# A Palliative Approach to Chronic Obstructive Pulmonary Disease

# COPD

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I have nothing to declare,  I am free from sponsorship and funding.

# Educational Aims:

- To review the background of chronic obstructive pulmonary disease (COPD)
- To review the burden of symptoms for those with end stage COPD
- To discuss the barriers to providing palliative care to those with COPD
- To discuss factors relevant to the successful integration of a palliative approach for a patient with COPD


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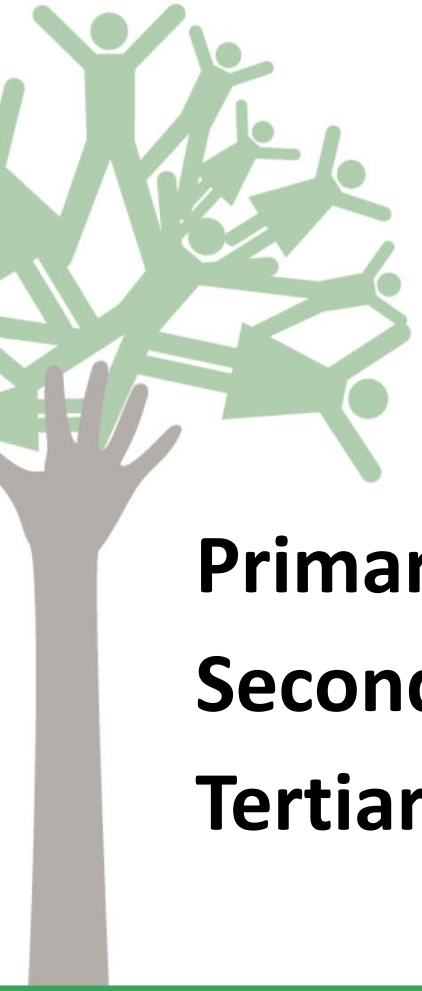
# The Focus of Palliative Care:

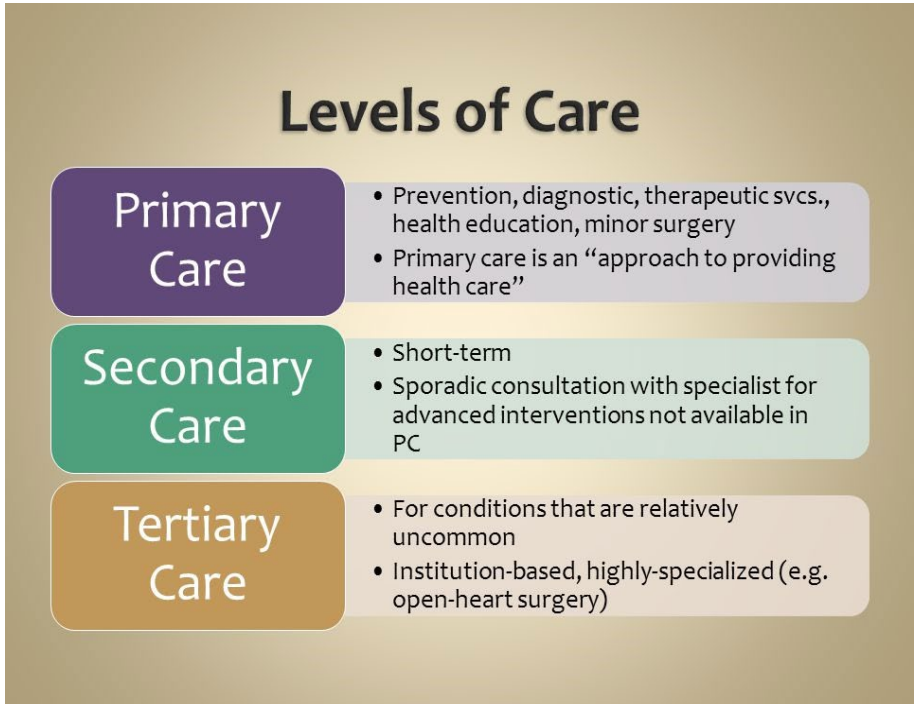
## The responsibility of all members of the care team

**Primary care:** Community GP/NP

**Secondary Care:** Local Palliative Care Team

**Tertiary Care:** Specialist Palliative Care Practitioner



# A specialist palliative care team:

Complex symptom management,

emotional anguish,

social issues,

and existential distress

# Palliative Care vs A Palliative Approach

# About ½ of patients discharged after a hospital admission for COPD will die within two years

# How Has COPD Affected Your Life?

Double click  Black box to view

https://youtu.be/15DBE6giDUA

# People with severe COPD have a very well recognized burden of disease that is disabling physically.

# A COPD Diagnosis:

FEV1 (forced expiratory volume) and FVC (forced vital capacity)

If your **FEV1/FVC ratio** is decreased, this is consistent with an obstructive pattern (Usually, this diagnosis is reached if the **FEV1/FVC** is less than or equal to 70% in adults)

If the **FEV1/FVC ratio** is high, the lungs are not compliant (meaning they are stiff and unable to bend properly); the patient probably has lung fibrosis.

