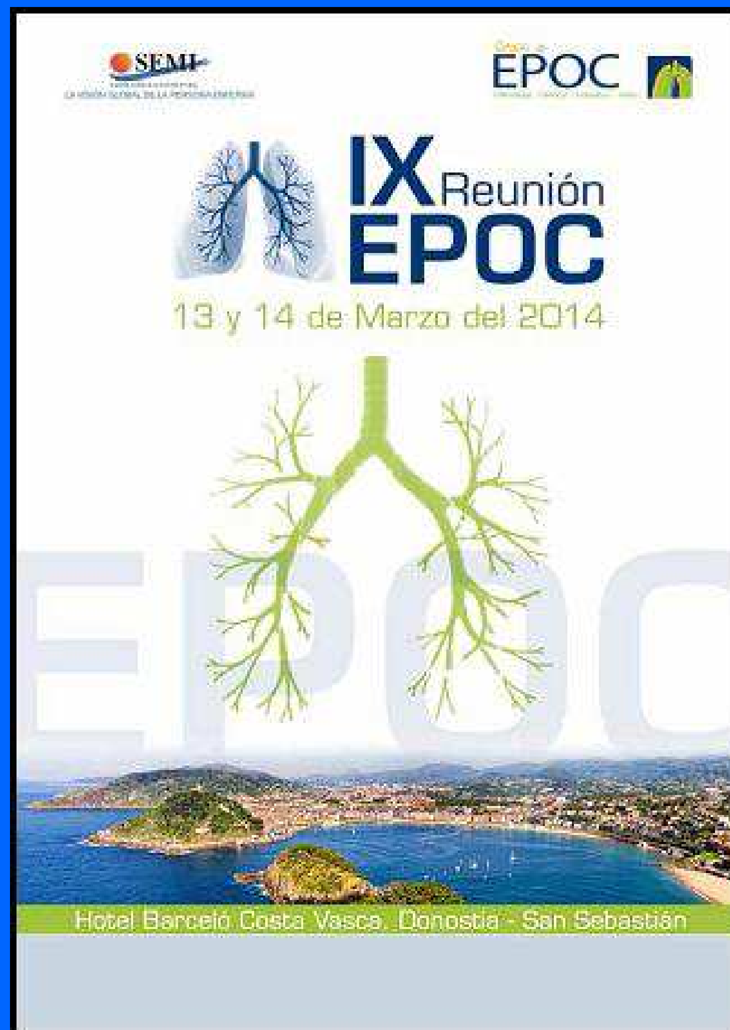

Alertas de Reagudización.

Terapia precoz

Carlos Mª de San Román y de Terán
Medicina Interna
Hospital Comarcal de La Axarquía
Vélez-Málaga (Málaga)

Declaración de conflicto de intereses

El Dr. Carlos Mª de San Román y de Terán ha recibido subvenciones económicas y facilidades destinadas a actividades de formación y científicas propias, del Servicio de Medicina Interna que dirige o de alguno de sus miembros, de las siguientes empresas: ALMIRALL, ASTRA-ZENECA, BAYER, BOEHRINGER, BRISTOL-MYERS-SQUIB, ESTEVE, GSK, JANSSEN-CILAG, LILLY, MENARINI, MSD, NOVARTIS, NOVO-NORDISK, NYCOMED, PFIZER, ROCHE, SANOFI y SERVIER.

No ha existido conflicto de intereses para la realización de esta presentación.

Antibiotic Therapy in Exacerbations of Chronic Obstructive Pulmonary Disease

Annals of Internal Medicine. 1987;**106**:196-204.

N. R. ANTHONISEN, M.D.; J. MANFREDA, M.D.; C. P. W. WARREN, M.D.; E. S. HERSHFIELD, M.D.; G. K. M. HARDING, M.D.; and N. A. NELSON, Ph.D.; Winnipeg, Manitoba, Canada

The effects of broad-spectrum antibiotic and placebo therapy in patients with chronic obstructive pulmonary disease in exacerbation were compared in a randomized, double-blinded, crossover trial. Exacerbations were defined in terms of increased dyspnea, sputum production, and sputum purulence. Exacerbations were followed at 3-day intervals by home visits, and those that resolved in 21 days were designated treatment successes. Treatment failures included exacerbations in which symptoms did not resolve but no intervention was necessary, and those in which the patient's condition deteriorated so that intervention was necessary. Over 3.5 years in 173 patients, 362 exacerbations were treated, 180 with placebo and 182 with antibiotic. The success rate with placebo was 55% and with antibiotic 68%. The rate of failure with deterioration was 19% with placebo and 10% with antibiotic. There was a significant benefit associated with antibiotic. Peak flow recovered more rapidly with antibiotic treatment than with placebo. Side effects were uncommon and did not differ between antibiotic and placebo.

