

COPD self management and self care

People with COPD live with their slowly deteriorating condition over many decades. Of necessity, they and their family develop self-care strategies to deal as best they can with the tobacco dependence, increasing disability, unpredictable exacerbations, complex medication regimes, co-morbidity and social isolation. Health care professionals have a key role in promoting self-care and enabling patients to self-manage more effectively.¹

Supporting self-care involves offering:

- Information about lifestyle changes, use of medicines and achieving personal goals
- Specific advice on management of exacerbations
- Flexible access to healthcare services
- Opportunities for involvement with lay groups

Personal Care Plans and COPD Action Plans are tools designed to facilitate supported self-care.

Information for self-care

Effective self-care is underpinned by accurate and accessible information, tailored to the individuals' disability, relevant to their personal circumstances and sensitive to their preferences for knowledge and autonomy.¹ Key topics that people with COPD and their carers attending the National Strategy stakeholder meetings identified as important include:

- education about the disease
- management of breathlessness
- pharmacological treatments
- management of exacerbations
- psychological support
- guidance on welfare benefits

Education begins as soon as a diagnosis is made, and more information is provided as the disease progresses. Information will need to respond to the patients' changing circumstances (e.g. a patient may want information about available benefits when they retire). Healthcare professionals need to be sensitive to patients' diverse preferences for the amount and format of information they receive. Poor literacy skills are common in people with COPD because of the link

with smoking and deprivation, so video information may be particularly appropriate.

Useful information resources

- The British Lung Foundation website has written and video-recorded information on COPD. (<http://www.lunguk.org>). The section headed 'Your lungs' includes lifestyle advice, information diagnostic tests, disease-specific information about COPD and a sensitively written page on 'the final stages of lung disease'
- Patient.co.uk (<http://www.patient.co.uk>) is an information source with leaflets about many of the common conditions encountered in primary care. As well as being available on-line it is integrated into some GP computer systems.
- NHS Choices is a portal for accessing extensive information on healthy lifestyles, specific diseases, available treatments, Map of Medicine guidelines and NHS services. (<http://www.nhs.uk>).
- The Information Prescription is an NHS initiative which aims to collate information specifically tailored to the individual patients' needs. Ideally, a 'prescription' is compiled in discussion with a clinician able to identify and provide (or signpost) the topics and services of most relevance to the patient. An on-line version enables a patient to develop their own Information Prescription. (<http://www.nhs.uk/Pathways/copd/Pages/InfoScriptCreate.aspx>)

Managing their condition

Quitting smoking

Smoking status should be checked at every COPD review, and brief advice about quitting given to those continuing to struggle against their tobacco dependence.² Useful practical guidance for primary care clinicians on supporting quit attempts is available from <http://www.theipcr.org/smoking/index.php>

Eating well

Patients should be advised to maintain a healthy weight. Obesity exacerbates

breathlessness, and being underweight is a marker of a poor prognosis. Severe dyspnoea can make eating very tiring and small, easy to chew meals are recommended. Specialist dietary advice may be needed to address the problem of cachexia.

Remaining active

Physical activity encompasses both the regular regimes of exercise promoted by pulmonary rehabilitation, as well as increasing daily domestic and social activities. Patients should be encouraged to set their own goals as a target for improvement, and be supported to achieve these. The increasing breathlessness, reduced activity, and consequent deconditioning are not the only barriers to remaining active. Inappropriate housing (e.g. top floor flats with no lifts) may mean that a patient is unnecessarily housebound. Patients reliant on ambulatory oxygen may need support to overcome public concerns about safety of taking cylinders into public buildings or on public transport. The European Lung Foundation Air Travel Database can provide useful information about European airlines' policies on in-flight oxygen. (<http://www.europeanlung-foundation.org>)

Understanding medication

Patients should be given appropriate information about the medication which they are prescribed so that they understand how it can help them, when they should take it, and any safety concerns. It is self-evident that medications only work if they are taken and, in the case of inhalers, taken effectively. No inhaled drug should be prescribed without an assessment of inhaler technique. Reviewing technique annually is only helpful if action is taken to address problems: changing to an alternative device may be more effective than repeatedly correcting poor technique.

Self-management of exacerbations

A Cochrane review concludes that self-management education reduces hospital admissions, significantly improves breathlessness and respiratory-related quality of life.³ An effective COPD 'action

plan' including instructions about when and how to adjust and/or start medication in the event of an exacerbation should be introduced in the context of an educational programme. Figure 1 shows the Plymouth COPD Action Plan.

● **Recognising deterioration:** There are no physiological measures which reliably predict exacerbations, so typically patients are asked to monitor their symptoms (increased breathlessness, increased quantity and purulence of sputum).⁴ Tools such as sputum colour charts may help patients differentiate exacerbations from 'bad days' with COPD.

