								
Emphysema								
Chronic bronchitis								
Comorbidities	Evaluate and treat identified comorbid conditions							

- Best application
- 4x6, 6 panel
- Limit 1000 / pdf
- UOM: PKG/50
- Easy to use guide for diagnosis and treatment
- Generic Name
- Trade Name
- 2 panel
- Smart-phone app
- Online Community

TH

CO

COPD helps FEV₁ >

Spiro

Spirometry for asthma, COPD, osteoporosis

SEVERE

Each of the following is a risk factor for severe COPD:

Spiro

SG 0

or risk

SG 1

SG 2

SG 3

SG U

restrict

FEV₁ ratio

Regu

Assess

Exac

suggest

Oxyg

episodic

Empl

volum

Chro

Com

are cr

COPD Foundation Guide for COPD Treatment

All patients should receive: Smoking cessation; vaccination for influenza, pneumococcus, pertussis; alpha-1 testing

Drug	Trade Name
Inha	Bedon
Budes	Flutic
Mome	Formo
Cides	Inha
Bude	Formo
Flutic	Salm
Flutic	Salm
Mome	Formo
Dihyd	Flutic
Vilant	Flutic
Salm	Flutic
Tiotro	Roflu
(PDE4	N-
(N	

*Off-label use

HFA -

COPD the ge

mMRC Breathlessness Scale

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

Chris Stenton. The mMRC breathlessness scale. Occup Med (Lond) 2008;58(3): 226-227 doi:10.1093/occmed/kqn162, Table 1. By permission of Oxford University Press on behalf of the Society of Occupational Medicine. A mMRC score of 1 or more suggests significant symptoms.

Smoking Cessation

Counseling at every visit

Nicotine Replacement:
Nicotine gum-OTC, Nicotine patch-Rx and OTC, Nicotine lozenge-OTC,
Nicotine nasal spray-Rx, Nicotine inhaler-Rx

Antidepressant: Bupropion SR



Varenicline

National Quit Line: 1-800-Quit NOW (784-8669)

The COPD Foundation Information Line, 1-866-316-COPD (2673), staffed by patients and caregivers, can assist patients and family members with questions about living with COPD, and provide educational information.
<http://pocketconsultantguide.copdfoundation.org/>

The COPD POCKET CONSULTANT is provided by the COPD Foundation and the member institutions of the NewYork-Presbyterian Healthcare System as an educational resource only and should not be considered as offering medical advice. The information should not be used as a substitute for the exercise or receipt of a physician's independent professional judgement in providing advice, diagnosis or treatment for any medical or health condition.

Updated September 2013

www.nypsystem.org
www.copdfoundation.org

GUIDE TO DIAGNOSIS

COPD DEFINITION

- Defined by post bronchodilator FEV₁/FVC ratio < 0.7 on spirometry
- This helps differentiate from asthma
- A significant bronchodilator response (increase in FEV₁ > 12% and > 200 cc) can be seen in both COPD and asthma

GUIDE TO DIAGNOSIS: SPIROMETRY




















- Indicated if symptoms present: dyspnea, chronic cough/sputum
- Should be considered if:
 - Risk factors are present - smoking, other exposures, asthma history, childhood infections, prematurity, family history
 - **AND** with one or more comorbidities present-heart disease, metabolic syndrome, osteoporosis, depression, lung cancer, premature skin wrinkling



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Regular symptoms								
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Comorbidities	 Evaluate and treat identified comorbid conditions							



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Spirometry Grade SG1 Mild		 †						
SG 2/3 Moderate/Severe				 *				
Regular symptoms						 **		
Exacerbation risk high		 ††	 ††	 *			 ‡‡	
Oxygenation severe hypoxemia								
episodic hypoxemia								
Emphysema							 †	
Chronic bronchitis				 *				
Comorbidities	 Evaluate and treat identified comorbid conditions							

SEVERITY DOMAIN:

1. SPIROMETRY GRADES

Spirometry Grades:

