



Managing COPD

MYTHS BUSTED

The medication delivery device doesn't matter—just the class of medication.

Different medications have different delivery mechanisms based on results of clinical research. It's important that your patients understand how to use their device properly.



COPD exacerbations are serious, but once a patient recovers, they go back to feeling normal.



A COPD exacerbation is a strong predictor for future exacerbations and reflects a significant increased risk in mortality. Patients face a loss in lung function that may never recover with every COPD exacerbation.

The degree of airflow obstruction, as measured by FEV₁, is a key value for deciding on medication therapy in COPD.

The degree of airflow obstruction is clearly important, but current treatment guidelines stress clinical measures such as the frequency/severity of exacerbations and the severity of symptoms, as measured by standardized scores such as the COPD Assessment Test [CAT] or the modified Medical Research Council score [mMRC], to determine categorization of COPD and initial medical therapy. Subsequent changes to therapy are dictated by whether the treating physician is trying to help the patients with continued symptoms or exacerbations or both.

COPD exacerbations are usually due to bacterial infections; inhaled steroids should be routinely used in exacerbations.



At least 50% of exacerbations are due to viral causes. Research has shown that increasing the steroid dose at the onset of an exacerbation can reduce the risk a severe exacerbation.

Stopping inhaled steroids abruptly is safe in all patients with COPD.

Stopping an inhaled steroid abruptly can be associated with exacerbations particularly if the eosinophil count is > 300.



Invasive mechanical ventilation is often required for severe COPD exacerbations.



Non-invasive mechanical ventilation has shown excellent efficacy particularly in COPD exacerbations and should be considered before invasive mechanical ventilation unless contraindicated.

Oxygen therapy is dangerous in chronic hypercapnic respiratory failure.

Untreated hypoxemia can be life-threatening. Studies of outpatient high-flow oxygen therapy in COPD patients with stable hypercapnic respiratory failure showed reduced hypercapnia and improvement of some measures of quality of life.