Tager and Speizer (5) reviewed the problem in 1975 and concluded that no good evidence existed that antibiotic therapy was of either short-term or long-term benefit, and they suggested that this form of treatment be reassessed. Since 1975, the problem has been little investigated; one recent report has found antibiotic therapy to be of no benefit in patients hospitalized with exacerbations (6).

Because chronic obstructive pulmonary disease is a common disease, and patients are reported to have an average of one to four exacerbations per year, antibiotic therapy of these exacerbations is a frequently used unproven treatment. For this reason, we conducted a trial of antibiotic therapy for such exacerbations.

Materials and Methods

PATIENTS

We recruited patients with stable chronic obstructive pulmonary disease, characterized them in terms of symptoms and

Exacerbations were defined in terms of symptoms. The occurrence of increased dyspnea, sputum volume, and sputum purulence was defined as a type-1 exacerbation. Type-2 exacerbations were defined as occurring when two of these three symptoms were present. Type-3 exacerbations were defined as occurring when one of the three symptoms was present in addition to at least one of the following findings: upper respiratory infection (sore throat, nasal discharge) within the past 5 days; fever without other cause; increased wheezing; increased cough; or increase in respiratory rate or heart rate by 20% as compared with baseline. If during the course of an exacerbation new symptoms appeared, reclassification was done; that is, an exacerbation that was initially type 3 could be reclassified as type 1 or 2, but not the reverse. It should be noted that the classifica-

Disnea
Cantidad y calidad del esputo

Table I. Classification of acute exacerbations of chronic obstructive pulmonary disease (Winnipeg criteria)

Type	Characteristics
I	Increased dyspnea, increased sputum volume, and increased sputum purulence (all three symptoms present)
II	Two of the above three symptoms present
III	One of the above symptoms present plus at least one of the following: upper respiratory tract infection in the last 5 days, fever, increased wheezing, and increased cough

Toward a Consensus Definition for COPD Exacerbations*

Roberto Rodriguez-Roisin, MD

In patients with COPD, an acute worsening of respiratory symptoms is often described as an exacerbation. Exacerbations are associated with a significant increase in mortality, hospitalization, and health-care utilization, but there is currently no widely accepted definition of what constitutes an exacerbation of COPD. This paper summarizes the discussions of the workshop, "COPD: Working Towards a Greater Understanding," in which the participants proposed the following working definition of an exacerbation of COPD: a sustained worsening of the patient's condition, from the stable state and beyond normal day-to-day variations, that is acute in onset and necessitates a change in regular medication in a patient with underlying COPD.
(CHEST 2000; 117:398S–401S)

Key words: COPD; definition; exacerbation

Abbreviation: ATS = American Thoracic Society

a sustained worsening of the patient's condition, from the stable state and beyond normal day-to-day variations, that is acute in onset and necessitates a change in regular medication in a patient with underlying COPD.

"un empeoramiento sostenido de la condición de un paciente con EPOC subyacente, desde una situación previa estable y más allá de las variaciones normales del día a día, que es de inicio agudo y que va a provocar un cambio en la medicación que recibe de manera regular"

Chest 2000; 117: 398-401

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(CHEST 2000; 117:398S–401S)

Key words: COPD; definition; exacerbation

Abbreviation: ATS = American Thoracic Society

CHEST

Table 1—*Clinical Descriptors Used To Characterize Acute COPD Exacerbations*

Category	Descriptor
Respiratory	Increased shortness of breath
	Increased volume and purulence of sputum
	Increased cough
	Shallow/rapid breathing
Systemic	Increased body temperature
	Increased pulse/heart rate
	Impaired mental status