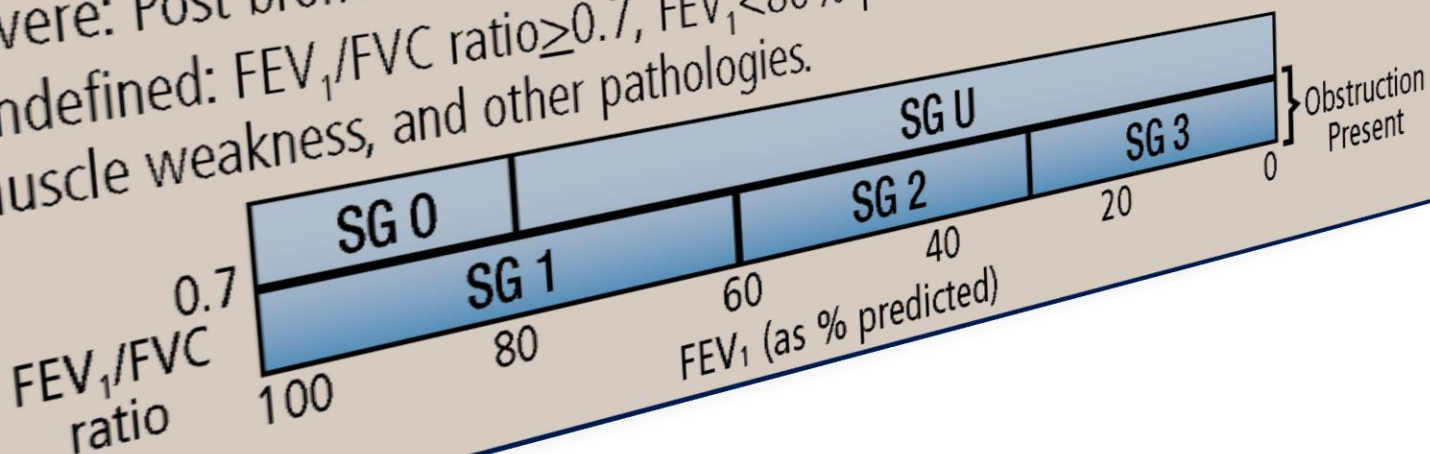
SG 0 Normal spirometry does not rule out emphysema, chronic bronchitis, asthma, or risk of developing either exacerbations or COPD.

SG 1 Mild: Post bronchodilator FEV_1/FVC ratio < 0.7 , $FEV_1 \geq 60\%$ predicted.

SG 2 Moderate: Post bronchodilator FEV_1/FVC ratio < 0.7 , $30\% \leq FEV_1 < 60\%$ predicted.

SG 3 Severe: Post bronchodilator FEV_1/FVC ratio < 0.7 , $FEV_1 < 30\%$ predicted.

SG U Undefined: FEV_1/FVC ratio ≥ 0.7 , $FEV_1 < 80\%$ predicted. This is consistent with restriction, muscle weakness, and other pathologies.
























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Exacerbation risk high		 ††	 ††	 *				 ††
Oxygenation severe hypoxemia								
episodic hypoxemia								
Emphysema							 †	
Chronic bronchitis				 *				
Comorbidities	 Evaluate and treat identified comorbid conditions							

COPD ASSESSMENT TEST (CAT)



- A CAT score 10 or more suggests significant symptoms
- A change in CAT score of 2 or more suggests a possible change in health status
- A worsening of CAT score could be explained by an exacerbation, poor medication adherence, poor inhaler technique, or progression of COPD or comorbid condition. An adjustment in therapy may be needed.

The image shows a sample of the COPD Assessment Test (CAT) questionnaire. At the top, there are fields for "Your name:" and "Today's date:". The title "How is your COPD? Take the COPD Assessment Test™ (CAT)" is prominently displayed. Below the title, a paragraph explains the purpose of the test: "This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment." It then instructs the user: "For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question." An example is provided: "Example: I am very happy [0] [X] [2] [3] [4] [5] I am very sad". The main body of the form consists of ten pairs of statements, each with a 0-5 scale in between. The pairs are: 1. "I never cough" vs "I cough all the time" (0-5 scale). 2. "I have no phlegm (mucus) in my chest at all" vs "My chest is completely full of phlegm (mucus)" (0-5 scale). 3. "My chest does not feel tight at all" vs "My chest feels very tight" (0-5 scale). 4. "When I walk up a hill or one flight of stairs I am not breathless" vs "When I walk up a hill or one flight of stairs I am very breathless" (0-5 scale). 5. "I am not limited doing any activities at home" vs "I am very limited doing activities at home" (0-5 scale). 6. "I am confident leaving my home despite my lung condition" vs "I am not at all confident leaving my home because of my lung condition" (0-5 scale). 7. "I sleep soundly" vs "I don't sleep soundly because of my lung condition" (0-5 scale). 8. "I have lots of energy" vs "I have no energy at all" (0-5 scale). To the right of each pair is a box labeled "SCORE". At the bottom right, there is a larger box labeled "TOTAL SCORE". At the bottom left, there is small text: "COPD Assessment Test and the CAT logo is a trade mark of the GlaxoSmithKline group of companies. © 2009 GlaxoSmithKline group of companies. All rights reserved. Last Updated: February 24, 2012".

