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# ASTHMA & COPD MEDICATIONS

<b>SABA RELIEVERS</b> Berotec Turbuhaler 1* Ventolin Inhaler 1* Avanos Asthaler 1* Astal Inhaler 1*	<b>ICS PREVENTERS</b> Flovent Inhaler 1 Pulmicort Inhaler 1 Pulmicort Turbuhaler 1 QVAR Inhaler 1 QVAR Asthaler 1	<b>ICS/LABA COMBINATIONS</b> Symbicort Turbuhaler 2 Seretide MDI 2 Seretide Asthaler 2 Flutiform Inhaler 1 Bree Eligia 2	<b>LAMA MEDICATIONS</b> Spiriva Respimat 1 Spiriva Handihaler 1 Bravado Turbuhaler 1 Acetylcysteine Inhaler 1 Utirota Inhaler 1 Anoro Eligia 2
<b>NON STEROIDAL PREVENTERS</b> Singulair Tablet 1 Montelukast Tablet 1 Inal Inhaler 1 Tiotid Inhaler 1	<b>RESOURCES</b> <b>TREATMENT GUIDELINES</b> Australian Asthma Handbook: <a href="http://asthmaandallergies.org.au">asthmaandallergies.org.au</a> COPD & PNA: <a href="http://copd.org.au">copd.org.au</a> <b>INHALER TECHNIQUE</b> Video by Asthma, Allergy and Immunology Foundation: <a href="http://nationalasthma.org.au">nationalasthma.org.au</a> Inhalers/MDIs should be used with a spacer/inhaler spacer	<b>LABA MEDICATIONS</b> Serevent Turbuhaler 2 Serevent Asthaler 2 Formoterol Inhaler 1 Formoterol Asthaler 1	<b>LAMA/LABA COMBINATIONS</b> Spiriva Respimat 1 Bravado Turbuhaler 1 Utirota Inhaler 1 Anoro Eligia 2

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**Quick Study HEALTH**

## COPD - emphysema

**what is COPD?**

**Definition:**

- Chronic, long-term, primarily irreversible
- Obstructive: An obstacle to airflow (getting the air out)
- Pulmonary: Having to do with the lungs
- Disease: An illness or injury

**Scope of the Problem:**

Approximately 16 million Americans (5%) suffer from COPD (14.2 million from chronic bronchitis and about 1.8 million from emphysema).

- More American men than women suffer from COPD.
- The incidence of COPD is steadily increasing, with prevalence multiplying at a greater rate among females.
- According to estimates made by the National Heart Lung and Blood Institute, in 1998, the annual cost to the nation for COPD was \$26 billion.
- Males and females have similar COPD death rates before age 55; after 55, men die at a much greater rate, for unknown reasons.
- Over the past 20 years, the death rate from all causes has declined; however, the mortality associated with COPD has increased significantly, so that COPD is now the 4th leading cause of death, as of 1991.
- COPD is progressive and one of the leading causes of disability; it is the 3rd most frequent medical diagnosis for patients needing home care.
- Health care and lost productivity costs Americans afflicted with tobacco-related illnesses in excess of \$100 billion per year; this does not include the cost of illness related to second-hand smoke.

**COPD is associated with a higher incidence of depression, fatigue and sleepiness.**

**the 3 diseases of COPD**

**Bronchitis, Emphysema, and Asthma** (Asthma represents the reversible component to the reactive airway)

- COPD is a mixture of various degrees of these diseases
- Emphysema is defined in anatomical terms - that is, by how it looks
- Bronchitis and Asthma are described clinically - that is, by how they act or react
- COPD changes both the anatomical structure and the function of the lungs
- Emphysematous changes occur primarily with the air sacs in the lungs by making them large and stiff
- Bronchitis changes affect primarily the small breathing tubes by producing an abnormally large amount of mucus
- Asthmatic changes represent the reactive airway portion of the disease making the airways narrow, swollen and producing an increase in mucus

**diagnosis**

**Differential diagnosis:** The process where a physician determines the cause of a person's symptoms by considering all of the possibilities, then ruling each out through history-taking, examination and testing until the most likely cause remains.

