

LCHS7003 C2

by Meetkumar Vinodray Sangani

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CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

STUDENT NAME: MEETKUMAR VINODRAY SANGANI

STUDENT ID: 2435003

PROGRAMME :- MSC IN PUBLIC HEALTH AND SOCIAL CARE IN PRACTICE

SUBJECT ⁶CODE : LCHS7003

SUBJECT NAME : COMMUNITY CARE AND MANAGEMENT OF LONGER TERM CONDITIONS

LECTURER NAME : DR. BRIAN MASHUMBA

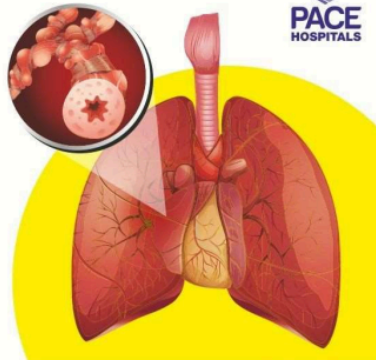
OVERVIEW OF COPD

- COPD is a permanent lung disease that prevents breathing over an extended period of time due to persistent swelling of the lungs (MacLeod et al., 2021).
- It has two conditions, two main conditions, one of these chronic bronchitis modifies the airways, and the other emphysema damages small air sacs.
- The disease progresses with age resulting in difficulty in breathing unless one treats it properly (Joshi, 2024).
- It also happens when the disease tightens airways, gathers mucus and disintegrates the thin walls of air sacs, preventing entry of oxygen into blood.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease is a common lung condition caused by damage to the lung's airways or other parts that restricts airflow and makes breathing difficult. It is associated with structural lung changes caused by long-term, inflammation from exposure to harmful particles, mainly cigarette smoke. The symptoms include tiredness, wheezing, breathing difficulties, and coughing, usually with phlegm.

Types, Symptoms, Causes, Complications & Treatment



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SYMPTOMS AND AETIOLOGY

- The usual symptoms include: shortness of breath, cough which persists, excessive mucus and flare-ups that recur again and again.
- Smoking is the primary provocative factor of COPD. It can also be caused by pollution or work dust or fumes (Murgia and Gambelunghe, 2022).
- Older age is a risk factor since the lung functions would deteriorate with age.
- The following factors can predispose individuals to developing COPD; genetic factors like alpha-1 antitrypsin deficiency may be considered a susceptible factor (Jezela-Stanek and Chorostowska-Wynimko, 2023).

Symptoms of Chronic Bronchitis



Frequent cough with mucus (three months of the year for at least two years).



Shortness of breath (dyspnea).



Fast heart rate (tachycardia).



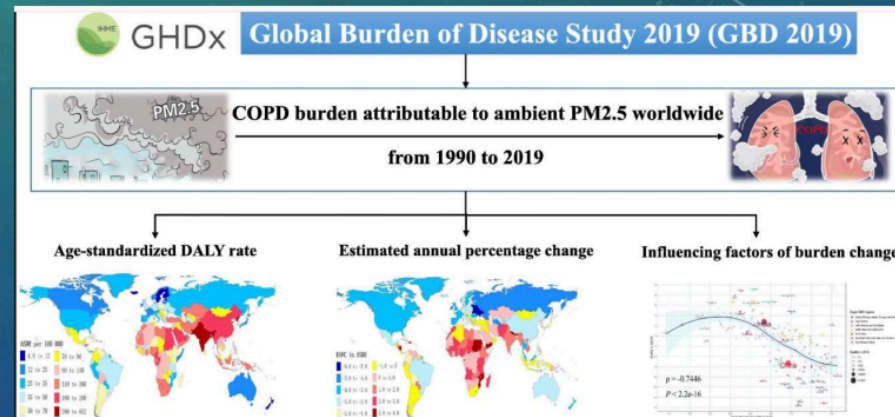
Whistling sound when you breathe (wheezing).



Tiredness (fatigue).

