

JOHNSON (COPD)

Recap:

1. COPD is an obstructive respiratory disorder.
2. COPD is an irreversible, preventable and treatable disease.
3. COPD is characterised by persistent and progressive airflow limitation.
4. COPD is associated with an enhanced chronic inflammatory response in the airways and the lung.
5. COPD is complicated by exacerbations (relate to "X" in COPD-X Guidelines) and co-morbidities of the patients.

All of the following questions are related to a case-study (as shown below) in the context of C-COPD-X Guidelines:

John comes into the pharmacy and requests his prescription to be filled. He has been smoking at least 10 cigarettes daily since 10 years ago. He has chronic cough and has been coughing up sputum in the last 3 months. He also experiences some exercise limitation in which he tends to gasp for air when he is jogging in the park. He does not drink any alcohol and has no atopic family history of eczema and asthma. However, he has a personal history of mood disorders, but has no symptoms currently.

Case Identification (i.e. pharmacist collect and analyse patient symptoms suggestive of COPD)

1. What symptoms suggest that John has COPD?
 - Productive cough
 - Sputum
 - Exercise limitation
 - However, cough and sputum alone are unreliable indicators (because they should have CV complications too!)
 - Common comorbidities in COPD patients = anxious & depression
2. How do you (as a pharmacist) identify John has COPD?
 - Take a good patient history (i.e. John was exposed to smoke since 10 years ago)
 - Only can perform screening tests (NOT using diagnostic tool at this stage, i.e. spirometry)
 - Use Lung Health Checklist (look for symptoms such as cough, sputum, chest infections and dyspnoea)
 - Use PIKO-6 (smaller device, harder to use) or COPD-6 (preferable)
3. John is concerned about his condition and he wants to know how COPD differs from asthma. How would you explain to him?

COPD		Asthma
Long smoking history	Factor(s)	Either allergic (extrinsic, atopic or family history of asthma) OR non-allergic (intrinsic)
Often onset in mid-life	Time of onset	Often onset in childhood
Symptoms slowly progressive	Variability of symptoms	Symptoms vary from day to day (i.e. worse at night / early morning)