MMRC BREATHLESSNESS SCALE




















Grade	Description of Breathlessness
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace
3	I stop for breath after walking about 100 yards or after a few minutes on level ground
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Regular symptoms						 **		
Exacerbation risk high		 ††	 ††	 *				 ‡
Oxygenation severe hypoxemia								
episodic hypoxemia								
Emphysema							 †	
Chronic bronchitis				 *				
Comorbidities	 Evaluate and treat identified comorbid conditions							

SEVERITY DOMAIN:

3. EXACERBATIONS




















- High Risk for ???:
 - Two or more exacerbations in past year
 - Especially if FEV1 < 50% predicted
- Tease out exacerbation history
 - Mild – Increased rescue inhaler
 - Moderate – antibiotic or steroid added
 - Severe – hospital admission (2 points)



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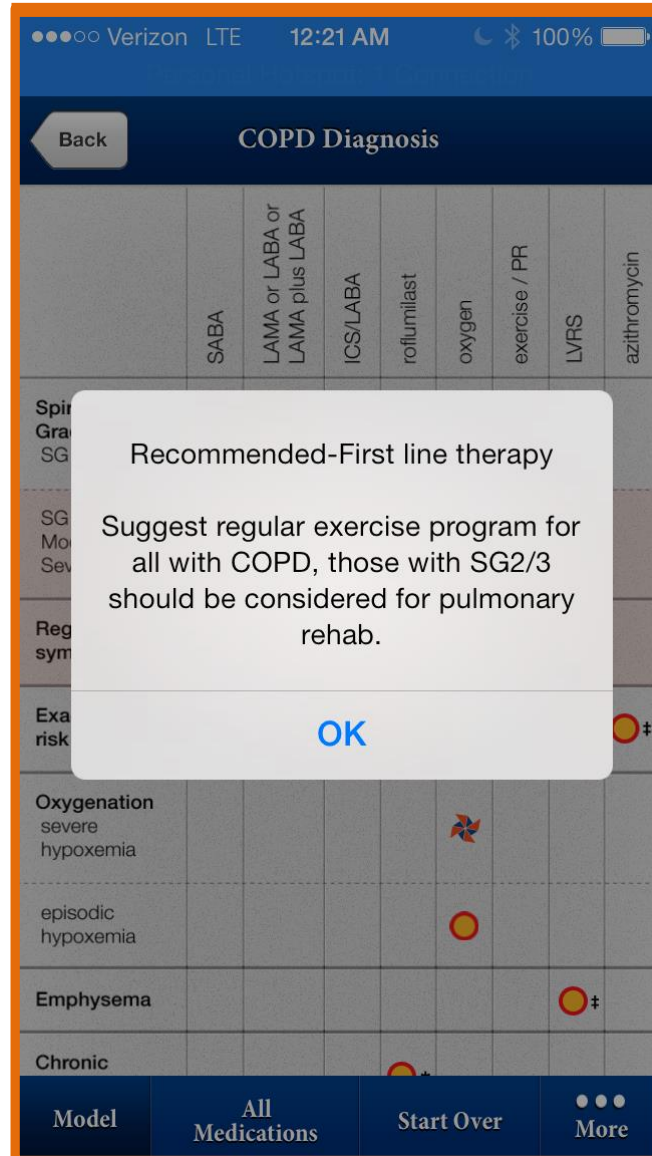
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Comorbidities	 Evaluate and treat identified comorbid conditions							

SEVERITY DOMAIN:

7. COMORBIDITIES

- Comorbidities are extremely common in COPD and impact morbidity, hospitalization and re-hospitalization rates and mortality.
- Evidence suggests that COPD may be an independent risk factor for the development of cardiovascular disease, lung cancer, depression, osteoporosis.
- Defining and treating comorbid conditions, particularly cardiovascular, are critical components of COPD care and should be evaluated in every patient at every visit.

