

[Updates] in the management of COPD and Asthma

Alison Lupton-Smith (PhD)

Division of Physiotherapy

Stellenbosch University

aluptonsmith@sun.ac.za



Acknowledgements

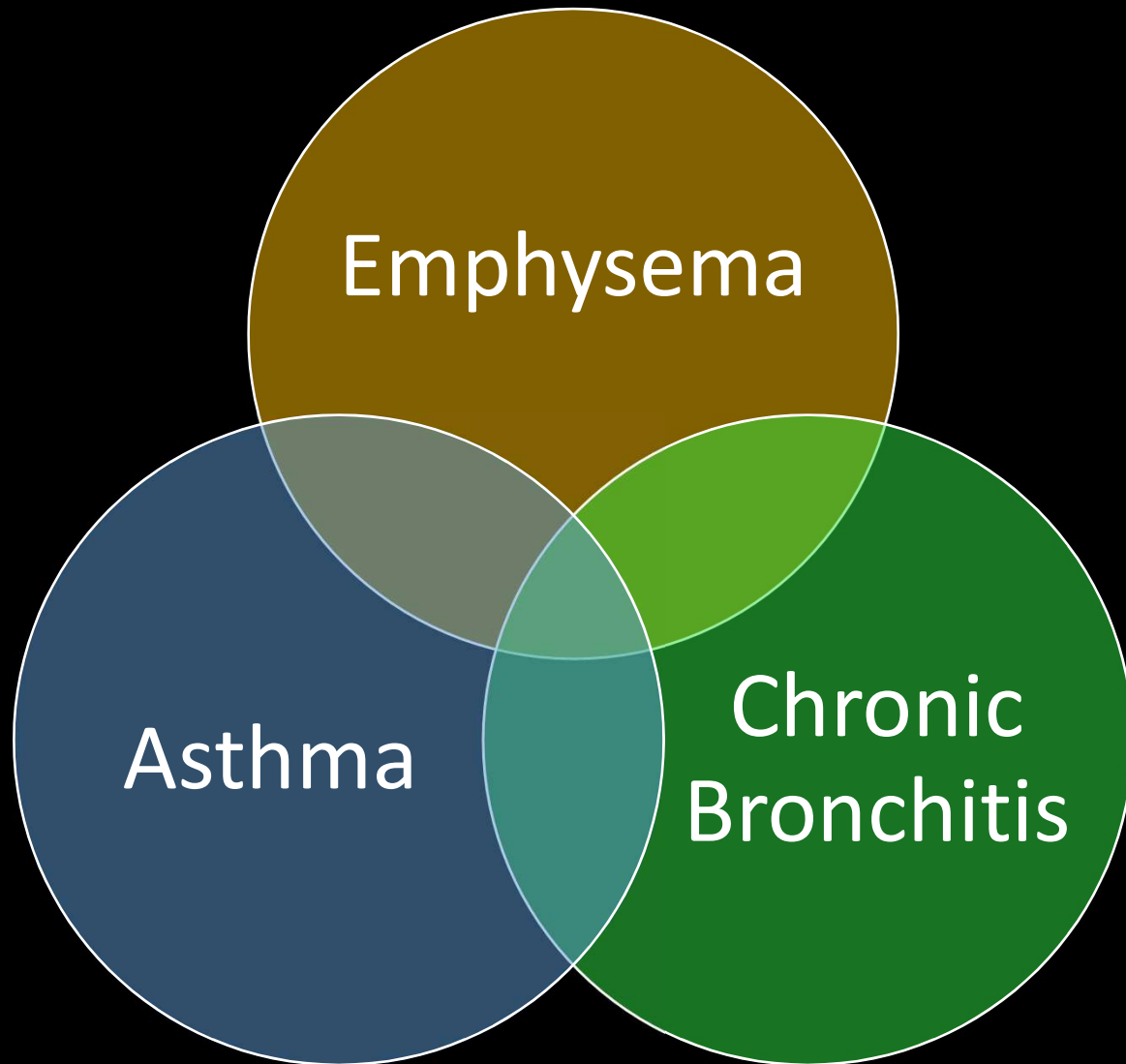
Stephan Nel; Brian Allwood; Susan Hanekom

David Maree, Francois Swart, Cirelene Grobler

*Division of Physiotherapy, Stellenbosch University Division of Pulmonology,
Stellenbosch University*

Disclaimer





Significant **extra**pulmonary effects

Background

- Chronic obstructive pulmonary disease is a preventable and treatable disease.
- Pulmonary component is characterized by airflow limitation that is not fully reversible. The airflow limitation is usually both progressive and associated with abnormal inflammatory response of the lungs to noxious particles or gases.
- Some **significant extrapulmonary effects** that may contribute to the severity in individual patients.

251 million cases in 2016

3.17 million deaths globally in 2015

90% in low and middle income
countries

4.7% of global DALY's

Two-thirds of these due to COPD

\$32 billion in direct costs

\$20 billion in indirect costs

Can we address this burden?