● **Taking action:** Patients vary in the degree of autonomy that they wish to accept, but most will be happy to keep emergency supplies of steroids and antibiotics, though some will prefer to talk with a clinician before commencing treatment. It is equally important to specify when to seek urgent clinical advice.

Self-management plans should be reviewed regularly and revised as the COPD progresses and management is stepped up.

Tele-monitoring, and COPD Healthy Outlook Programme (Met Office)

There is growing interest in the potential of tele-monitoring to support self-management especially in people at risk of acute exacerbations. Other initiatives use data on pollution,⁵ and prevalent viruses combined with weather conditions⁶ to predict risk of exacerbations so that patients can be prepared. On-going trials are testing whether such systems reduce admissions.⁷

Support for self-care

People with respiratory long-term conditions value the support of a trusted clinician.⁸ The organisation of healthcare services is crucial, specifically the flexibility of access to professional support.⁹ At the onset of an exacerbation, a prompt face-to-face consultation may be required, on other occasions a brief telephone call or e-mail communication may suffice to answer a question or reassure a patient that their self-management is appropriate.⁸ NHS choices includes web-based resources to support self-care.¹⁰

Establishing relationships with other people with COPD is a recognised benefit of pulmonary rehabilitation, and many patients value the on-going support of their local BreatheEasy group.¹¹ 'Expert patient' courses aim to improve confidence in living with a long-term condition, and teach

Figure 1. The Plymouth COPD Action Plan

WHAT ACTION TO TAKE IF YOUR SYMPTOMS GET WORSE:

Step 1

Check the colour of your sputum:

Cough sputum onto a white tissue.

If your sputum colour has changed from clear or pale to a darker shade e.g. yellow or green : **start ANTIBIOTICS.**

RELIEVER TREATMENT			
via Inhaler or Nebuliser			
Maximum dose...../.....times per day			
Maximum dose...../.....times per day			
ANTIBIOTICS			
Please take your home supply or obtain a prescription without delay from the surgery.			
PREDNISOLONE			
Take 30mg once daily (6 x 5mg tablets) For 5-10 days.			

Step 2 Look at table

Symptoms	OK	CAUTION	ACTION
Breathlessness	Normal/ Usual	Worse than usual	Much worse than usual
Cough	Normal/ Usual	More than usual	Much more than usual

If all of your symptoms are in the **green OK column** continue usual treatment.

If any of your symptoms are in the **orange CAUTION column**: Increase your **RELIEVER TREATMENT**, take regular up to maximum dose. Keep a close eye on your symptoms, if you improve within 2 days resume usual treatment.

If **NO improvement** start **PREDNISOLONE**.

If any of your symptoms are in the **red ACTION column**

Take maximum reliever treatment and start **PREDNISOLONE immediately**.

WARNING

At any time if you get


Severe symptoms: If you have symptoms in the **red ACTION column**, have tried medication and you are not getting better, please **contact your doctor/nurse for an urgent appointment**.

EMERGENCY

If you have any of the following:

- Very short of breath
- Chest pains
- High fever
- Feeling of agitation, fear, drowsiness or confusion

DIAL 999 AMBULANCE



Oxygen

In an emergency please do not use **high flow** oxygen. Give sufficient oxygen to reach the target saturation:% (usual range 88-92%)

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generic skills of relevance to people with COPD.¹²

Carers have their own needs as they are involved for many years in the all-encompassing role of supporting a relative with COPD, sharing the impact of the illness on all aspects of life.

Personalised Care Plans

The intention is that by 2011 all people with long-term conditions, including COPD, will have a Personalised Care Plan (PCP).¹³ Importantly, plans are owned by the patient and have to be tailored to individual circumstances. Clearly, a plan appropriate to a middle-aged worker with mild COPD and minimal symptoms will be very different to that required by an elderly patient unable to leave home because of their breathlessness. A COPD action plan advising on emergency management is likely to be a core component of all PCPs, but in complex situations plans would also include details of care services, social needs and, if relevant advanced care planning.

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Date of Preparation: June 2010 Author: Dr Hilary Pinnock, Centre for Population Health Sciences, University of Edinburgh Editor: Dr Mark L Levy, PCRS-UK Conflict of interest: None

Address for Correspondence: PCRS-UK, Smithy House, Waterbeck, Lockerbie, DG11 3EY, UK Telephone: +44 (0)121 351 4455 Facsimile: +44 (0)121 336 1914 Websites: <http://www.pcrs-uk.org>, <http://www.thepcrj.com> Email: info@pcrs-uk.org