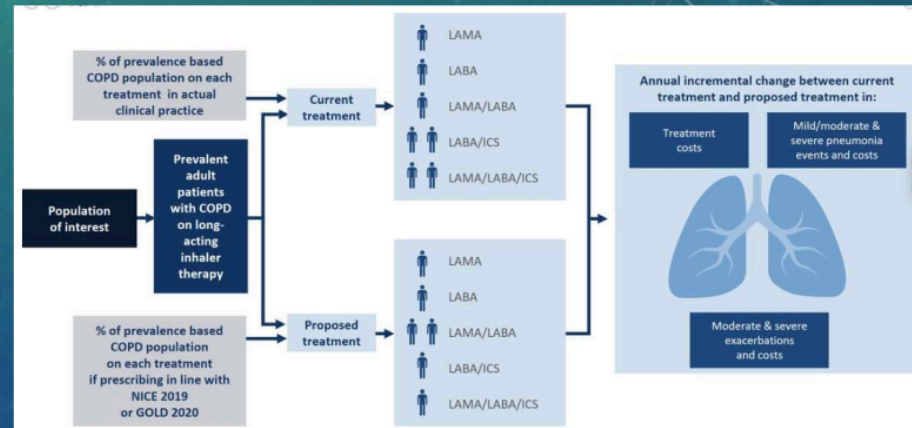
PREVALENCE (UK & GLOBAL)

- COPD has millions of victims in the UK, particularly the elderly and individuals living in disadvantaged societies (Nyman, 2023).
- On one hand, the situation is more prevalent among men, although the condition has become more widespread among women due to altered attitudes towards smoking.
- As far as the world is concerned, ¹³ COPD is among the leading causes of morbidity and mortality, according to WHO and GBD reports (Safiri et al., 2022).
- More and more cases of disabled individuals and mortality demonstrate that COPD is an issue that is growing in prominence in health systems all over the globe.



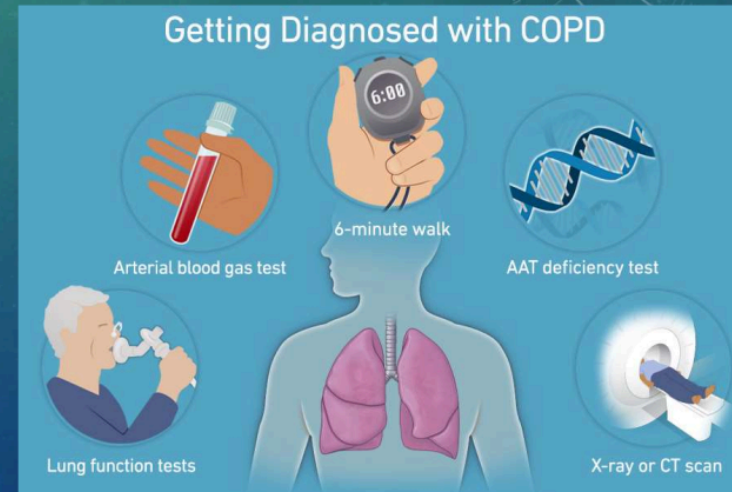
ECONOMIC & SOCIAL BURDEN

- COPD imposes a significant burden on the NHS due to GP visits, long-term, and numerous hospitalizations (Sansbury et al., 2022).
- The condition results in individuals producing less work and strain money among families providing informal care.
- The symptoms prevent individuals to perform their daily chores, move about and become self-sufficient and usually damage their mental health and self-esteem (Catharina Sjö Dahl Hammarlund et al., 2024).
- The socially isolated nature of many individuals with COPD and stigma make life more difficult.