Pulmonary Rehabilitation



Comprehensive

Patient tailored

Exercise, education, behavior change

Promote health enhancing behaviour



Cochrane
Library

Cochrane Database of Systematic Reviews

Pulmonary rehabilitation
disease (Review)

ive pulmonary

McCarthy B, Cas

y E, Lacasse Y

We know it works!!

Benefit
life

ing health-related quality of

capacity

No further RCTs are warranted

Telehealth
for chronic
disease

More cost effective than drugs!

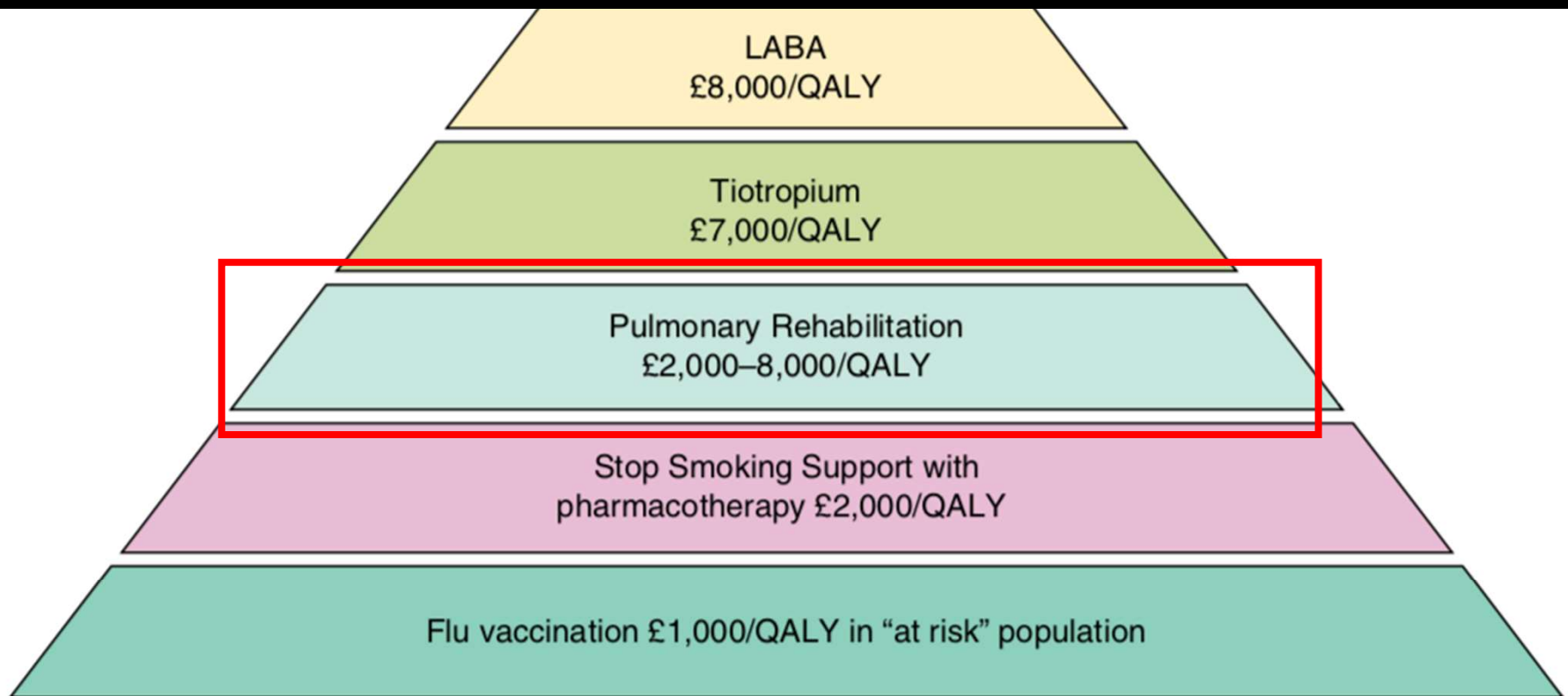
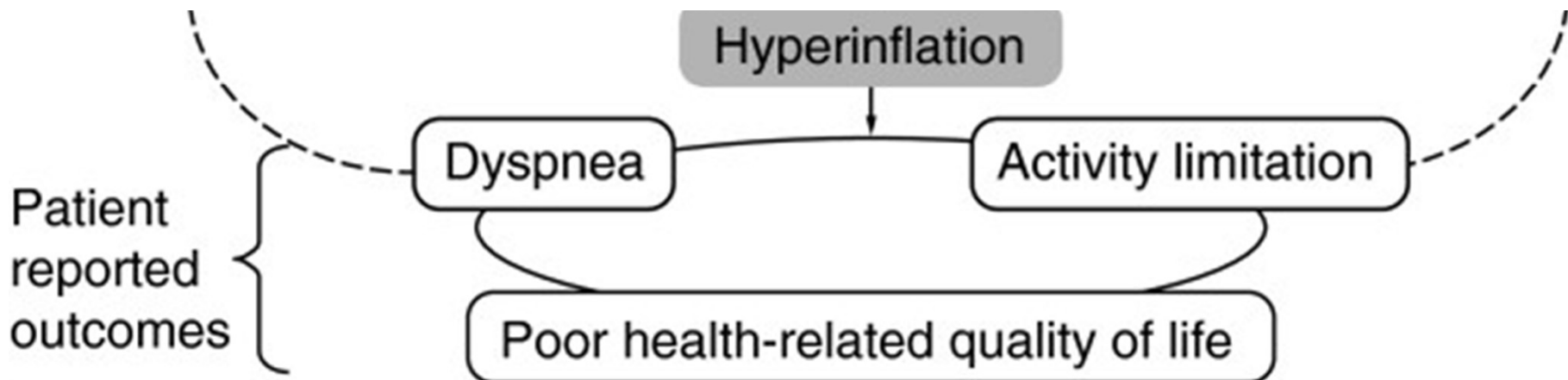