FREE IPHONE APP NOW AVAILABLE!



<http://www.copdfoundation.org/Learn-More/For-Medical-Professionals/Treatment.aspx>

DISCHARGE CONSIDERATIONS

1. Acute Care vs. Maintenance Therapy
 2. Other Considerations – cessation, vaccines, exercise, alpha-1 testing
 3. Evaluate all 7 severity domains
 - Document and monitor: spirometry, symptoms, exacerbations, rehab
- Your job is to coordinate care for the missing pieces!

TOOLS – MY COPD ACTION PLAN



COPD360action
IT'S MY COPD ACTION PLAN

My Name: _____ Date: _____
 My Doctor's Name: _____ Phone: _____
 Emergency Contact: _____ Phone: _____



Instructions: My COPD Action Plan can be used daily and should be updated every 6 months. Please complete this section and bring a complete medication list to your next doctor's visit. Select how your COPD disrupts your activities on a regular basis. Think about your ability to perform these activities on a typical green day. Place one check mark in each column.

Update in 6 months on: _____

	CLEANING	MAKE MY BED	BRUSH MY TEETH	BATHING/SHOWERING	WALKING	CLIMBING STAIRS	WORKING	SLEEPING	EXERCISING	COOKING
I can do this										
I can do this with minor limitations										
I struggle to do this										
I cannot do this										

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

My Green Days	A Normal Day for Me	Take Action
	<input type="checkbox"/> My breathing is normal <input type="checkbox"/> My cough and mucus are normal <input type="checkbox"/> My sleeping is normal <input type="checkbox"/> My eating and appetite are normal <input type="checkbox"/> My activity level is normal	<input type="checkbox"/> I will take all medications as prescribed <input type="checkbox"/> I will keep routine doctor appointments <input type="checkbox"/> I will use oxygen as prescribed <input type="checkbox"/> I will exercise and eat regularly <input type="checkbox"/> I will avoid all inhaled irritants & bad air days <input type="checkbox"/> I will update my COPD Action Plan every 6 months
My Yellow Days	A Bad Day for Me	Take Action
	<input type="checkbox"/> I have a low grade fever that doesn't go away <input type="checkbox"/> I have increased use of rescue medications without relief <input type="checkbox"/> I have a change in color, thickness, odor or amount of mucus <input type="checkbox"/> I am more tired than normal or have trouble sleeping <input type="checkbox"/> I have new or more ankle swelling <input type="checkbox"/> I am more breathless than normal <input type="checkbox"/> I feel like I am catching a cold	<input type="checkbox"/> I will limit my activity and use pursed-lips breathing <input type="checkbox"/> I will take regular medications as prescribed <input type="checkbox"/> I will report these changes to my doctor today <input type="checkbox"/> I will start special medications* prearranged with my doctor which includes: _____ _____
My Red Days	A Day When I Need Help Right Away	Take Action
	<input type="checkbox"/> I have disorientation, confusion or slurring of speech <input type="checkbox"/> I have severe shortness of breath or chest pain <input type="checkbox"/> I have a blue color around my lips or fingers <input type="checkbox"/> I am coughing up blood	<input type="checkbox"/> I will call 911 right away <input type="checkbox"/> I will start these special medications*: _____ _____ _____

* If symptoms are not improved in one day after taking special medications consult your doctor.

The contents of My COPD Action Plan is for information purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis or treatment.

Optimal Care for COPD

1. If you smoke, quit.
2. Get a flu shot every year and a pneumonia shot as required.
3. Keep up regular exercise.
4. Eat right to maintain a healthy weight.
5. Use proper breathing techniques.
6. Watch for early warning signs of lung infection and exacerbation.
7. Take medications as prescribed. Some medications are proven to help people with COPD have fewer exacerbations.
8. Use supplemental oxygen as prescribed.
9. See your doctor regularly, even when you feel well.
10. Communicate with loved ones about COPD and ask for help when you need it.
11. Get tested for Alpha-1.
12. Discuss end-of-life care and write it down.