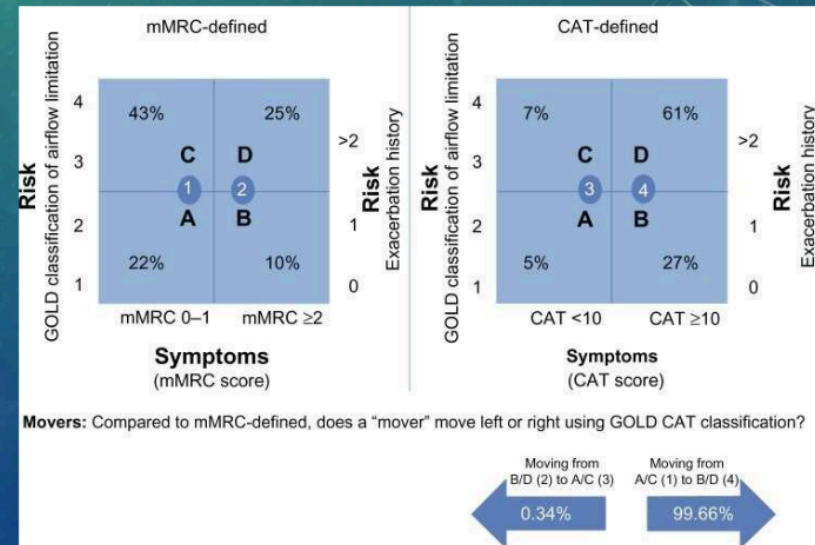
DIAGNOSIS OF COPD

- NICE recommends identifying COPD through symptoms occurring over a long time, risk factors, and lung tests which confirm COPD.
- Spirometry is the most important test, when the ratio of FEV1 and FVC after the dose of bronchodilator is less than 0.7, it indicates that there is a blockage of airflow (Lee et al., 2024).
- Diagnosis also encompasses an in-depth medical history and examination of whether one is a smoker or in any way exposed to harmful fume (Calabrese et al., 2024).
- Doctors are required to eliminate other causes like asthma, heart failure or bronchiectasis before declaring that one has COPD.



INITIAL ASSESSMENT (UK GUIDELINES)

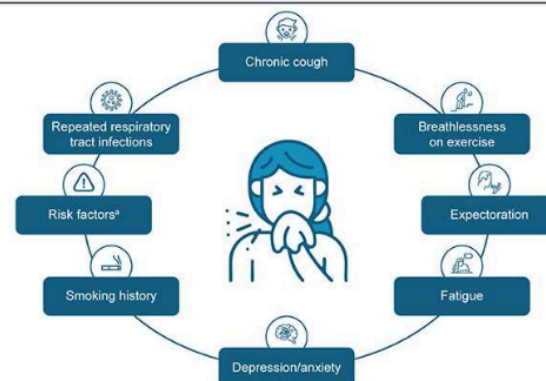
- Assessment is performed with the help of such tools as the CAT score and MRC Dyspnoea Scale that identify the symptoms and troubles breathing (ERTAN YAZAR et al., 2022).
- Clinicians consider the recent flare ups in order to tell the level of the severity of the disease and to make an anticipation of the risk in future (Meyer et al., 2021).
- They screen such issues as oxygen, body weight, smoking, and other typical health conditions.
- They discuss emotional health, daily problems, and assistance that individuals require.



MANAGEMENT USING UK GUIDANCE

- The NICE NG115 pathway guides diagnosis, treatment, monitoring, and personalised care for people with COPD.
- Management follows structured frameworks that support proactive planning and reduce avoidable hospital admissions.
- Primary care teams lead regular reviews, inhaler checks, smoking cessation support, and ongoing monitoring (Tildy et al., 2023).
- Multidisciplinary teams including GPs, nurses, physiotherapists, and pharmacists work together through coordinated case management (Carrier, Jones and Newbury, 2022).