Figure 1. Cost-effectiveness of pulmonary rehabilitation relative to other treatments for chronic obstructive pulmonary disease. Reprinted from Reference 96. *Cost per quality-adjusted life year (QALY). LABA = long-acting β -agonist.

Zoumot Z, Jordan S, Hopkinson N (2014)

Why do patients need pulmonary rehabilitation?



“ The Downward Spiral ”

**Airflow
limitation**

Dyspnea

**Poor Quality
of Life**

**Muscle
Impairment**

Isolation

**Severe
Dyspnea**

Mortality

Hyper Inflation

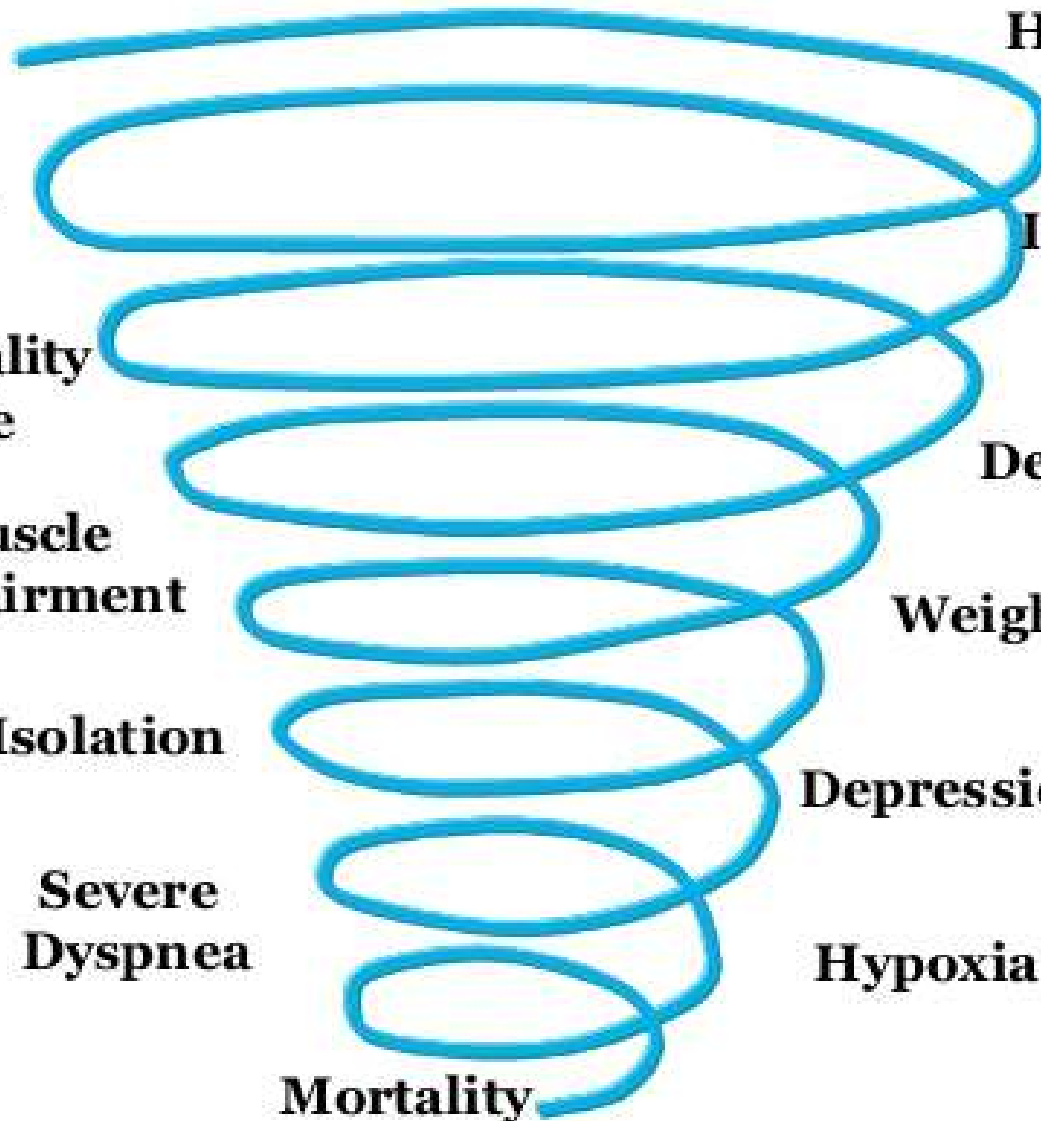
Inactivity

Deconditioning

Weight Loss

Depression

Hypoxia



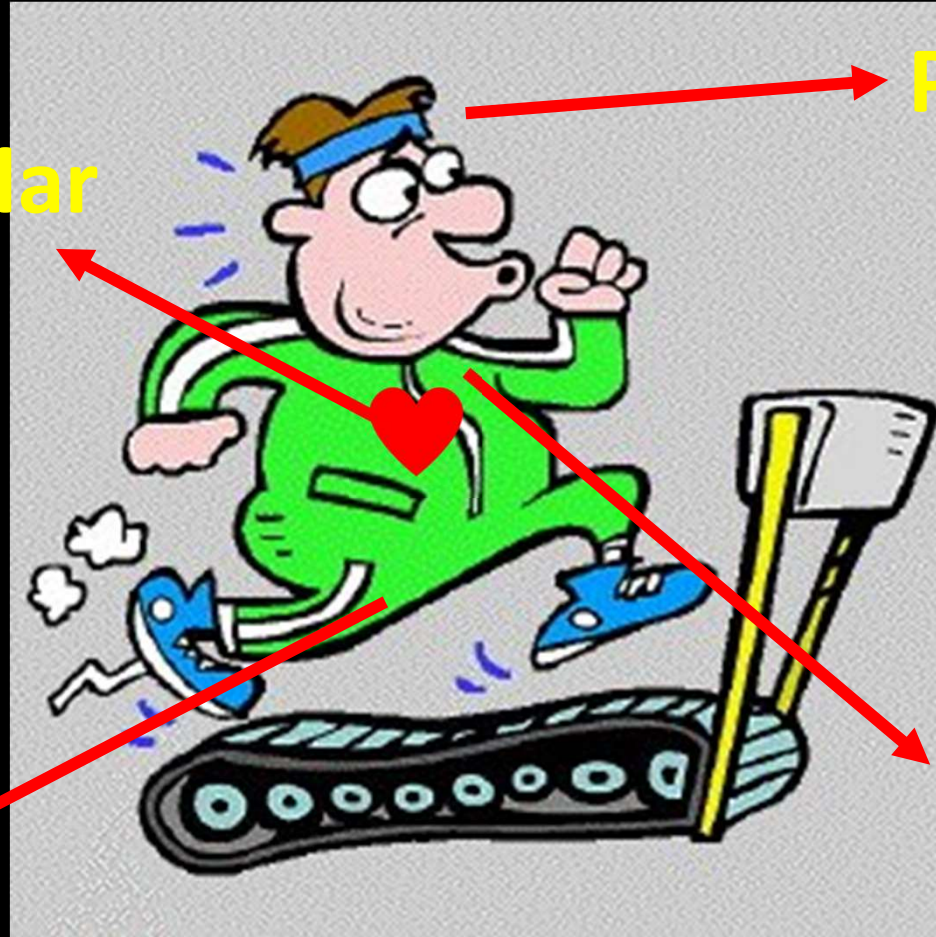
Factors affecting exercise tolerance

Cardiovascular

Psychogenic

Muscular

Ventilatory



Person

Disease

What about in AECOPD?