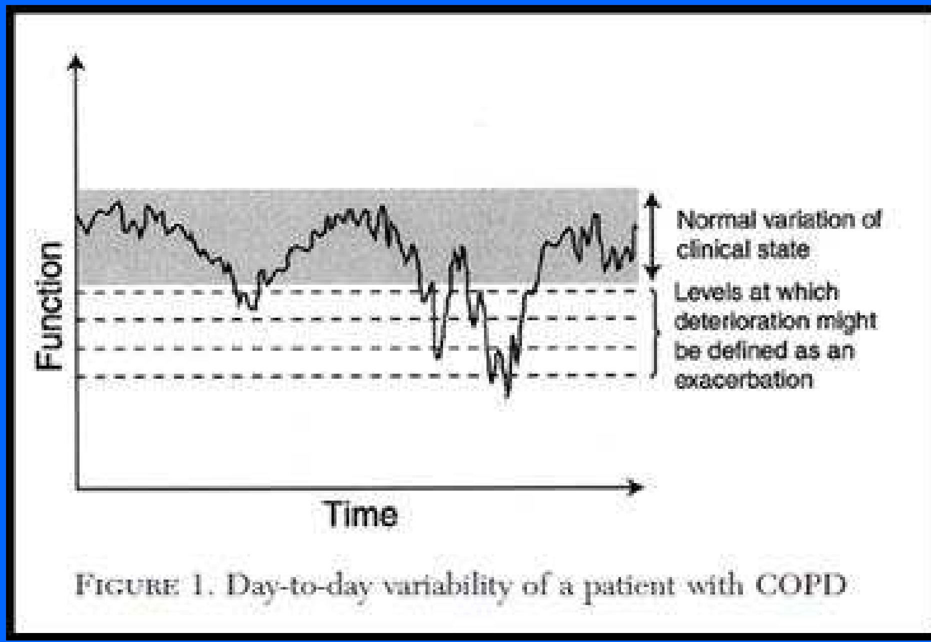

FIGURE 1. Day-to-day variability of a patient with COPD

Table 2—*Staging of a COPD Exacerbation Based on Health-Care Utilization**

Severity	Level of Health-Care Utilization
Mild	Patient has an increased need for medication, which he/she can manage in own normal environment
Moderate	Patient has an increased need for medication and feels the need to seek additional medical assistance
Severe	Patient/caregiver recognizes obvious and/or rapid deterioration in condition, requiring hospitalization

*It is also crucial to note the severity of the underlying COPD, any comorbid conditions, and the frequency of exacerbations.

Chest 2000; 117: 398-401

Editorial

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Telehealthcare management for patients with chronic obstructive pulmonary disease

Expert Rev. Respir. Med. 6(3), 239–242 (2012)

Abebaw Mengistu Yohannes

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"...this technology should be rigorously evaluated in terms of the cost–benefit analysis, improving quality of life of patients with chronic obstructive pulmonary disease and reducing the care burden to family and caregivers."

Chronic obstructive pulmonary disease (COPD) is a chronic disease with high morbidity and mortality in the elderly. The WHO estimates that approximately 200 million people are living with COPD

homes to healthcare professionals at a specified location, data acquisition (gathering) from the patients (e.g., using a video or telephone contacts), monitoring, and interpreting of the data gathered by the healthcare

Expert Review of Respiratory Medicine

Zonas rurales
Sugerencias
Más estudios

Conclusion
Telemonitoring has a potential to improve clinical practice in patients with COPD. Current evidence suggests that telehealthcare is acceptable and feasible to patients with COPD. Further painstaking robust work is required to show the efficacy of telehealthcare in reducing healthcare utilization and costs, and improving quality of life in patients with COPD.

Expert Rev Respir Med 2012; 6(3): 239-242

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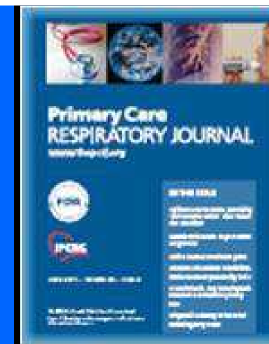
Primary Care Respiratory Journal (2010); 19(3): 260-265

Primary Care RESPIRATORY JOURNAL
www.thepcrj.org

ORIGINAL RESEARCH

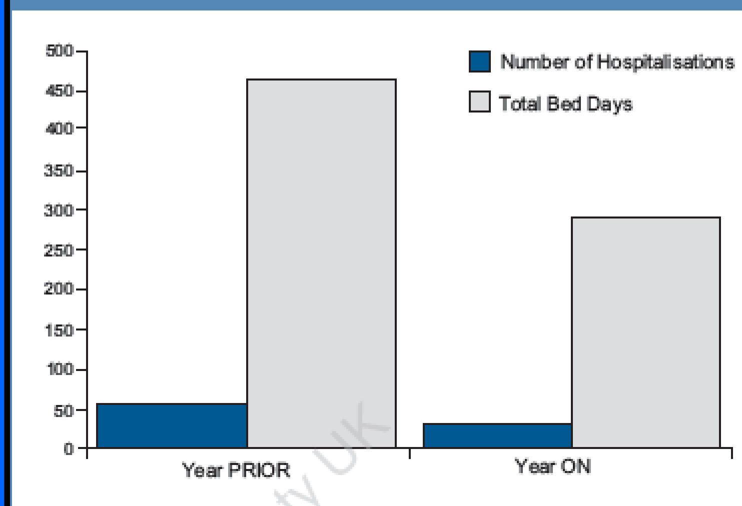
Use and utility of a 24-hour Telephone Support Service for 'high risk' patients with COPD

*John R Hurst[a,b], Fiona Fitzgerald-Khan[b], Jennifer K Quint[a], James JP Goldring[a], Christine Mikelsons[b], J Paul Dilworth[b], Jadwiga A Wedzicha[a,b]



74 patients with 'high-risk' COPD had therapy optimised, were educated about exacerbations, given home 'emergency' therapy, and had 24-hour access to telephone advice.