Figure 1. A Chart for Guiding Patients to Recognize Early Symptoms of COPD

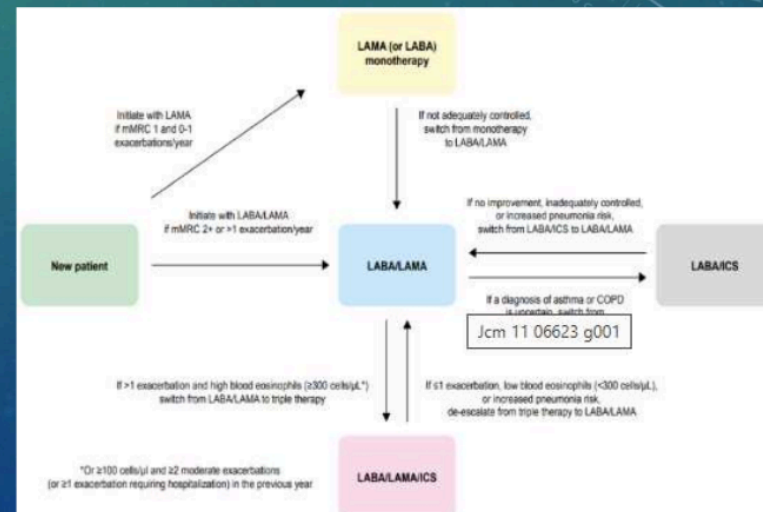


*Risk factors include environmental exposure to tobacco smoke and smoke from biomass burning, occupational exposure to triggers, and genetic predisposition due to alpha-1 antitrypsin deficiency.

COPD=chronic obstructive pulmonary disease

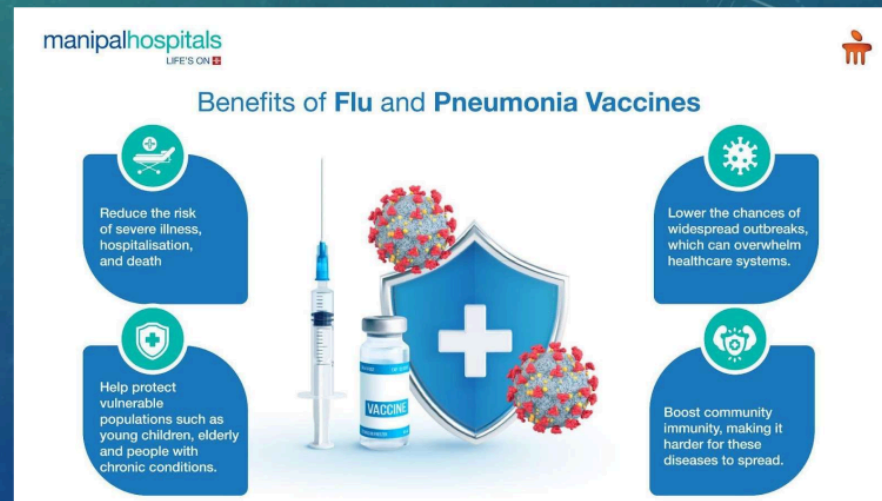
PHARMACOLOGICAL TREATMENT OPTIONS

- SAMA and SABA are short-acting bronchodilators that provide instant relief of shortness of breath.
- The combinations of long-acting LABA/LAMA are useful to maintain airways open and minimize symptoms in the long-run (Fukuda et al., 2023).
- Inhaled steroids Inhaled steroids are administered to the patient when the flare-ups are frequent in order to decrease the inflammation of the airways (Shaili Dongare, Rathi and Rathi, 2024).
- Oxygen is administered upon confirmation of long-term low oxygen only and sudden exacerbations are managed using steroids and antibiotics as necessary.



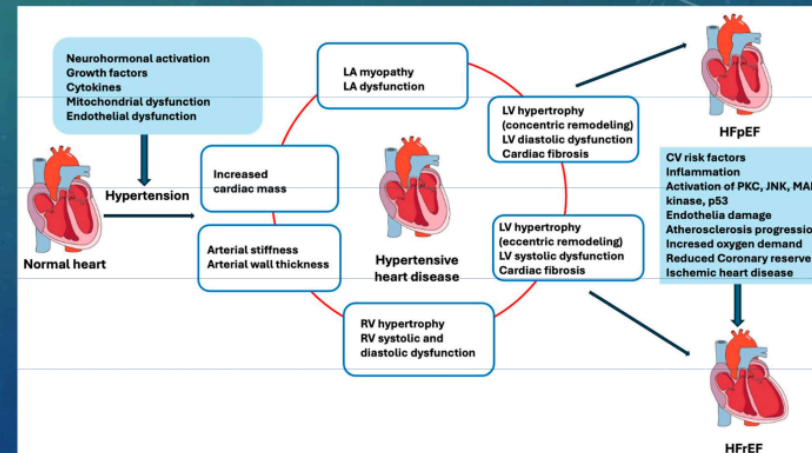
NON-PHARMACOLOGICAL TREATMENT OPTIONS

- The most important thing is the cessation of smoking which is the best assistance in reducing COPD.
- Pulmonary rehab can make they exercise better, less out of breath and makes life in general better (Rochester, Spruit and Holland, 2021).
- Vaccinations like flu and pneumococcal vaccinations are routine and prevent infections and prevent flare-ups (Simon et al., 2023).
- Healthy eating, physical activity, and home monitoring equipment: This can help they to manage the health and daily routine.



