

Torbay COPD MUR Check Sheet - Guide

1) The COPD Assessment Test – CAT Test (catestonline.org)

- a. For questions and scoring definitions please see below.
- b. The COPD assessment test (CAT) is a validated patient reported outcome measure (PROM). The test seeks to measure the impact of COPD on the patient, and enhance understanding of the health professional, in order to manage the patient's disease optimally.
- c. We have included the CAT in our check sheet because it provides a useful framework for discussions with your COPD patients. It should help you identify the impact of the disease on the patient's life, and help inform you if the patient's COPD is being optimally controlled.

2) Smoking Cessation

- a. Smoking cessation is the single most important change a patient can make, as the change can reduce disease progression and improves survival.
- b. If the patient is a smoker and the patient wants to try and give up, refer the patient to an NHS smoking cessation service.

3) Inhaler Use

- a. Inhaled pharmacotherapy is the mainstay of symptomatic management of COPD, but advice about breathing techniques can be useful, especially for patients with frequent exacerbations.
- b. As much as 75% of people make mistakes when they use an aerosol MDI inhaler, while around half of patients have difficulties with dry power inhalers. Therefore reviewing a patient's inhaler technique, and providing good advice can significantly improve disease management.
- c. Common combination MDIs are not licensed for COPD, e.g. Seritide Evohaler. If patients are found on these MDIs it may be worth you discussing the treatment choice with the patient's doctor. Seretide 500 Accuhaler (one blister BD), and Symbicort inhaler at a dose of 400/12 BD is licensed for COPD.

4) Management Plan

The goal of a COPD management plan is to:

- **Improve current control; symptoms, doing everyday activities, improve lung function**
- **Prevent future risk; reduce exacerbations, slow disease progression, reduce mortality**
 - a. An exacerbation 'is a worsening of the patient's condition from the stable state and beyond normal variation that is acute in onset and necessitates a change in regular medication'. Early identification of an exacerbation and treatment with antibiotics and steroids will reduce disease progression, hospital admissions, and improve quality of life.
 - b. A BMI below 20 will increase mortality, and patients should receive dieticians advice.
 - c. Vaccination against influenza (yearly), pneumonia (5-10 years) is recommended for COPD sufferers.
 - d. In one study 34% of admitted patients for COPD were re-admitted within 3 months. A yes answer indicates a high risk of re-admission patient

The COPD Assessment Test – ‘CAT Test’

Questions

(see catestonline.org)

| | | | | | | | | |
|---|---|---|---|---|---|---|--|--------------|
| I never cough | 0 | 1 | 2 | 3 | 4 | 5 | I cough all the time | <i>score</i> |
| I have no phlegm (mucus) in my chest at all | 0 | 1 | 2 | 3 | 4 | 5 | My chest is completely full of phlegm (mucus) | |
| My chest does not feel tight at all | 0 | 1 | 2 | 3 | 4 | 5 | My chest feels very tight | |
| When I walk up hill or one flight of stairs I am not breathless | 0 | 1 | 2 | 3 | 4 | 5 | When I walk up a hill or one flight of stairs I am very breathless | |
| I am not limited doing any activities at home | 0 | 1 | 2 | 3 | 4 | 5 | I am very limited doing activities at home | |
| I am confident leaving my home despite my lung condition | 0 | 1 | 2 | 3 | 4 | 5 | I am not confident leaving my home because of my lung condition | |
| I sleep soundly | 0 | 1 | 2 | 3 | 4 | 5 | I don't sleep soundly because of my lung condition | |
| I have lots of energy | 0 | 1 | 2 | 3 | 4 | 5 | I have no energy at all | |
| | | | | | | | | <i>Total</i> |

COPD/Asthma MUR Top Tips

The COPD MUR is a long term condition which pharmacy can help decrease the number of emergency admissions, this is of major importance because COPD will be the third top cause of death in the UK by 2020.

You can help reduce these admissions by identifying these patients and:

- 1) Improving a patients knowledge of their current disease condition, and making sure of optimal management (try like the asthma MUR to see the patient 6 monthly if the Cat score is more than 10).
- 2) Improving the patients inhaler techniques
- 3) Ensuring the patient knows how to deal with an exacerbation

Practical use of the COPD Assessment Test (CAT)

In addition, for each scenario, the CAT Development Steering Group has proposed some potential management considerations:

| CAT score | Impact level | Broad clinical picture of the impact of COPD by CAT score | Possible management considerations |
|-----------|--------------|--|---|
| >30 | Very high | Their condition stops them doing everything they want to do and they never have any good days. If they can manage to take a bath or shower, it takes them a long time. They cannot go out of the house for shopping or recreation, or do their housework. Often, they cannot go far from their bed or chair. They feel as if they have become an invalid. | Patient has significant room for improvement. In addition to the guidance for patients with low and medium impact CAT scores consider: <ul style="list-style-type: none"> • Referral to specialist care (if you are a primary care physician) |
| >20 | High | COPD stops them doing most things that they want to do. They are breathless walking around the home and when getting washed or dressed. They may be breathless when they talk. Their cough makes them tired and their chest symptoms disturb their sleep on most nights. They feel that exercise is not safe for them and everything they do seems too much effort. They are afraid and panic and do not feel in control of their chest problem. | Also consider: <ul style="list-style-type: none"> • Additional pharmacological treatments • Referral for pulmonary rehabilitation • Ensuring best approaches to minimising and managing exacerbations |
| 10-20 | Medium | COPD is one of the most important problems that they have. They have a few good days a week, but cough up sputum on most days and have one or two exacerbations a year. They are breathless on most days and usually wake up with chest tightness or wheeze. They get breathless on bending over and can only walk up a flight of stairs slowly. They either do their housework slowly or have to stop for rests. | Patient has room for improvement – optimise management. In addition to the guidance provided for patients with low impact CAT scores consider: <ul style="list-style-type: none"> • Reviewing maintenance therapy – is it optimal? • Referral for pulmonary rehabilitation • Ensuring best approaches to minimising and managing exacerbations • Reviewing aggravating factors – is the patient still smoking? |
| <10 | Low | Most days are good, but COPD causes a few problems and stops people doing one or two things that they would like to do. They usually cough several days a week and get breathless when playing sports and games and when carrying heavy loads. They have to slow down or stop when walking up hills or if they hurry when walking on level ground. They get exhausted easily. | <ul style="list-style-type: none"> • Smoking cessation • Annual influenza vaccination • Reduce exposure to exacerbation risk factors • Therapy as warranted by further clinical assessment |