Figure 2. Total number (blue bars) and duration (grey bars) of hospitalisations in the year prior to, and year on the EPIC service for the 52 patients completing one year (both reductions p=0.002).



The service was associated with a reduction in hospital admission.
Call volume was low, thus giving information on the size and cost-effectiveness of such service provision.

Chest 2000; 117: 398-401

BMJ

BMJ 2013;347:f6070 doi: 10.1136/bmj.f6070 (Published 17 October 2013) Page 1 of 16

RESEARCH

Effectiveness of telemonitoring integrated into existing clinical services on hospital admission for exacerbation of chronic obstructive pulmonary disease: researcher blind, multicentre, randomised controlled trial

OPEN ACCESS

Hilary Pinnock *reader*[1], Janet Hanley *principal research fellow*[2], Lucy McCloughan *programme manager*[3], Allison Todd *research nurse*[3], Ashma Krishan *statistician*[4], Stephanie Lewis *reader in medical statistics*[5], Andrew Stoddart *health economist*[6], Marjon van der Pol *professor of health economics*[7], William MacNee *professor of respiratory and environmental medicine*[8], Aziz Sheikh *professor of primary care research and development and directorHarkness fellow in healthcare policy and practice*[19], Claudia Pagliari *senior lecturer in primary care and health informatics*[3], Brian McKinstry *professor of primary care ehealth*[3]

BMJ 2013;347:f5932 doi: 10.1136/bmj.f5932 (Published 17 October 2013) Page 1 of 2

EDITORIALS

Telemonitoring for patients with COPD

Adds little to well supported self management

Rachel Jordan *senior lecturer*, Peymane Adab *professor*, Kate Jolly *professor*

"Over one year, the mean number of COPD admissions was similar in both groups (telemonitoring 1.2 admissions per person (standard deviation 1.9) v control 1.1 (1.6); P=0.59). Mean duration of COPD admissions over one year was also similar between groups (9.5 days per person (standard deviation 19.1) v 8.8 days (15.9); P=0.88). The intervention had no significant effect on SGRQ scores between groups (68.2 (standard deviation 16.3) v 67.3 (17.3); adjusted mean difference 1.39 (95% confidence interval −1.57 to 4.35)), or on other questionnaire outcomes."

766 Telemonitoring for COPD does not reduce hospital admissions
Hilary Marshall

No diferencias en ingresos, calidad de vida relacionada con la salud, ansiedad, depresión, dependencia, ni adherencia a los tratamientos

BMJ 2013; 347: f6070, f5932

RESPIRATORY RESEARCH

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Markers of exacerbation severity in chronic obstructive pulmonary disease

Luigi G Franciosi*[1], Clive P Page[2], Bartolome R Celli[3], Mario Cazzola[2,4], Michael J Walker[5], Meindert Danhof[1], Klaus F Rabe[6] and Oscar E Della Pasqua[1,7]

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* Corresponding author

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Respiratory Research 2006, 7:74 doi:10.1186/1465-9921-7-74

Received: 05 October 2005

Accepted: 10 May 2006

Conclusion: Arterial carbon dioxide and breathing rate varied in a consistent manner with exacerbation severity and patient setting. Many other measures showed weak correlations that should be further explored in future longitudinal studies or assessed using suggested mathematical modelling techniques.

Además quizás podría influir algo la edad, o el Índice de masa corporal pero, de cualquier modo sin significación estadística.

Recomiendan más estudios longitudinales que no se han hecho

Respir Res 2006; 7: 74

Respiratory Medicine (2012) 106, 1134—1138

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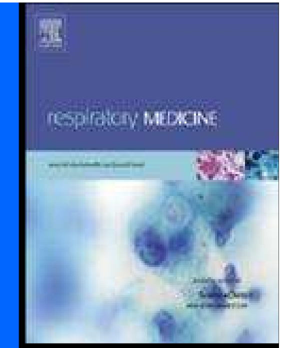


Arrhythmias as trigger for acute exacerbations of chronic obstructive pulmonary disease

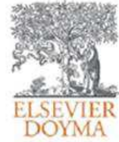
Surya P. Bhatt [a,*], Sudip Nanda [b], John S. Kintzer [c]

ses. The *P* wave dispersion was significantly greater in acute phase compared to stable phase (56.7 ± 19 vs. 47.7 + 16 ms; $p = 0.009$. See Fig. 1). There was a similar trend in QTc dispersion but this did not reach statistical significance. There was no difference between right and left sided QT and QTc dispersions.

