




Essentials for people with COPD

The interventions with the greatest potential to prevent further deterioration in patients with COPD are:

1. Smoking cessation; maintenance of abstinence and living in a smoke-free environment
2. Daily exercise; most effective when initiated as part of an pulmonary rehabilitation programme
3. Annual influenza vaccination to reduce the risk of exacerbations

Smoking cessation will improve quality of life

Achieving and maintaining a smoke-free status is the most important intervention for all people with COPD and a history of smoking. Quitting smoking helps to preserve remaining lung function, and delay the onset of disability.¹ Patients with COPD who smoke should be offered cessation support every time that they consult with a health professional. The combination of brief advice to quit and an offer of cessation support increases the chance that a patient who smokes will be able to quit.²


 For further information see: "Smoking cessation beyond the ABC: Tailoring strategies to high-risk groups", *BPJ* 64 (Oct, 2014).

Exercise and pulmonary rehabilitation is beneficial for all people with COPD

All people with COPD who are able to, should be encouraged to walk for 30 minutes daily, for five days a week.¹ The person should walk until they feel too breathless to go on, rest to recover, and then continue.

Pulmonary rehabilitation involves a programme of exercise and education for groups, lasting for at least six weeks. This is appropriate to recommended for all patients with COPD,

regardless of their level of severity, although it is particularly important for patients who experience troublesome dyspnoea following exertion.¹ Patients who participate in pulmonary rehabilitation programmes have reduced dyspnoea and fatigue, improved exercise capacity and fewer hospitalisations, therefore improving quality of life.¹ The benefits of pulmonary rehabilitation often begin to decline once the patient completes the programme. The primary care team plays an important role in encouraging patients to remain active and to maintain fitness levels.

 Pulmonary rehabilitation programmes are usually run by local DHB respiratory services, although community-based programmes are available in some areas. The local Asthma Society or Trust has information about what programmes are available in each area. For further information, visit: www.asthmafoundation.org.nz/about/who-we-are/affiliated-asthma-societies/

Annual influenza vaccinations should be strongly encouraged

Annual influenza vaccination is strongly recommended for all patients with COPD. Patients with COPD who receive influenza vaccinations are less likely to experience COPD exacerbations, hospitalisation and death.¹ Pneumococcal vaccination is also recommended for patients with COPD, however, there is no evidence that this reduces their risk of exacerbations.

References

1. Abramson M, Frith P, Yang I, et al. COPD-X concise guide for primary care. 2014. www.copdx.org.au (Accessed Dec, 2014).
2. Aveyard P, Begh R, Parsons A, et al. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. *Addiction* 2012;107:1066–73