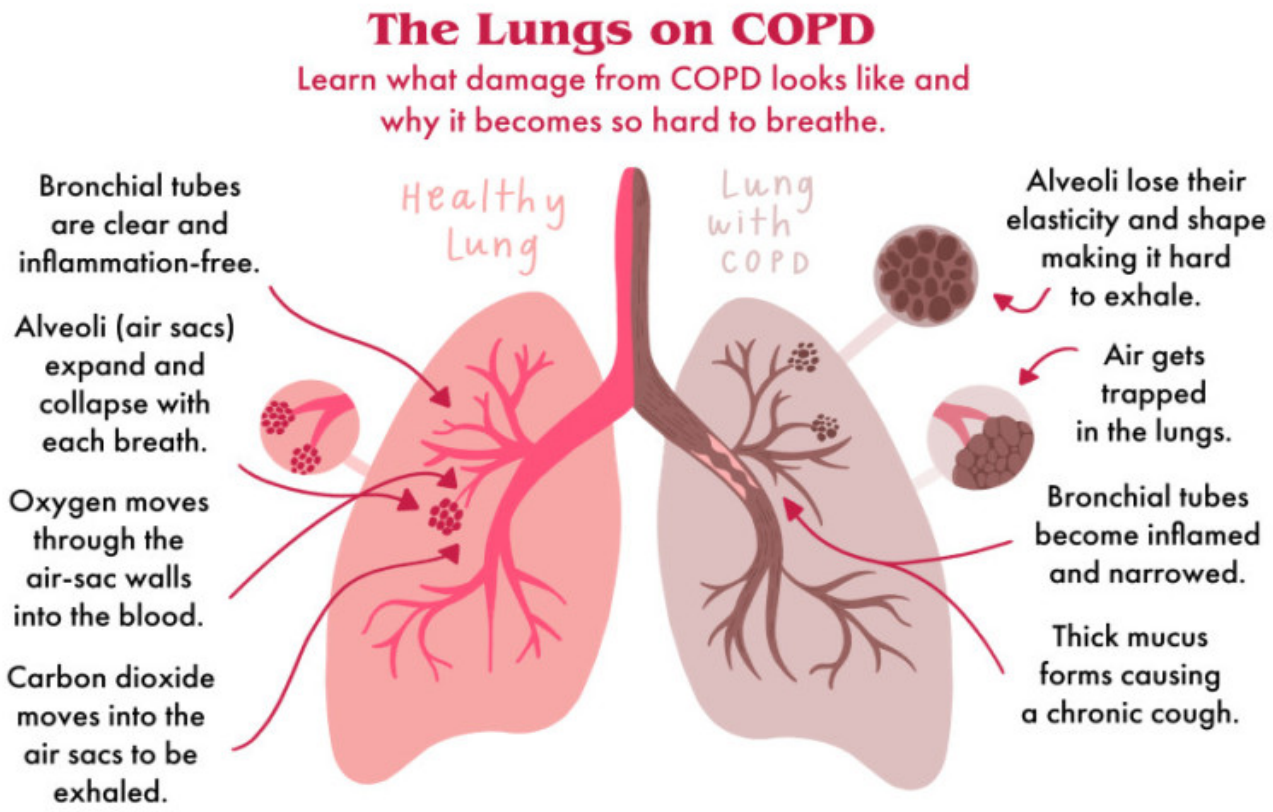
# According to the COPD GOLD guidelines from 2016

| GOLD Stage of COPD | Percentage of predicted FEV1 value |
|---|---|
| mild | 80% |
| moderate | 50%–79% |
| severe | 30%–49% |
| very severe | Less than 30% |

https://www.healthline.com/health/fev1-copd#diagnosing-copd

# The Lungs on COPD

Learn what damage from COPD looks like and why it becomes so hard to breathe.

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**Optimizing the timing around the initiation of palliative care goals is ideal when consistent care providers recognize patterns of decline and can address this in conversation with the patient and family.**

# Supportive and Palliative Care Tool ( SPICT)

The Supportive and Palliative Care Tool guides the identification of people at risk of deteriorating and dying with one or more progressive condition.

The purpose of this tool is to allow for better care and planning for individuals and their families.

# " Would You be Surprised if this person were to die in the next year?"

The answer to this question should be an intuitive one, pulling together a range of clinical ,co-morbidity, social and other factors that give a complete picture of deterioration.  If you would not be surprised, then what measures might be taken to improve the patients quality of life now in preparation for future decline?