Solo 30 pacientes
Criterios de exclusión

In conclusion, our study showed that *P* wave dispersion is more in the acute phase than in stable phase, and that *P* wave dispersion is greater in patients with more frequent exacerbations. This does not prove, but suggests an intriguing possibility that *P* wave dispersion predates acute exacerbations. This might be a new target for prediction, prevention and therapy of acute exacerbations of COPD.

Respir Med 2012; 106: 1134-1138



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Original

Factores asociados a la hospitalización por exacerbación de la enfermedad pulmonar obstructiva crónica

Bernardino Alcázar[a,*], Cayo García-Polo[b], Alberto Herrejón[c], Luis Alberto Ruiz[d], Javier de Miguel[e], José Antonio Ros[f], Patricia García-Sidro[g], Gema Tirado Conde[h], José Luis López-Campos[i], Carlos Martínez[j], Joaquin Costán[k], Marc Bonnin[l], Sagrario Mayoralas[m] y Marc Miravitlles[h]

R E S U M E N

Introducción: Las exacerbaciones de la enfermedad pulmonar obstructiva crónica (EPOC) que precisan ingreso hospitalario tienen un gran impacto en la progresión de la enfermedad y generan un alto gasto sanitario.

Método: Se trata de un estudio observacional, multicéntrico y transversal, con el objetivo de identificar los factores asociados a las hospitalizaciones por exacerbaciones de la EPOC. Se obtuvieron variables sociodemográficas, antropométricas, de calidad de vida, síntomas respiratorios, presencia de ansiedad y depresión, actividad física y pruebas de función pulmonar. Se analizó su asociación con el ingreso hospitalario mediante análisis multivariante con un modelo de regresión logística.

Resultados: Se analizaron 127 pacientes, 50 (39%) de los cuales habían sido hospitalizados. El 93,7% fueron hombres, con una edad media de 67 años (DE = 9) y un FEV_1 del 41,9% (DE = 15,3). En el primer modelo obtenido, la SpO_2 basal, el índice BODE y las visitas a urgencias se asociaron con el ingreso, y el área bajo la curva (ABC) ROC fue de 0,809. En un segundo modelo incluimos solo variables de fácil obtención (sin la prueba de la marcha), y solo la SpO_2 y las visitas previas a urgencias fueron significativas, con un ABC ROC de 0,783.

Conclusiones: El ingreso hospitalario por exacerbación de la EPOC se asocia a peor SpO_2, mayor puntuación del índice BODE y un mayor número de visitas al servicio de urgencias. En caso de no disponer de la prueba de caminar 6 min, las otras dos variables ofrecen una capacidad discriminativa similar.

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Saturación de O_2
Visitas a Urgencias

Arch Bronconeumol 2012; 48(3): 70-76

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Severe acute exacerbations and mortality in patients with chronic obstructive pulmonary disease

J J Soler-Cataluña, M Á Martínez-García, P Román Sánchez, E Salcedo, M Navarro, R Ochando

Thorax 2005;**60**:925–931. doi: 10.1136/thx.2005.040527

See end of article for authors' affiliations

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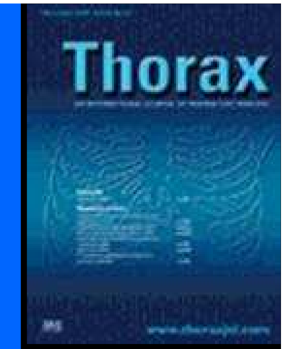
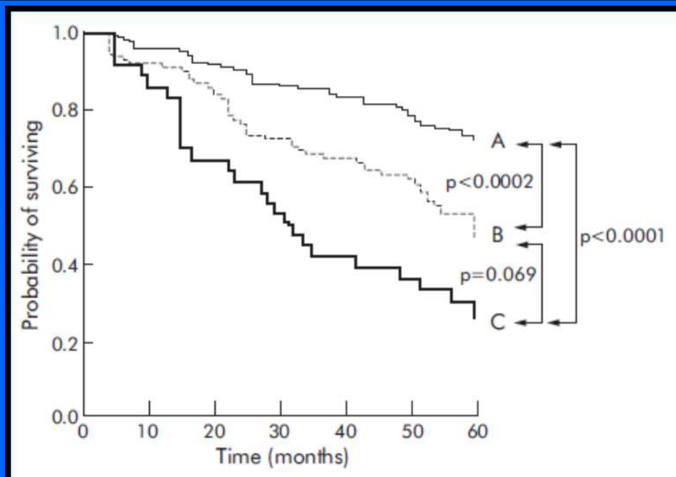
Received 13 January 2005
Accepted 3 July 2005
Published Online First 29 July 2005