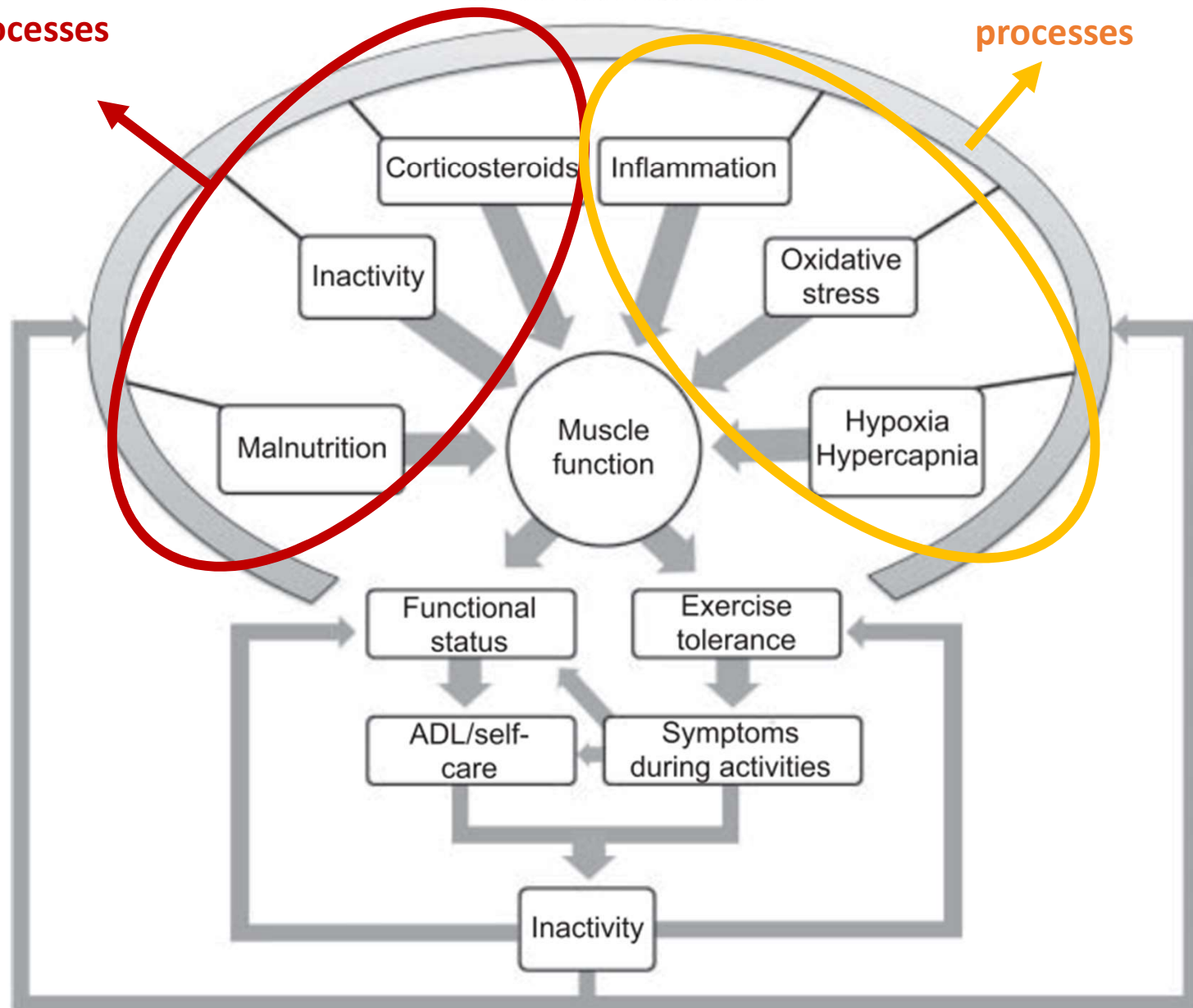
1. Early
2. Too Early
3. Way too Early

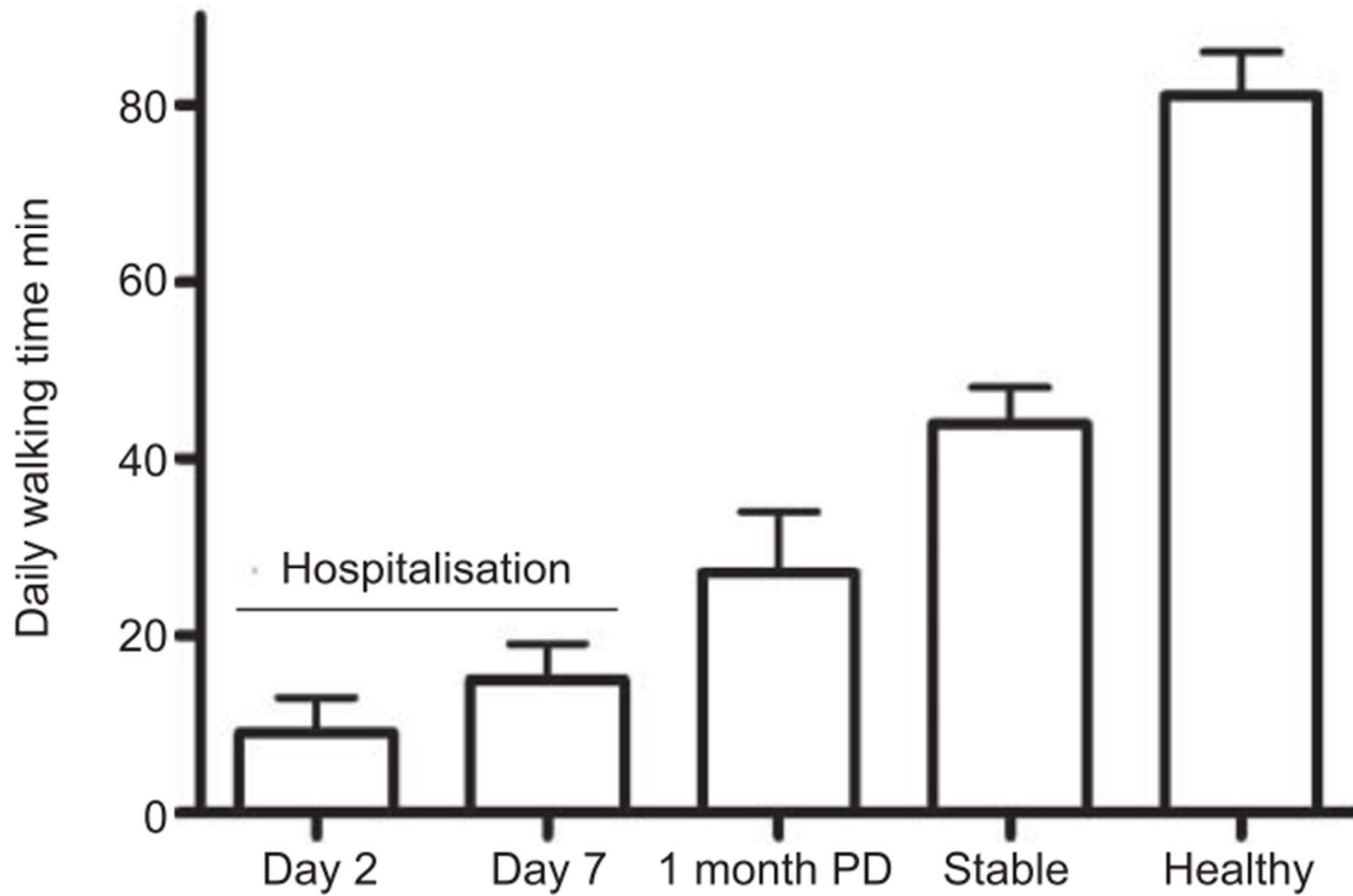