Report Warning Signs of Exacerbations

Notify your health care provider of these early warning signs:

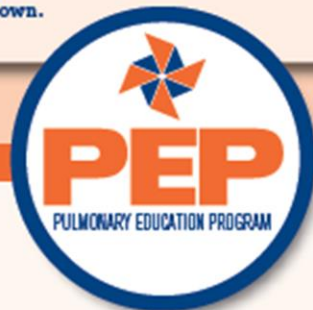
1. Low grade fever that doesn't go away
2. Increased use of rescue medications
3. Change in color, thickness, odor or amount of mucus
4. Tiredness that lasts more than one day
5. New or increased ankle swelling

Call 911 for dangerous warning signs:

1. Disorientation, confusion or slurring of speech
2. Severe shortness of breath or chest pain
3. Blue color in lips or fingers

Tips for healthy living with COPD

- Avoid people who are sick
- Avoid unnecessary hand shaking
- Avoid touching your face when in public
- Wash your hands often
- Use alcohol hand gel when you cannot wash your hands
- Avoid going outside on windy days. If you have to go out, wear a mask.
- Use your own pen at the bank, doctor's office, etc.
- Use coughing techniques to keep your airways clear of mucus
- Used pursed-lip breathing techniques during activity
- Monitor your health status with a COPD Assessment Test (CAT)
- Develop a COPD Action Plan with your doctor



A program of the
COPD Foundation

My Name: _____ DOB: _____ Allergies: _____

Physician Name: _____ Phone: _____

Lung Specialist Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

- Coping with Chronic Lung Disease
- End of Life
- Exacerbations
- Exercise
- **Hospital & Transition Back Home**
- Lung Disease Tests
- Medicines
- Nutrition Tips
- Oxygen Therapy
- Travelling with COPD
- Understanding Lung Disease

Tips for Healthy Living with COPD

- *Avoid people who are sick*
- *Avoid unnecessary hand shaking*
- *Avoid touching your face when in public*
- *Wash your hands often*
- *Use alcohol hand gel when you cannot wash your hands*
- *Avoid going outside on windy days. If you have to go out, wear a mask.*
- *Use your own pen at the bank, doctor's office, etc.*
- *Use coughing techniques to keep your airways clear of mucus*
- *Use pursed-lip breathing techniques during activity*
- *Monitor your health status with a COPD Assessment Test (CAT)*
- *Develop a COPD Action Plan with your doctor*

Make sure your friends and family members are aware of these early warning signs.

Report Warning Signs of Exacerbations

Notify your health care provider of these early warning signs:

- 1. Low grade fever that doesn't go away*
- 2. Increased use of rescue medications*
- 3. Change in color, thickness, odor or amount of mucus*
- 4. Tiredness that lasts more than one day*
- 5. New or increased ankle swelling*

Call 911 for dangerous warning signs:

- 1. Disorientation, confusion or slurring of speech*
- 2. Severe shortness of breath or chest pain*
- 3. Blue color in lips or fingers*

- How to avoid infections and report early warning signs of COPD exacerbation.
- Pursed-lips breathing is illustrated along with easy-to-perform steps.
- Medications section describes the differences between rescue inhalers and controller inhalers with simple to understand analogies.
- A section on inhaled medications covers the potential benefits and drawbacks of using nebulizers and hand held inhalers.
- Quick Reference Medication List. This includes all the medications commonly used for treatment of COPD.

QUICK REFERENCE MEDICATION LIST

CONTROLLERS

Short-acting Anticholinergic Bronchodilators - Opens airways by blocking cholinergic receptors
Atrovent®

Long-acting Anticholinergics - Opens airways by blocking cholinergic receptors
Tudorza® - 12 hours *Spriva® - 24 hours Incore® Ellipta® - 24 hours

Long-acting Beta-agonists - Opens airways by stimulating beta receptors for 12 hours or more
Foradil® Aerolizer® Perforomist® Striverdi® Respimat® - 24 hours
Serevent® Diskus® Arcapta® - 24 hours Brovana®

Corticosteroids - Reduces swelling on insides of airways - does not act right away
Aerobid® Flovent® HFA Beclovent®
Azmacort® Pulmicort® Flexhaler® Vanceril®
Asmanex® Twisthaler® Alvesco® Anunty® Ellipta® - 24 hours
Flovent® Diskus® Qvar®

