key points

SELECTED BY
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COPD accounts for more than 10% of emergency hospital admissions. The 2008 National COPD Audit showed that the 90-day mortality after a COPD hospitalisation was 13.9% and almost one in three patients discharged from hospital were readmitted within three months.

The principle of COPD diagnosis is based on establishing the presence of obstructive post-bronchodilator spirometry in an at-risk individual with appropriate symptoms. COPD is very rarely seen before 35 years of age and is rare below 45 unless there is an extensive history of opiate (heroin or crack) smoking. Most individuals diagnosed with COPD have substantial cigarette smoke exposure, more than 10 and usually 20 pack years.

Patients with COPD usually have symptoms of cough and phlegm, exertional breathlessness, wheezing, recurrent winter bronchitis or a combination of these symptoms. A current or ex-smoker, aged over 35, with respiratory symptoms should undergo spirometry testing. The hallmark of COPD is the presence of airflow obstruction after administration of a bronchodilator. However, while normal spirometry excludes COPD, obstructive spirometry is also seen in asthma and bronchiectasis emphasising the importance of clinical features.

A significant change introduced in the 2010 NICE guideline is the new grading of COPD severity. A system based on FEV_1 alone oversimplifies disease severity and full clinical assessment should include symptoms, frequency of exacerbations and impact of disease on functioning and health status.

The most important single intervention is smoking cessation as this is proven to reduce decline in FEV_1 and reduce mortality. All patients should also receive influenza and pneumococcal vaccination, weight management, pulmonary rehabilitation (if breathless) and short-acting bronchodilators. The evidence base for rehabilitation is very strong with positive effects shown on breathlessness, exercise capacity, activity level, exacerbation rate, leg muscle strength and quality of life. The vast majority of patients with COPD are managed in primary and/or intermediate care but there are circumstances where secondary care assessment should be sought.

Death is a common outcome for patients with COPD, approximately 25,000 COPD patients in England and Wales die each year. Around 1 in 12 patients hospitalised because of COPD die in hospital. It is increasingly recognised that many patients with COPD could benefit from improved end of life care.