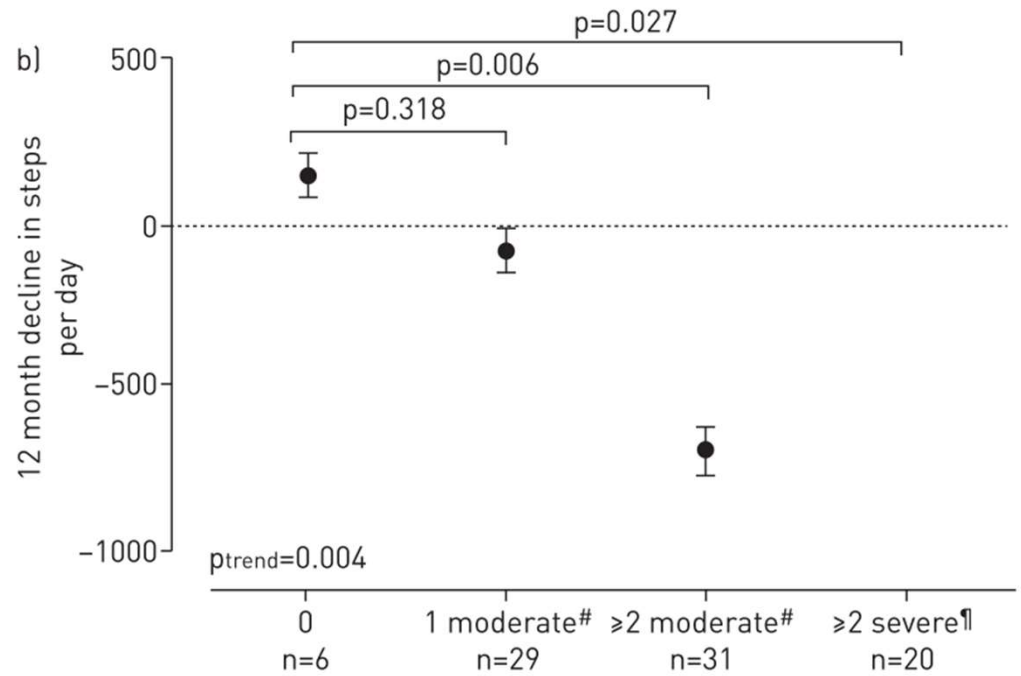
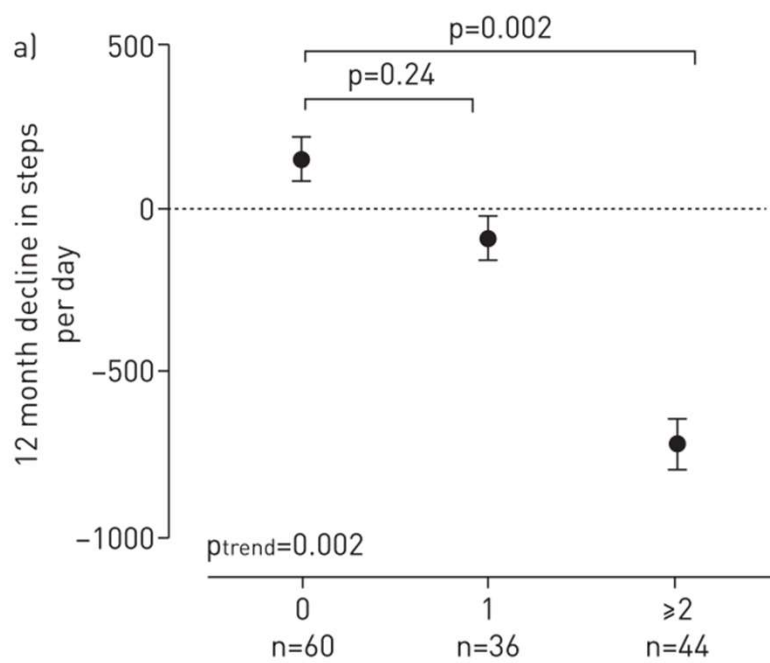
Inhibit anabolic processes