Background: Patients with chronic obstructive pulmonary disease (COPD) often present with severe acute exacerbations requiring hospital treatment. However, little is known about the prognostic consequences of these exacerbations. A study was undertaken to investigate whether severe acute exacerbations of COPD exert a direct effect on mortality.
Methods: Multivariate techniques were used to analyse the prognostic influence of acute exacerbations of COPD treated in hospital (visits to the emergency service and admissions), patient age, smoking, body mass index, co-morbidity, long term oxygen therapy, forced spirometric parameters, and arterial blood gas tensions in a prospective cohort of 304 men with COPD followed up for 5 years. The mean (SD) age of the patients was 71 (9) years and forced expiratory volume in 1 second was 46 (17)%.
Results: Only older age (hazard ratio (HR) 5.28, 95% CI 1.75 to 15.93), arterial carbon dioxide tension (HR 1.07, 95% CI 1.02 to 1.12), and acute exacerbations of COPD were found to be independent indicators of a poor prognosis. The patients with the greatest mortality risk were those with three or more acute COPD exacerbations (HR 4.13, 95% CI 1.80 to 9.41).
Conclusions: This study shows for the first time that severe acute exacerbations of COPD have an independent negative impact on patient prognosis. Mortality increases with the frequency of severe exacerbations, particularly if these require admission to hospital.



Peor pronóstico



La mortalidad aumenta con la precocidad y frecuencia de exacerbaciones severas, particularmente si requieren hospitalización

Thorax 2005; 60: 925-931

ORIGINAL ARTICLE

Susceptibility to Exacerbation in Chronic Obstructive Pulmonary Disease

John R. Hurst, M.B., Ch.B., Ph.D., Jørgen Vestbo, M.D., Antonio Anzueto, M.D., Nicholas Locantore, Ph.D., Hana Müllerova, Ph.D., Ruth Tal-Singer, Ph.D., Bruce Miller, Ph.D., David A. Lomas, Ph.D., Alvar Agusti, M.D., Ph.D., William MacNee, M.B., Ch.B., M.D., Peter Calverley, M.D., Stephen Rennard, M.D., Emiel F.M. Wouters, M.D., Ph.D., and Jadwiga A. Wedzicha, M.D., for the Evaluation of COPD Longitudinally to Identify Predictive Surrogate Endpoints (ECLIPSE) Investigators*

N ENGL J MED 363;12 NEJM.ORG SEPTEMBER 16, 2010

EDITORIALS

Frequent Exacerbations of Chronic Obstructive Pulmonary Disease — A Distinct Phenotype?

Donald P. Tashkin, M.D.

other hand, the categorical frequency of exacerbations does appear to be relatively stable over time, justifying the designation of frequent exacerbations as a phenotype that is associated with worse clinical outcomes. Therefore, identification of patients who have frequent exacerbations is clinically important, since effective therapeutic options (including single agents and drug combinations) are currently available that reduce the frequency of these events.[9,10] A better

CONCLUSIONS

Although exacerbations become more frequent and more severe as COPD progresses, the rate at which they occur appears to reflect an independent susceptibility phenotype. This has implications for the targeting of exacerbation-prevention strategies across the spectrum of disease severity. (Funded by GlaxoSmithKline; ClinicalTrials .gov number, NCT00292552.)

NEJM 2010; 363: 1128-1138, 1183-1184

Review

Early Identification of Exacerbations in Patients With Chronic Obstructive Pulmonary Disease

Journal of Primary Care & Community Health
4(1) 75–80
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DOI: 10.1177/2150131912443827
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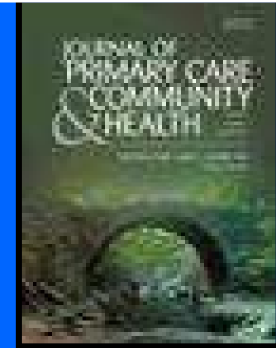
Barbara P. Yawn[1]



El Médico de Familia podría mejorar la evolución de los pacientes identificando precozmente las agudizaciones de la EPOC para minimizar las necesidades de cuidados agudos, mediante la educación de los pacientes y cuidadores para el auto manejo incluyendo el reconocimiento de la exacerbación, de sus factores de riesgo, sus síntomas y signos; la importancia de una perfecta adherencia a los tratamientos prescritos y la necesidad de acudir al médico de forma adecuada

Patients may switch from being a frequent to an infrequent exacerbator and vice versa,[26] as was shown among a group of 121 patients.[26] A large clinical trial is warranted for further exploration of this hypothesis. If this theory proves true, it will be very important to determine what can be done to move frequent exacerbators into the infrequent category and prevent the infrequent exacerbators from becoming frequent exacerbators.