COMORBIDITIES IN COPD

- The prevalent heart diseases that increase the likelihood of hospital visits are heart failure and high blood pressure (Masenga and Kirabo, 2023).
- Most of the individuals develop anxiety or depression that may aggravate symptoms and diminish involvement in care (Pinho et al., 2021).
- Such conditions as osteoporosis and lung cancer is also common because of inflammation and smoking history.
- Multimorbidity is also such that it makes treatment choices more complex, adds more medication burden, and has to be managed in a coordinated manner (Skou et al., 2022).



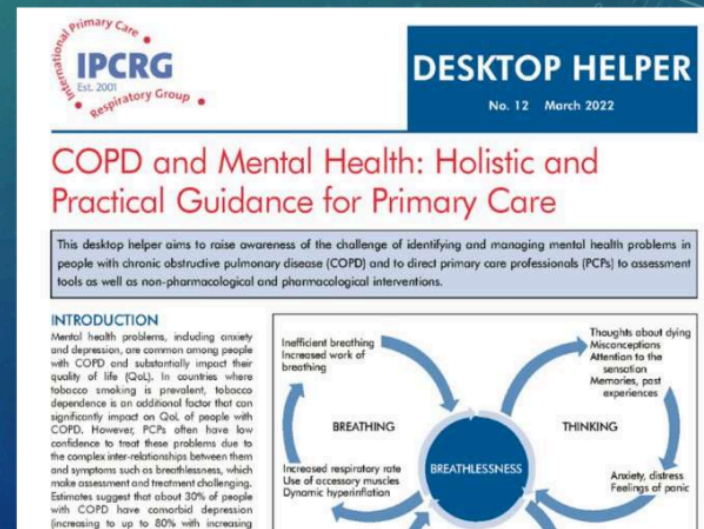
PREVENTION OF COPD

- Primary prevention refers to the attempt to prevent individuals in smoking and inhaling of bad air (Bouza et al., 2022).
- Secondary prevention refers to the identification of potential victims at an early stage through screening them by checking them and administering tests.
- Tertiary prevention implies assisting individuals to maintain their problems with breathing under control through lung therapy, vaccines and good self-care (Alkhathlan, 2024).
- Health inequalities that influence rates of smoking and environmental dangers should also be effectively addressed during prevention (Biglan, Prinz and Fishbein, 2023).

THEMES	CATEGORIES
The social context of smoking	• Coping mechanism • Smoking and gendered stigma • Finding social acceptance • Sense of control amid chaos
Challenges to finding support and better coping methods	• Can't quit everything • Addictive mentality • Center attitudes concerning going tobacco-free • Smoking culture and easy access
Addressing underlying conditions: building inner and outer supportive environments	• Counseling and peer support vital • Developing self-awareness/self-compassion • Connections between smoking and substance use
Sustaining support: TTTF program experiences	• TFW an opportunity • NRT facilitates quitting • Non-judgmental approach