Acute exacerbation

Promote catabolic processes







Exacerbations during 12 month follow up

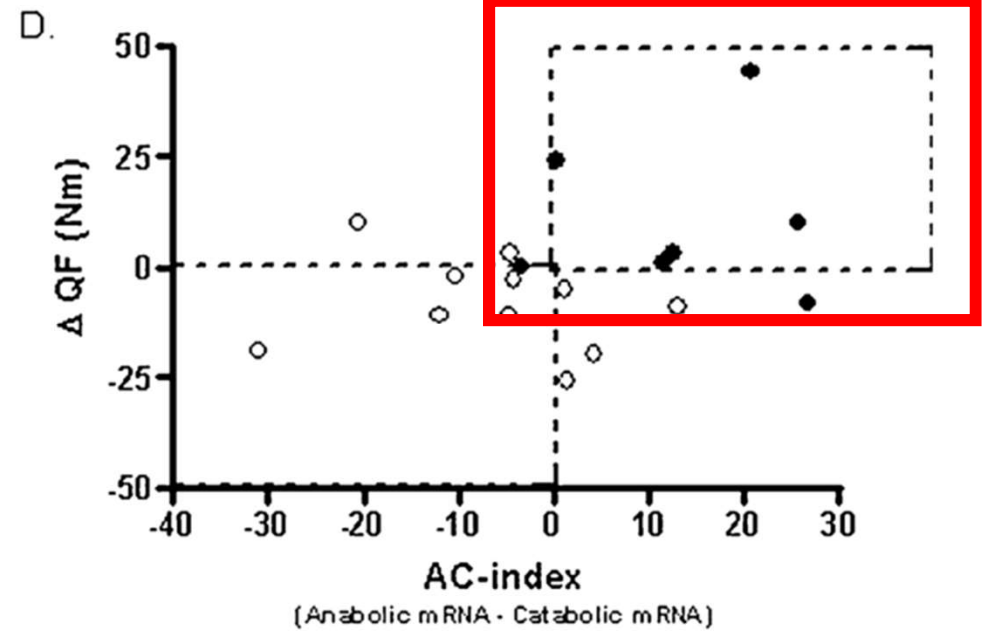
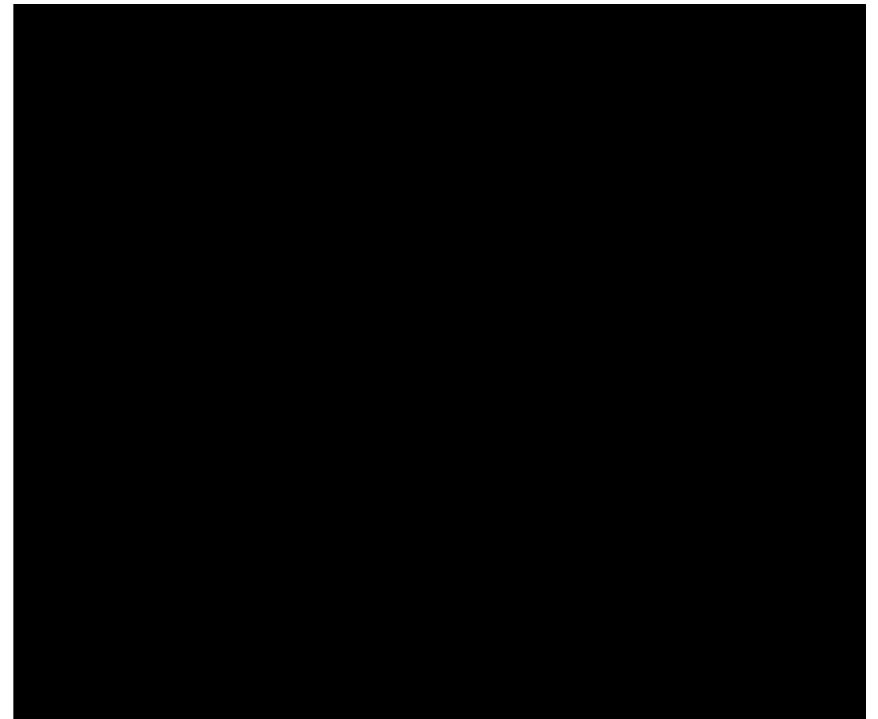
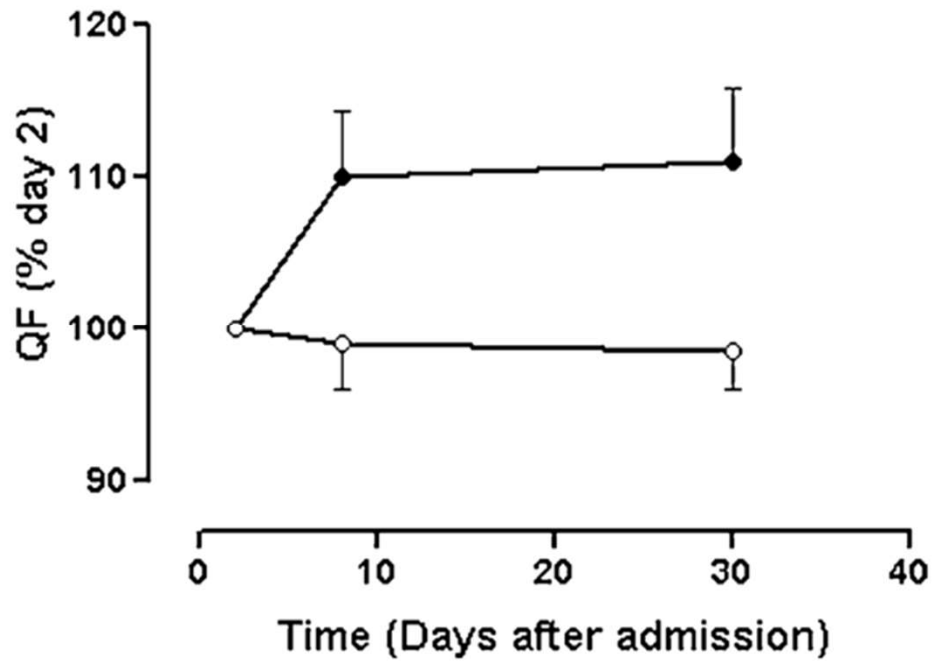
Demeyer et al 2017