# Gold Standard Framework: CCO Primary Care a Palliative Approach

https://www.ccohealth.ca/sites/CCOHealth/files/assets/CCOPalliativePrimaryApproach.pdf

# General Indicators of Decline Gold Standard Framework (GSF)

Co-morbidities

Physical decline, decreased activity and increased need for support

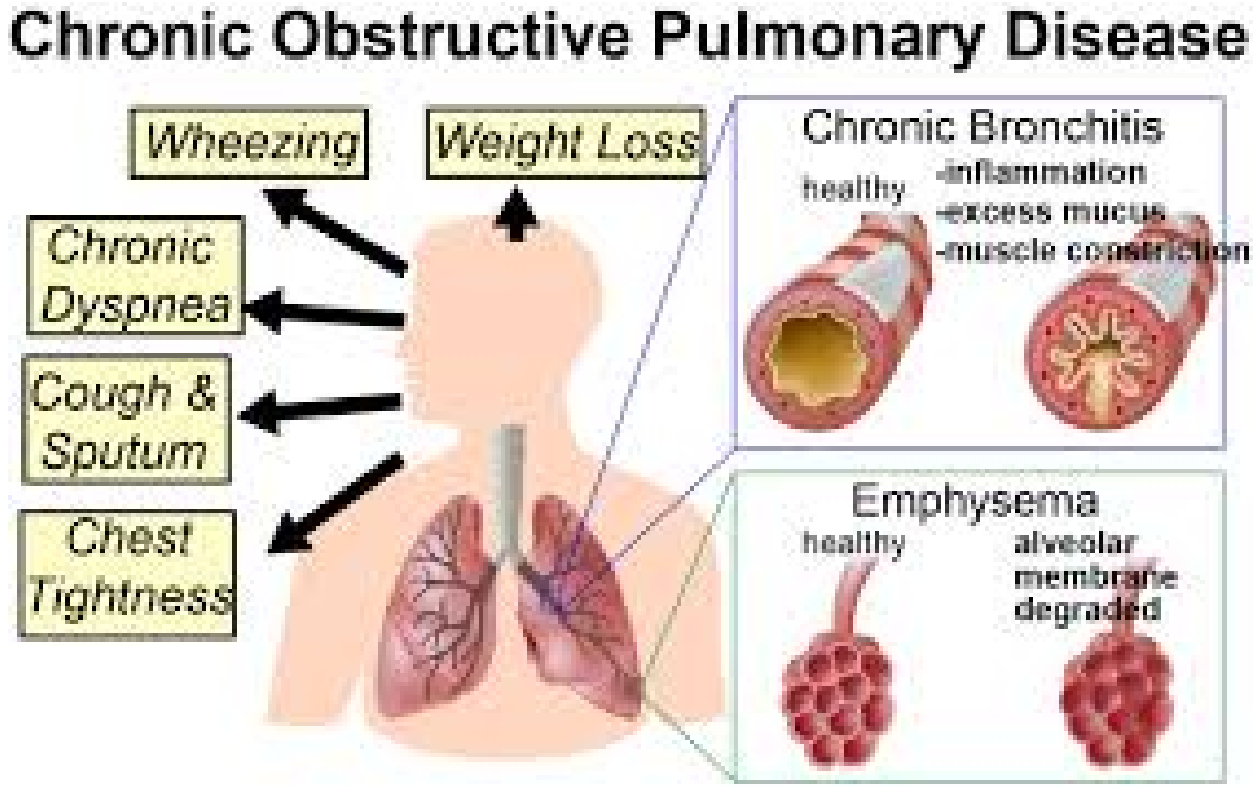
Advanced unstable disease, deteriorating complex symptom burden

Decreased response to treatment, decreasing reversibility

Personal Choice of no further active intervention

Progressive weight loss in last 6 months (>10%)

Repeated sentinel events and or unplanned crisis admissions

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# Disease Specific Indicators of Decline

Organ Failure-has an erratic decline:

Severe disease if FEV1 <30% predicted

Recurrent hospital admissions (min 3 in 12 months) due to COPD

Meets the long term oxygen therapy criteria

MRC grade 4/5-shortness of breath after 100 metres or house bound

Signs and symptoms of right-sided heart failure

More than 6 weeks of steroids for COPD in the preceding 6 months

# Does Palliative Care Mean You are Dying?

**Someone with a prognosis of a few years can still choose a comfort-focused approach and a focus on symptom management**