Combination Corticosteroids & Long-acting Beta-agonists - Reduces swelling and opens airways by stimulating beta receptors for 12 hours or more
*Advair® Diskus® Symbicort® *Breo® Ellipta® - 24 hours
Advair® HFA Dulera®

Combination Long-acting Anticholinergic & Long-acting Beta-agonist - Two bronchodilators open airways by stimulating cholinergic receptors and opens airways by stimulating beta receptors for 24 hours
Anoro® Ellipta®

PDE4 Inhibitor - Helps reduce the number of symptom flare-ups for 24 hours
*Daliresp®

RESCUE RELIEVERS

Short-acting Beta-agonists - Opens airways by stimulating beta receptors - acts quickly and lasts for about 4 hours
Albuterol Proventil® HFA ProAir® HFA
Xopenex® HFA Ventolin® HFA Maxair® Autohaler

Combivent and Duo-Neb - Opens airways by stimulating cholinergic receptors and opens airways by stimulating beta receptors. Acts quickly and lasts for up to 8 hours.

*The only medications approved by the FDA that have been shown to reduce COPD exacerbations (flare-ups) include: Advair 250/50, Breo Ellipta, Daliresp and Spriva.

14

- Live course at your institution
- Learn best practices for COPD dx & tx
- Custom courses for your needs
- 8 hour full CEU and CME

COPD EDUCATOR PROGRAM®

"This was the most useful course that I have attended in many years"
-COPD Patient

- Intro to COPD Educator Program & Pre Test
- COPD Overview & Risk Factors
- COPD Pathology
- Break
- Simple Spirometry for Diagnosis of COPD
- Establishing Diagnosis Based on 7 Severity Domains
- Lunch (provided by host)
- Respiratory Pharmacology
- Non-Pharmacological Management & Oxygen
- Break
- Quality of Life and Educational Materials
- COPD Exacerbations & Interventional

Each course can be customized to meet the needs of your institution, like hands-on Spirometry Workshop, spirometry equipment, etc.

Please contact Scott Cerreta at 866-731-2673 x 443 or email scerreta@copdfoundation.org for pricing and course options.





Our initiative to improve COPD care across the continuum and reduce readmissions

A collaborative of
7,000+ healthcare providers,
administrators and policymakers

www.copdfoundation.org/PRAXIS



Learn what your peers are doing in the field

Catch up on breaking policy & research developments



Locate toolkits, promising practices

Find educational activities and events



Stay abreast of innovation

ONLINE ORDERS

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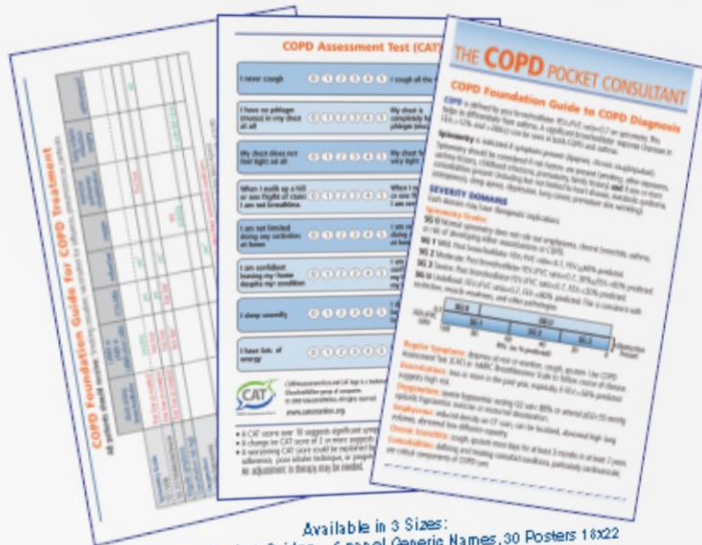


Register
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INSTITUTIONAL PACK

The COPD Pocket Consultant Guide Institutional Pack includes:

- Published manuscript on COPD Foundation Guidelines
- PowerPoint Presentation for Grand Rounds presentation
- Dissemination Plan within your institution
- Rlier for mobile app download and website blog