Resistance Training Prevents Deterioration in Quadriceps Muscle Function During Acute Exacerbations of Chronic Obstructive Pulmonary Disease

Thierry Troosters^{1,2*}, Vanessa Suziane Probst^{3*}, Tim Crul¹, Fabio Pitta⁴, Ghislaine Gayan-Ramirez¹, Marc Decramer^{1,2}, and Rik Gosselink^{1,2}

¹Respiratory Rehabilitation and Respiratory Division, University Hospital Leuven, Leuven, Belgium; ²Kinesiology and Rehabilitation Sciences, Department of Rehabilitation Sciences, Katholieke Universiteit Leuven, Leuven, Belgium; ³Centro de Pesquisa em Ciências da Saúde, Universidade Norte do Paraná, Londrina, Brazil; and ⁴Laboratório de Pesquisa em Fisioterapia Pulmonar, Departamento de Fisioterapia, Universidade Estadual de Londrina, Londrina, Brazil



Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease (Review)

Puhan MA, Gimeno-Santos E, Scharplatz M, Troosters T, Walters EH, Steurer J

Highly effective

Safe

Reduces hospital readmissions

Reduces mortality

Improves quality of life

Pulmonary Rehabilitation



Patient

Family

GP

Specialist

Physiotherapist

Occupational therapist

Dietician

Social worker

Psychologist

Nurse

In South Africa...

Table II. Goals of management of COPD

1. Recognition of disease (early diagnosis and staging of severity)
 2. Prevention of disease progression (including smoking cessation)
 3. Alleviation of breathlessness and improvement in effort tolerance (treatment of airflow obstruction)
 4. Pulmonary rehabilitation and education (improving quality of life)
 5. Prevention and treatment of exacerbations
 6. Prevention and treatment of complications
 7. Reduction in mortality
-

In South Africa...

Poor uptake and implementation

Resources

Awareness

Considerations

Access

Environmental factors

Culture

Education

Mr Bean

76 years old

Gold Stage 4

Frequent exacerbations

Multiple co-morbidities



Required a carer to assist with ADL's

R2000 / month

His goal:

Walk to the corner shop to buy a paper

Lung function

	0 Weeks	12 Weeks	1 Year
FEV ₁	36.7 %	26 %	25.6 %
FEV ₁ /FVC	40.7 %	40.7 %	32.5 %

Exercise capacity

0 Weeks

12 Weeks

1 Year

6MWT

270m

372m

383m

Cycle
Endurance

5:55

11:00

8:23

Quality of life

	0 Weeks	12 Weeks	1 Year
CAT	26	11	10
SGRQ	71.61	23.39	31.19
Impact	92.03	8.52	7.74
VAS	65	70	80

He has not needed a carer since 4 weeks into the programme

Saving R2000/month

No exacerbations

“I spent the whole day playing dominoes and not once did I have to think about breathing... it wasn't like that before”

“I am a new person – just ask
my family and they will tell you”

Wrapping it up

Think beyond the lungs

Wrapping it up

Strong evidence to support efficacy

Significant impact

Person

Family

Health care system