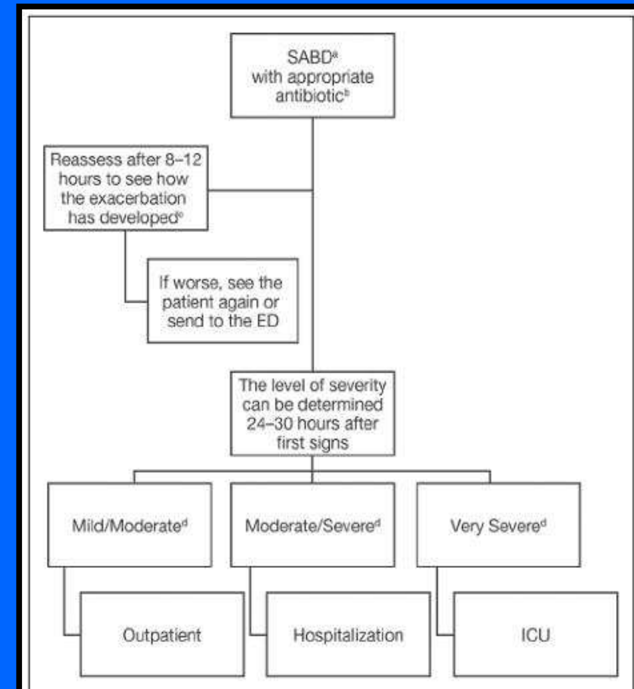
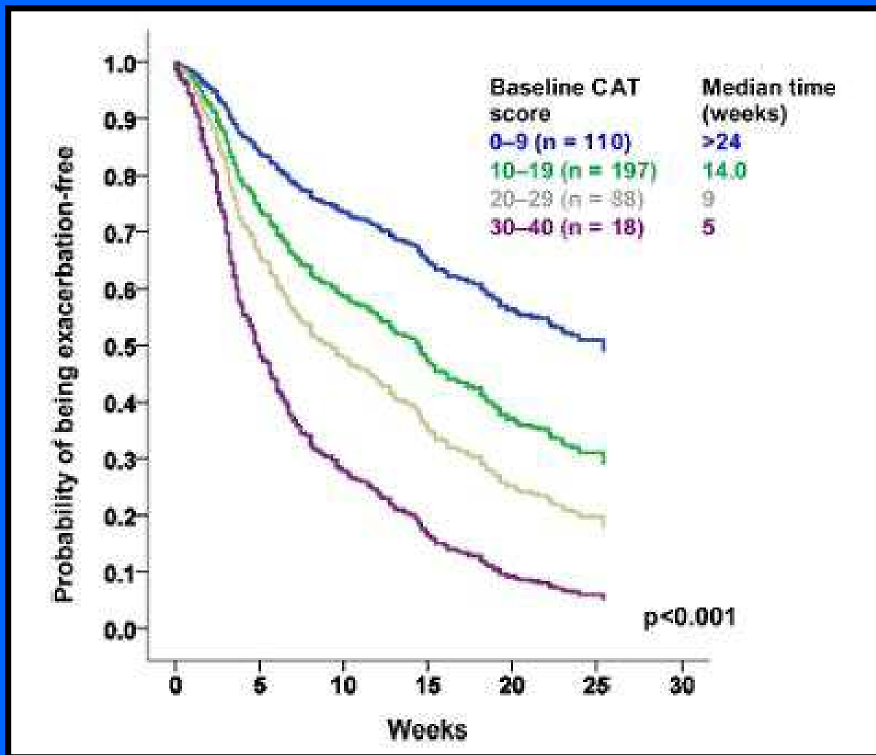


Figure 1. Monitoring a patient at the onset of an exacerbation
Abbreviations: ED, emergency department; ICU, intensive care unit; SABD, short-acting bronchodilator.
[a]Initiate or increase dose or frequency of existing medication.[6]
[b]Consider in the presence of bacterial infection.[6]
[c]Add a systemic corticosteroid if no improvement is observed.[6]
[d]Indicates the degree of exacerbation severity.

J Prim Care Community Health 2013; 4(1): 75-80

The COPD assessment test (CAT) assists prediction of COPD exacerbations in high-risk patients ☆

Sang-Do Lee [a], Ming-Shyan Huang [b], Jian Kang [c], Ching-Hsiung Lin [d], Myung Jae Park [e], Yeon-Mok Oh [a], Namhee Kwon [f], Paul W. Jones [g], Dimitar Sajkov [h,*] on behalf of the Investigators of the Predictive Ability of CAT in Acute Exacerbations of COPD (PACE) Study



The results of this study support the use of the CAT as a simple tool to assist in the identification of patients at increased risk of exacerbations. This could facilitate timely and costeffective implementation of preventive interventions, and improve health resource allocation.