# Palliative Care Assessment for COPD

(COPD indicators of Decline)Increased decline/High risk patients

↓

Identify Trigger Points

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Holistic Assessment

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GSF Status

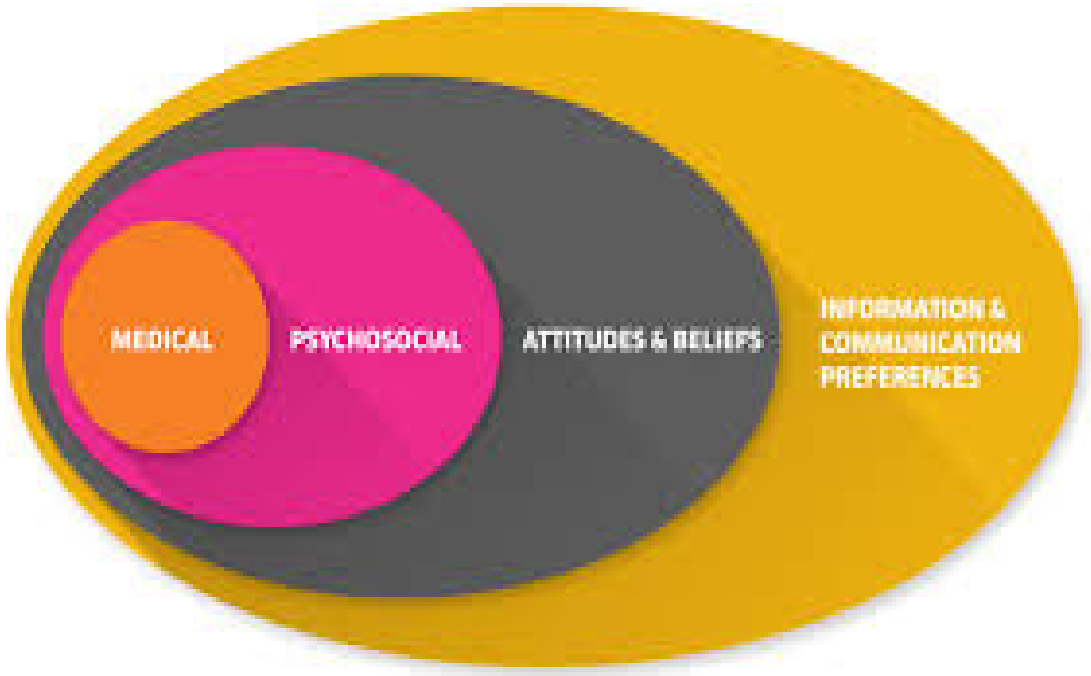
↓

Palliation for Symptoms

↓

ACP/Goals of Care

# HOLISTIC Care




# Holistic Assessment Required at Routine Intervals For Patients with Increasing Decline and at High Risk

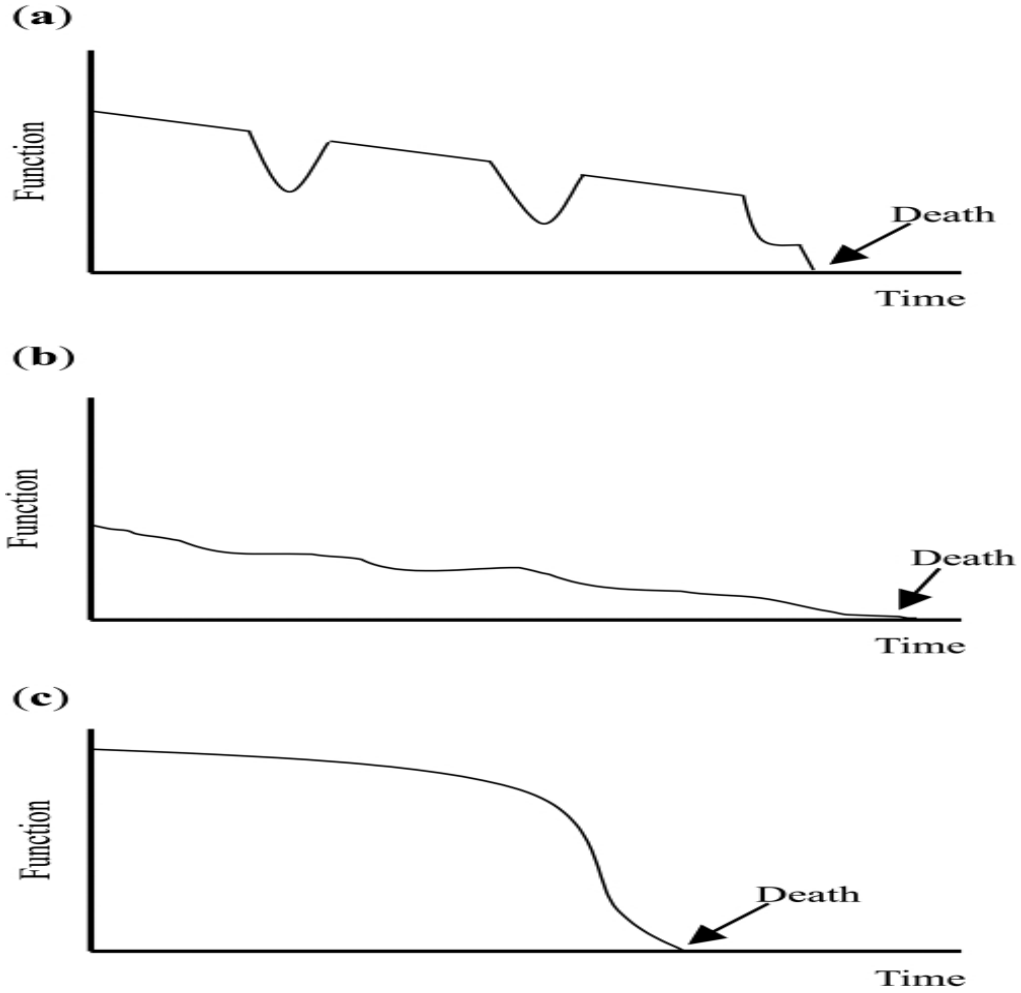
A 3 month review if risk of death within one year