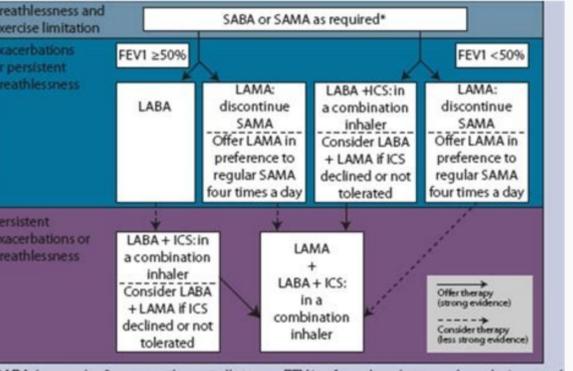
**COPD is always suspected** when there is a long history of smoking, a persistent, chronic cough with sputum production and shortness of breath with exertion.

**Components of the differential diagnosis:**

- Medical history:** Key questions your physician may ask:
  - Have you ever smoked? If yes, for how long and how much?
  - Has your occupation exposed you to irritants, such as asbestos, coal, chemicals, cotton, etc.?
  - Do you have a cough? Describe the timing of your cough.
  - Do you cough anything up? Describe it.
  - Do you have chest pain or burning?
  - Do you experience shortness of breath?
- Physical examination:** May include:
  - Observation of chest movement during breathing
  - Listening to your breathing with a stethoscope
  - Tapping lightly on your chest
- Tests that your physician may request:**
  - Pulse oximetry:** A painless way to look at the amount of oxygen saturated in your blood by way of a fiber-optic beam passing through your finger.
  - Arterial Blood Gas (ABG):** A small amount of blood drawn from one of your arteries that indicates how well you are breathing.
  - Chest X-ray:** To look for abnormalities in your lungs.
  - Pulmonary Function Test (PFT):** Measures how well your lungs move air in and out; the most frequently used component of the PFT is spirometry, which quantifies the airway obstruction and the degree of improvement to obstruction after medication.
  - Sputum examination:** A microscopic look at the cells and bacteria in the mucus expectorated from your airway.

**function of the lungs**

- The lungs are spongy, filled with **alveoli**, hundreds of millions of tiny air-filled sacs, surrounded by microscopic blood vessels.
- The lungs move oxygen from the air into the bloodstream via red blood cells and remove the waste product of carbon dioxide (CO<sub>2</sub>) from the blood.
- The curved **diaphragm** under the lungs is the main breathing muscle; by contracting and flattening, it stretches the lungs so they suck in air.
- When we exhale, the diaphragm relaxes and, with the help of the rib muscles, the lungs spring back to their natural, progressively smaller size, blowing out air.
- Gas exchange is accomplished by moving air in and out of progressively smaller air tubes, together shaped like an inverted tree.
- The trunk of the bronchial tree is called the **trachea**, while the progressively smaller branches are the **bronchi** and the **bronchioles**.



\*SABA (as required) may continue at all stages. FEV1 = forced expiratory volume in 1 second. ICS = inhaled corticosteroid. LABA = long-acting β2 agonist. SABA = short-acting β2 agonist. LAMA = long-acting muscarinic antagonist. SAMA = short-acting muscarinic antagonist.

**COPD Assessment Tool (CAT)**

1. Cough day or night	0-4
2. Shortness of breath	0-4
3. Excessive sputum	0-4
4. Limitation of activities because of breathlessness	0-4
5. Limitation of activities because of fatigue	0-4
6. Limitation of activities because of anxiety	0-4
7. Limitation of activities because of depression	0-4
8. Limitation of activities because of sleep disturbance	0-4
9. Limitation of activities because of winter illness	0-4
10. Limitation of activities because of other respiratory illness	0-4
11. Limitation of activities because of other chronic illness	0-4
12. Limitation of activities because of other factors	0-4
<b>Total score</b>	<b>0-40</b>





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