Available in 3 Sizes:
Large: 1000 Pocket Guides – 6 panel Generic Names, 30 Posters 18x22
Medium: 500 Pocket Guides – 6 panel Generic Names, 20 Posters 18x22
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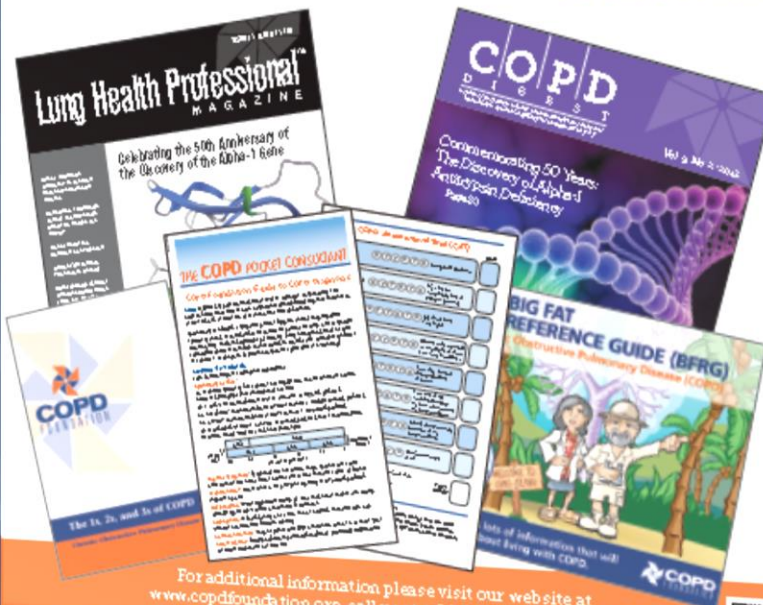
FOR ADDITIONAL INFORMATION PLEASE VISIT OUR WEBSITE AT
WWW.COPDFOUNDATION.ORG, CALL US AT 1-866-316-COPD (2673),
OR PLACE AN ONLINE ORDER AT COPD.OIONDEMAND.COM/



ONLINE CATALOGUE

In our online catalogue you'll find attractive, up-to-date and easy to understand educational materials including the Big Fat Reference Guide Ver2.1 (BFRG), the most comprehensive educational tool available for persons with COPD and much more. All materials are free of charge.

You only pay for shipping to your location!
Please see our online catalogue at: <http://copd.oiondemand.com>
You will need to register as a REGISTRANT for healthcare professionals or as a PEP Coordinator for PRCenters that are formally enrolled in the PEP program.



For additional information please visit our website at
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or place an online order at copd.oiondemand.com/





Empowering Patients through Research

"You might have lost your breath, but you haven't lost your voice"

YOU CAN HELP !

- Request postcards to share at support groups, clinics, respirator care departments, etc
- Posters and paper surveys available for some locations.
- www.copdpprn.org

A promotional postcard for the COPD Foundation. The top half features a photograph of an elderly couple smiling. The bottom half has a dark blue background with white and orange text. The main text asks if the viewer is looking for a way to make a difference and let their voice be heard. Below this is a small box with more text and the website address. At the bottom, there is a logo for COPD and COPD.PPRN.

**ARE YOU LOOKING FOR
A WAY TO MAKE A DIFFERENCE
AND LET YOUR VOICE
BE HEARD?**

Join the network and advance research in Chronic Obstructive Pulmonary Disease (COPD). The COPD Patient Research Network (COPD PRN) will be the largest network of patients worldwide. COPD PRN is a nonprofit, not-for-profit organization. COPD PRN is a 501(c)(3) organization.

**BE HEARD.
WWW.COPDPPRN.ORG**

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COPD COPD.PPRN

SUMMARY

- Implications for treatment of COPD requires consideration for seven severity domains.
- COPD Foundation's Pocket Consultant Guide is a tool derived from existing guidelines that is simple, convenient and portable.
- PR Coordinators should be part of the acute care discharge planning process. Use PCG to coordinate spirometry, symptom and exacerbation assessment and determine appropriate Maintenance Therapy.
- Other COPDF tools and programs are available to support your projects
- All COPD patients should join the COPD PPRN

Take Action Today. Breathe Better Tomorrow.



COPD
FOUNDATION

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