Monthly review if risk of death within 6-12 months

Weekly review if risk of death in 1-6 months

Twice weekly review if risk of death within 1 month

# COPD Has Many Faces




# Illness Trajectories:

(a) COPD
(b) Dementia
(c) Cancer

## Typical disease trajectories for progressive chronic illness.

(**a**) Long-term limitation with intermittent acute episodes eg COPD.
(**b**) Prolonged dwindling eg dementia.
(**c**) Short period of decline eg cancer.

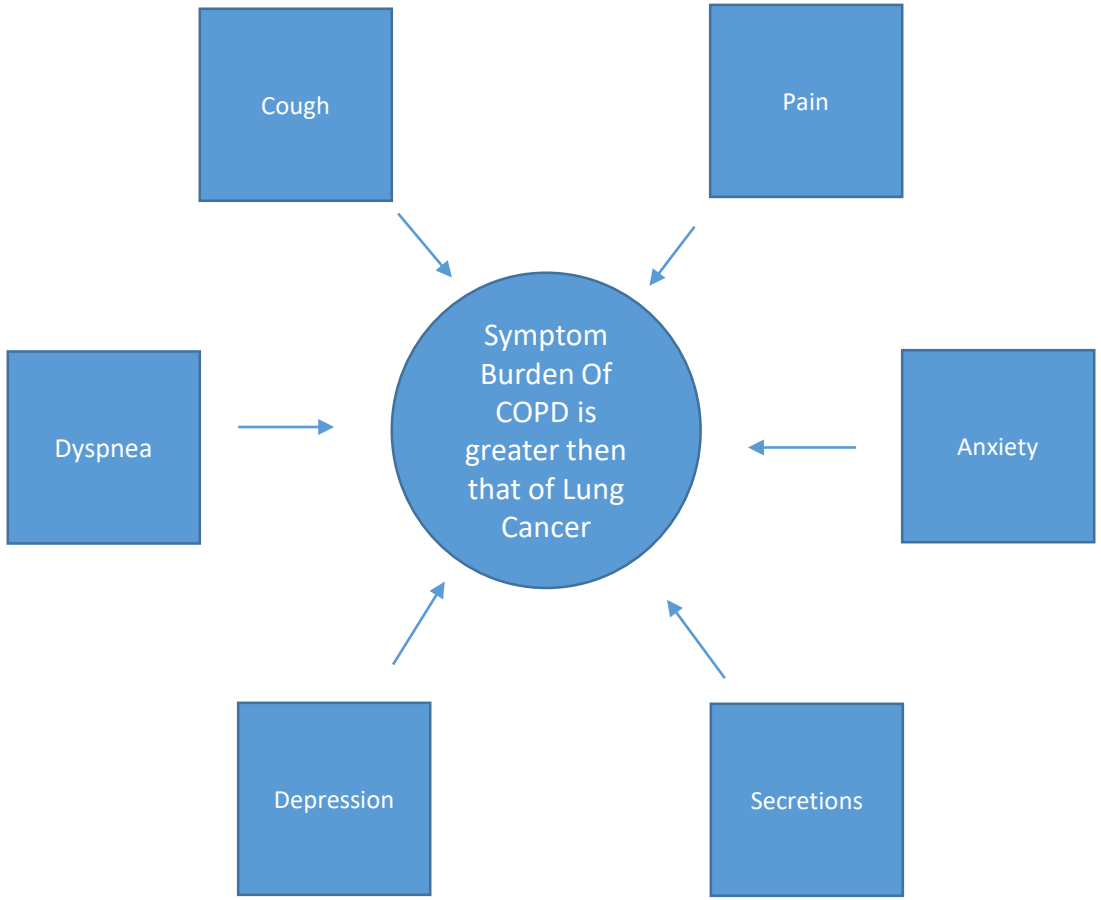
Int J Chron Obstruct Pulmon Dis. 2008 Mar; 3(1): 11–29.
Published online 2008 Mar. doi: 10.2147/copd.s698

