UNDERSTANDING COPD IN OLDER ADULTS IN OLDER ADULTS

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WHAT IS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)?

COPD is a term used to describe chronic lung diseases, including emphysema and chronic bronchitis. COPD is common, preventable, and treatable. It occurs most often in people ages 65 and older.



SIGNS AND SYMPTOMS

- Shortness of breath or coughing up phlegm.
- Reduced lung function.
- Changes in lung structures.



COPD IS OVERLOOKED

- Cardiovascular disease, depression, and anxiety are common in older adults and can contribute to symptoms similar to those of COPD.
- People with COPD may attribute their breathing problems to aging, physical inactivity, or needing to lose weight.

UNDERSTANDING RISK



Smoking

Smoking is the most common risk factor, but about 1 in 4 Americans with COPD have never smoked and fewer than 1 in 2 heavy smokers develop the disease.



Sex

Deaths among men still exceed those among women. However, COPD death rates are falling among men while remaining the same among women.



Sociodemographics

People at increased risk for COPD include those who live in rural areas; are American Indians/ Alaska natives or multiracial non-Hispanic; are unemployed, retired, or unable to work; have less than a high school education; are divorced, widowed, or separated; and have a history of asthma.

TREATMENT BY AN INTERDISCIPLINARY COPD CARE TEAM

A knowledgeable team of health professionals can help patients by:



- Providing an accurate diagnosis with use of lung tests and screening questionnaires.
- Supporting smoking cessation using behavioral, nonpharmacologic, and drug approaches.
- Immunizing to protect against infectious diseases of the lungs, such as influenza and pneumococcal disease.
- Promoting use of pulmonary rehabilitation exercises to improve breathing capacity.

- Managing drug therapy so that the right drugs are used in various stages of COPD.
- Educating about proper use of inhalers and spacers that deliver drugs to the lungs.
- Prescribing oxygen therapy, usually in later stages of the disease.
- Coordinating transitions of care between home, the hospital, and long-term care facilities, including medication reconciliation.
- Facilitating palliative care near the end of life.

INITIAL PHARMACOLOGICAL TREATMENT OF PATIENTS

Initial pharmacotherapy treatment is summarized using the ABCD system recommended in the 2020 publication, *Global Initiative for Chronic Obstructive Lung Disease*.

≥2 moderate exacerbations or ≥1 leading to hospitalization

0 or 1 moderate exacerbations (not leading to hospital admission)

Group C

ΙΔΜΑ

Group A

A Bronchodilator

Group D LAI

LAMA or LAMA + LABA* or ICS + LABA**

*Consider if highly symptomatic (e.g. CAT >20)

Group B

A Long Acting Bronchodilator (LABA or LAMA)

mMRC 0-1, CAT <10

mMRC ≥2, CAT ≥10

CAT = COPD Assessment Test COPD = chronic obstructive pulmonary disease eos = blood eosinophil count in cells per microliter ICS = inhaled corticosteroid LABA = long-acting beta-2 agonist LAMA = long-acting muscarinic antagonist mMRC = modified Medical Research Council questionnaire

Source: Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. 2020 Report. Available at: https://goldcopd.org/gold-reports/. Accessed March 1, 2020.

RESOURCES

- American Lung Association—Better Breathers Club www.lung.org/support-and-community/better-breathers-club
- American Thoracic Society www.thoracic.org/patients

- COPD Foundation
 www.copdfoundation.org
- National Heart, Lung, and Blood Institute— Learn More Breathe Better www.nhlbi.nih.gov/BreatheBetter

