

# Guest Editors Update - Focus on COPD

Katherine Hickman, *PCRS Executive Chair*



In September we celebrated our largest number of delegates ever, to attend a PCRS conference. It continues to amaze me how year-on-year the Conference Organising Committee continues to deliver such an outstanding event. It was, though, with a heavy heart that we said goodbye this year to one of our dearest members of PCRS, Dr Iain Small. Iain embedded everything that PCRS stands for and his dedication, knowledge, enthusiasm, humour, and friendship were second to none. Please take the time to read Steve Holmes's wonderful tribute to him. You will be forever missed Iain but your dedication will continue to live on through our work to improve the care of patients with respiratory disease.

Despite being a clinician with a special interest in Respiratory, COPD patients make up only a small fraction of my daily caseload. Many primary care clinicians, unfamiliar with the latest respiratory guidelines, may find delivering evidence-based care overwhelming due to the multitude of international, national, and local guidelines. It has always been our mission at PCRS to try and cut through the overwhelm, support clinicians working in primary care to provide the best care for respiratory patients, and make the complex simple.

In this edition, we revisit the 2017 PCRS consensus on COPD treatment titled 'Keeping it Simple.' The updated algorithm aligns with the latest GOLD and NICE guidance, and maintains a focus on patient-centred treatment grounded in evidence, medication optimisation, and continuous monitoring. The article highlights the ongoing evolution in COPD management while prioritising patient well-being within the ever-changing healthcare landscape.

For those already acquainted with the latest guidelines, I hope this article serves as a valuable reaffirmation. I also hope, though, that you share this article with colleagues and those who may be redesigning treatment pathways and guidelines locally. I hope, as a PCRS member, that you see it as part of your responsibility to share your skills, knowledge, and expertise to support others locally.

While only about 1% of COPD patients may be suitable for bronchoscopic or surgical interventions, the potential benefits are substantial. How often are we considering it and how many patients are currently missing out on life-changing surgery because of a lack of awareness? I suspect the numbers are substantial and I am almost certainly guilty. The PCRS Pragmatic Guide on bronchoscopic and surgical options for COPD emphasises the role of primary care in identifying suitable candidates for interventions that can significantly improve lung function, exercise capacity, and quality of life. The guide underscores the importance of integrated care, collaboration between primary care and specialists, and adherence to referral criteria outlined by NICE.

As primary care practitioners, we are encouraged to think about referral for surgery in cases of severe emphysema, especially when patients experience worsening breathlessness. The guide provides criteria for identifying patients who might benefit from interventions, such as lung volume reduction surgery (LVRS) and endobronchial valve (EBV) insertion, and emphasises the need for collaboration with specialist colleagues.

For many, the pandemic feels like a distant memory and that COVID-19 remains a thing of the past. For others, though, we are conscious that it is still with us and certain patients in

particular remain at risk of severe disease if it is not picked up quickly and they do not receive potentially life-saving treatment.

This issue's article on COVID-19 classifies individuals at a heightened risk of progressing to severe illness during the upcoming winter, presenting criteria for adults and children with different health conditions. It provides a thorough guide for addressing COVID-19 in primary and community care settings, covering assessment, management, and treatment options. The piece introduces various therapies, including antivirals and nMABs, available in these settings, emphasising eligibility criteria and safety considerations. Furthermore, it outlines treatment options for confirmed COVID-19, differentiating between mild cases and those at an elevated risk of progression.

As we navigate the evolving landscape of respiratory care, I hope this edition inspires confidence in managing COPD, addressing COVID-19 concerns, and ultimately reflecting on the loss of Dr Iain Small who really was one in a million. I hope you are able to take some time off over the Christmas break, recharge, and come back in the New Year invigorated and impassioned to continue our mission of supporting those with respiratory disease.

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