# Chris's Story

Double Click  black box to view

https://youtu.be/jZJTcp3d1q4

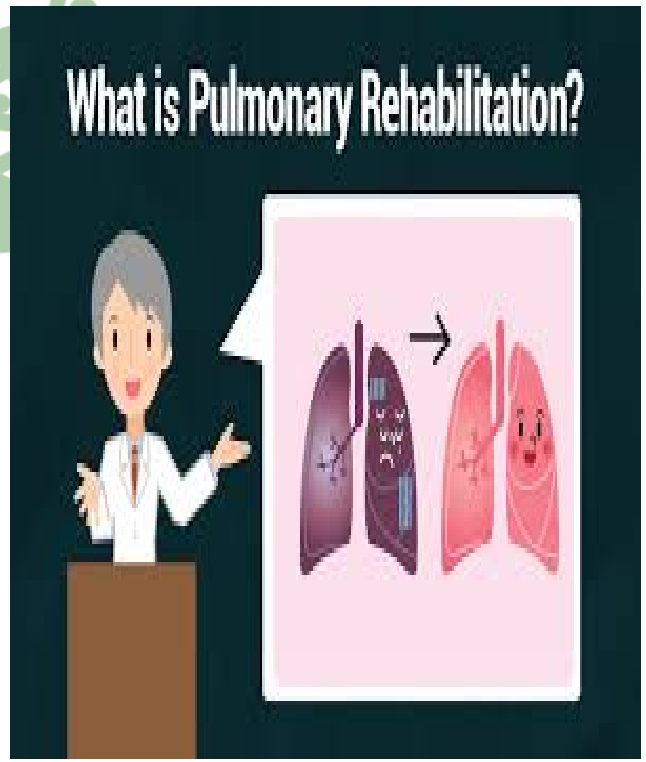
# Symptom Burden of COPD



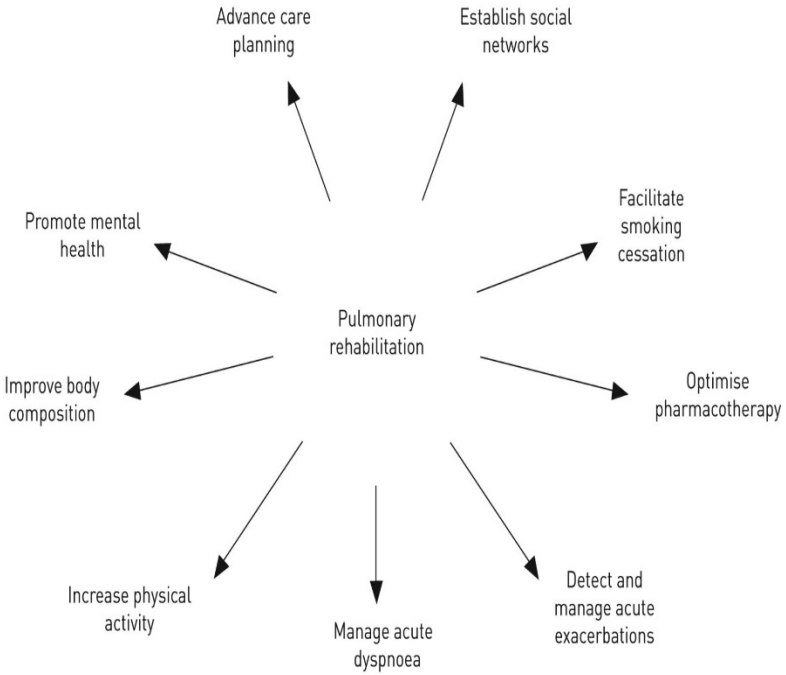

Senderovich.H. Palliative Care in COPD: The Case of Early Identification


COPD
CHRONIC AIRFLOW LIMITATION
• Easily Fatigued
• Frequent Respiratory Infections
• Use of Accessory Muscles to Breathe
• Orthopneic
• Wheezing
• Pursed-Lip Breathing
• Chronic Cough
• Barrel Chest
• Dyspnea
• Prolonged Expiratory Time
• Bronchitis - Increased Sputum
• Digital Clubbing
• Cor Pulmonale
(Late in Disease)
• Thin in Appearance