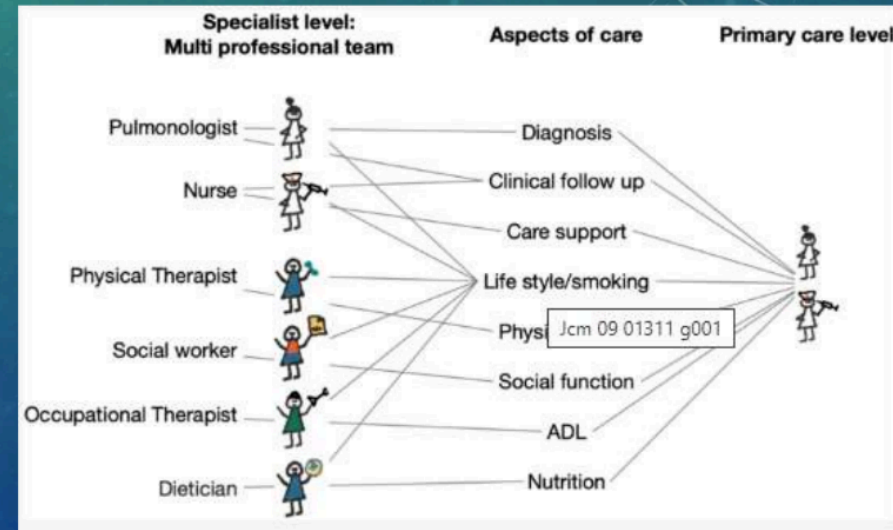
CO-PRODUCTIVE, PERSON-CENTRED CARE

- Treatment of COPD requires the doctors to be compassionate, culturally sensitive, and combat stigma to ensure that patients are comfortable with them (Jadhav et al., 2023).
- Allowing patients to make a choice and discuss it with them assists them in becoming participants in making decisions on their treatment.
- Doctors are expected to make clear explanations, establish goals that are realistic to every individual, and speak in a manner that is trauma-sensitive (Holod et al., 2024).
- Conventional hierarchical frameworks most of the time fail due to constrained teamwork, lessened dedication and negligence to personal demands.



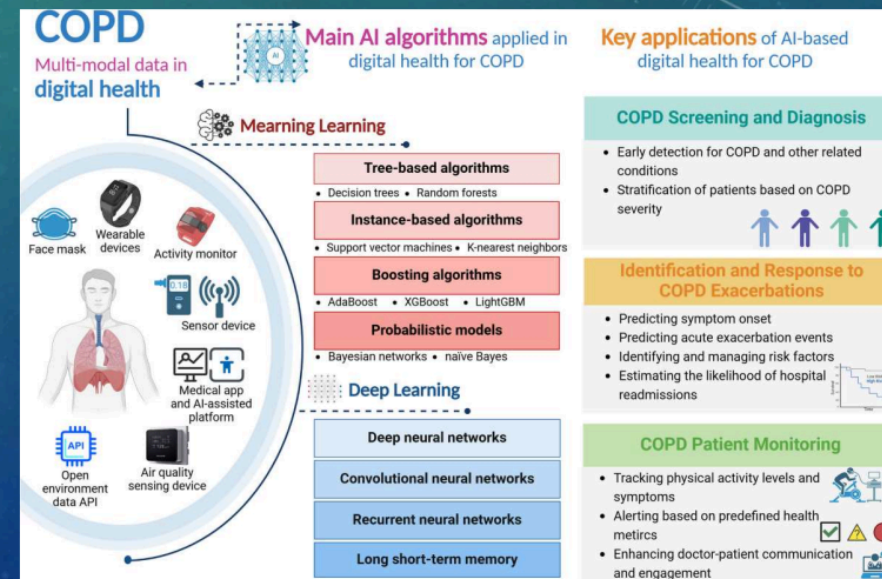
PERSONALISED CARE FRAMEWORK

- Collectively making decision with the doctor and patients would assist in finding COPD treatments that are aligned with the goals and needs of the person and the daily issues (Barradell et al., 2022).
- Individualised care plans assist to make certain action plans such as using inhalers and managing exacerbations.
- Self-management classes and coaching make individuals confident because it educates them on the use of inhalers and breathing exercises (Benzo, 2024).
- Social prescribing and promoting self-management links individuals to peer groups, activity programmes and local resources.



CONCLUSION & KEY RECOMMENDATIONS

- Early diagnosis, smoking assistance and breathing exercises can make COPD people perform better.
- A personalized care plan, considering the entire individual and employing collaborative efforts of various experts, can maintain the disease long-term (Canais and Nunes, 2023).
- People are to be assisted in their self-care all the time so that they are not excluded and feel confident (Doyle et al., 2021).
- It is quite essential to make health care more accessible and equitable, in order to improve the outcome of COPD in all people.



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