# Pulmonary Rehab



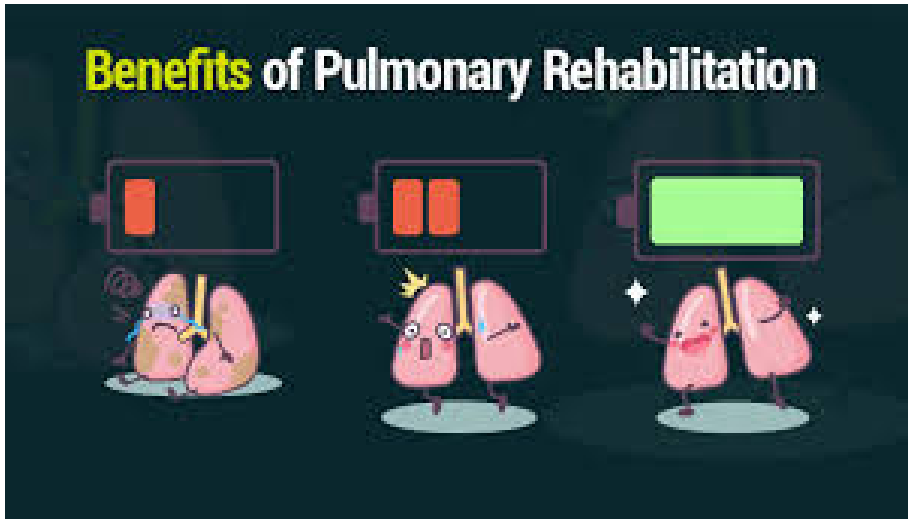




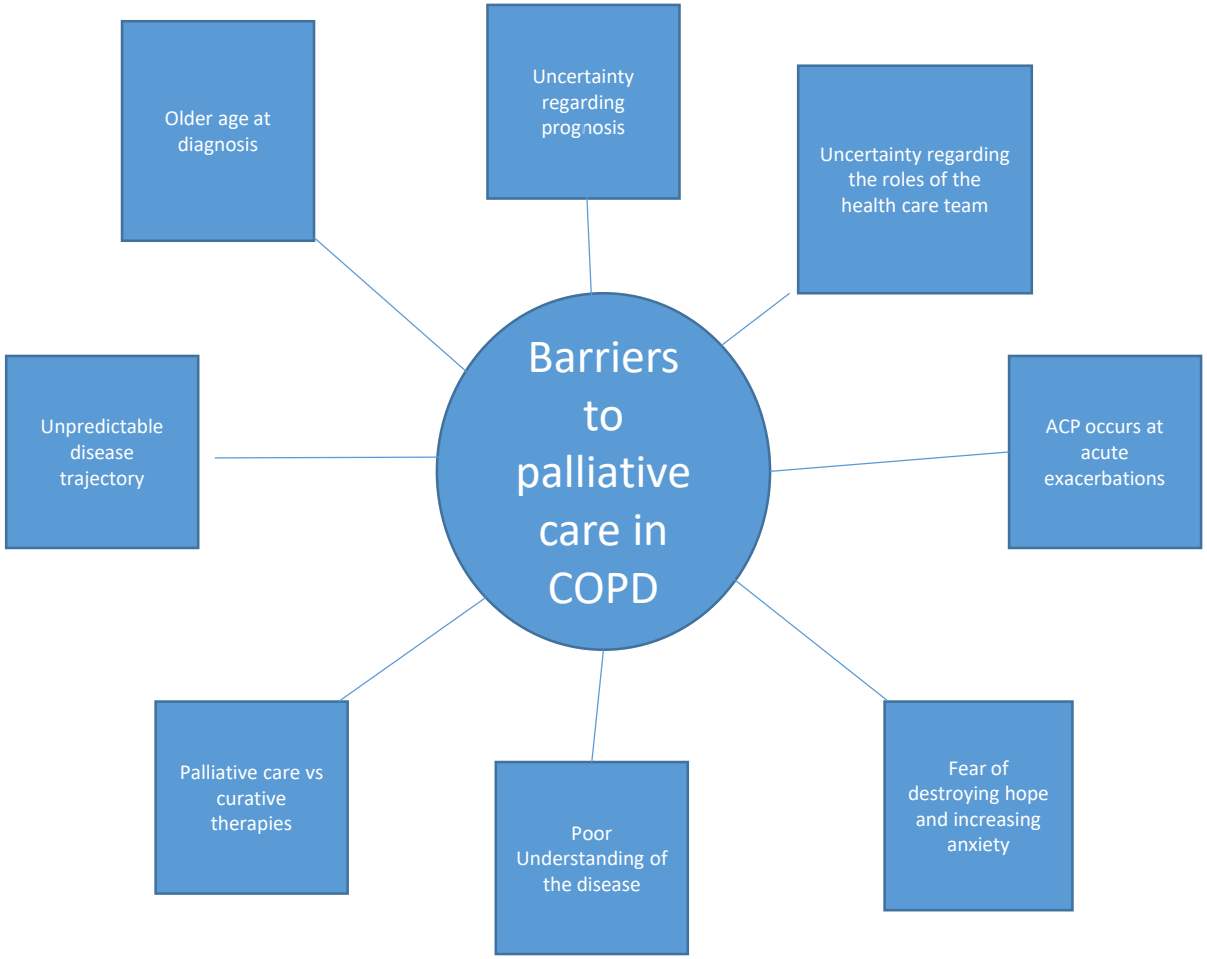
## Summary - Benefits of Pulmonary Rehabilitation

NHS Tayside

- Improved exercise capacity (Evidence A)
- Improved health-related quality of life (Evidence A)
- Reduces perceived intensity of breathlessness (Evidence A)
- Reduced hospitalisations and length of stay (Evidence A)
- Reduced anxiety and depression associated with COPD (Evidence A)
- Increased survival (Evidence B)
- Benefits probably extend well beyond the period of rehab, especially if exercise training is maintained at home. (Evidence B)
- Improved psychological wellbeing (Evidence C)



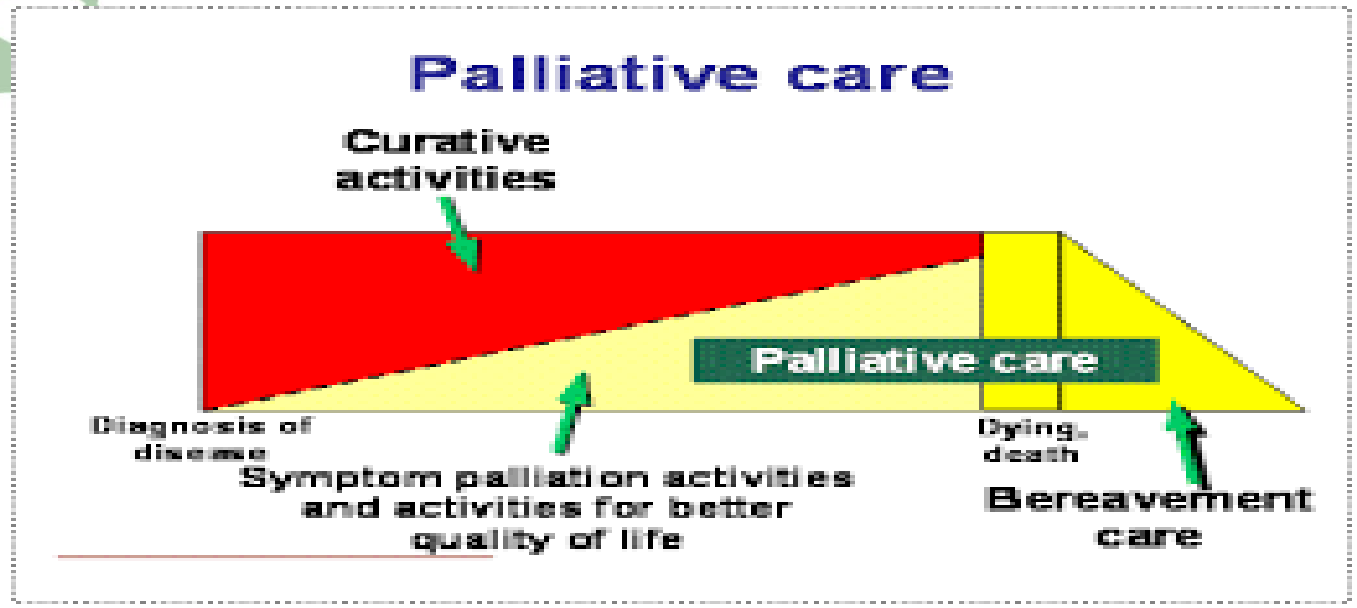

# Barriers or Opportunities?



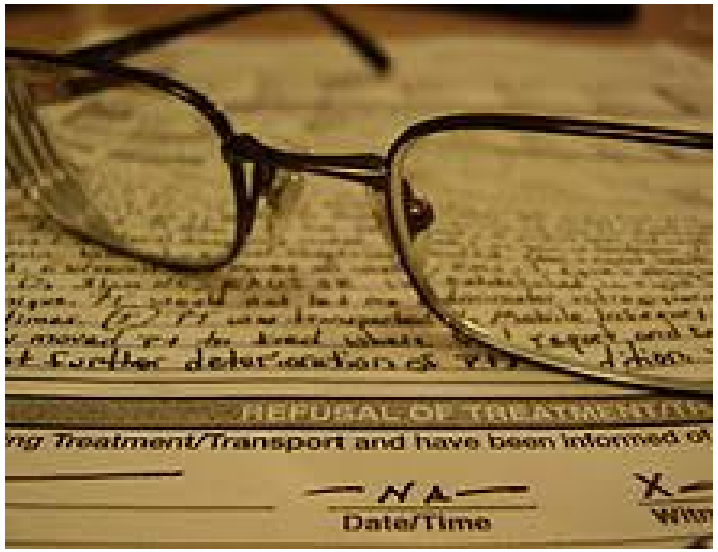

Senderovich.H. Palliative Care in COPD: The Case of Early Identification

**Advanced care planning increases patient satisfaction and a sense of control reducing fear anxiety and emotional distress and reduces life sustaining treatment at EOL.**

# An early integration of a palliative approach leads to better patient outcomes.



**When one chooses to limit life sustaining treatment this does not equate to limiting care.**



# Advanced Care Planning


# Major Components of a Good Death

Pain and symptom management

Clear decision making

Preparation for death Completion

Contributing to others

Affirmation of the whole person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# Please Remember

- A specific transition point is difficult to identify in severe COPD
- Tools are available that may assist the team to identify ones risk of dying from complications of COPD
- It is essential that the patient's voice is heard
- A specialists palliative care service may only be required when the patient's needs can not be met by their primary care team

# Thank you

Please feel free to contact me for any comments or questions at

rachel@nsmhpcn.ca

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