Respir Med. 2014 Jan 6. doi: 10.1016/j.rmed.2013.12.014. [Epub ahead of print]

International Journal of COPD

International Journal of COPD

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ORIGINAL RESEARCH

Clinical diaries in COPD: compliance and utility in predicting acute exacerbations

E Haydn Walters[1]
Julia Walters[1]
Karen E Wills[1]
Andrew Robinson[2]
Richard Wood-Baker[1]

[1]Menzies Research Institute Tasmania, University of Tasmania, Hobart; [2]School of Nursing and Midwifery, University of Tasmania, Hobart, Australia

Methods: We investigated diary-keeping in COPD and ascertained items that best predicted emergency attendances for exacerbations. Participants in the active limb of a clinical trial in COPD kept daily diaries rating breathlessness, cough, sputum, physical activity, and use of reliever medication.

Results: Data on 55 participants, 67% of whom were female, showed that overall compliance with diary-keeping was 62%. Participants educated to primary school level only had lower compliance ($P = 0.05$). Twenty patients had at least one emergency attendance, in whom the relative risk of an acute exacerbation for an increase in item score rose from six days prior to hospitalization, most sharply in the last two days. Even for optimal combinations of items, the positive predictive value was poor, the best combination being cough, activity level, and inhaler use.

Conclusion: Good compliance can be achieved using daily diaries in COPD, although this is worse in those with a poor educational level. Diary-keeping is not accurate in predicting acute exacerbations, but could be substantially simplified without loss of efficiency.

Intern J COPD 2012; 7: 427-435

Respiratory Medicine (2007) 101, 453–460

respiratoryMEDICINE

Patient's perception of exacerbations of COPD—the PERCEIVE study☆

Marc Miravitlles[a,*], Antonio Anzueto[b], Delfino Legnani[c], Leonhard Forstmeier[d], Matthias Fargel[e]

From 83,592 households screened, 1100 subjects with symptoms compatible with COPD were identified. The most frequent symptom was shortness of breath (78%). The most frequent complaint was that due to their COPD: ''they could not complete the activities they like to do'' (54%); 17% (187) of individuals were afraid that their COPD would cripple, or eventually kill them. Exacerbations generated a mean of 5.1 medical visits/year (SD = 4.6) with the mean duration of exacerbation symptoms being 10.5 days. Increased coughing was the exacerbation symptom having the strongest impact on well-being (42%). Fifty-five percent of patients declared that quicker symptom relief was the most desired requirement for treatment.

Impacto exacerbación

In summary, this study provides new data about the impact of COPD and its exacerbations on daily life of patients. These new data will help to understand patient's perception of their disease and their expectations with treatment. These data are crucial for the development of PROs aimed at evaluating the effectiveness of different therapies for stable and exacerbated COPD.

Respiratory Med 2007; 101: 453-460

BMC
Pulmonary Medicine

Barnes et al. BMC Pulmonary Medicine 2013, 13:54
http://www.biomedcentral.com/1471-2466/13/54

BMC
Pulmonary Medicine

RESEARCH ARTICLE Open Access

Chronic obstructive pulmonary disease and exacerbations: Patient insights from the global Hidden Depths of COPD survey

Neil Barnes[1*], Peter MA Calverley[2], Alan Kaplan[3] and Klaus F Rabe[4]

Encuentran un cierto desajuste entre las percepciones de los pacientes y la realidad de la frecuencia de exacerbaciones, deterioro de la calidad de vida y temores para el futuro.

Una alta proporción de pacientes, muchos de los cuales tienen responsabilidad familiar y financiera, no eran conscientes de la importancia de una respuesta rápida a las exacerbaciones.

Conclusión: Es muy importante mejorar la educación de los pacientes en relación con la gravedad de la enfermedad y que sean conscientes de la importancia de un tratamiento rápido de las exacerbaciones y el tratamiento y estilo de vida opciones disponibles.

Conclusions: To reduce the adverse effects of COPD on patients' quality of life and address their fears for the future, we need better patient education and improved prevention and treatment of exacerbations.

BMC Pulmonary Med 2013; 13: 54

International Journal of COPD

International Journal of COPD

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REVIEW

Helping COPD patients change health behavior in order to improve their quality of life

Pere Almagro
Alejandra Castro

Acute Geriatric Care Unit, Internal Medicine Department, University Hospital Mútua de Terrassa, Barcelona, Spain

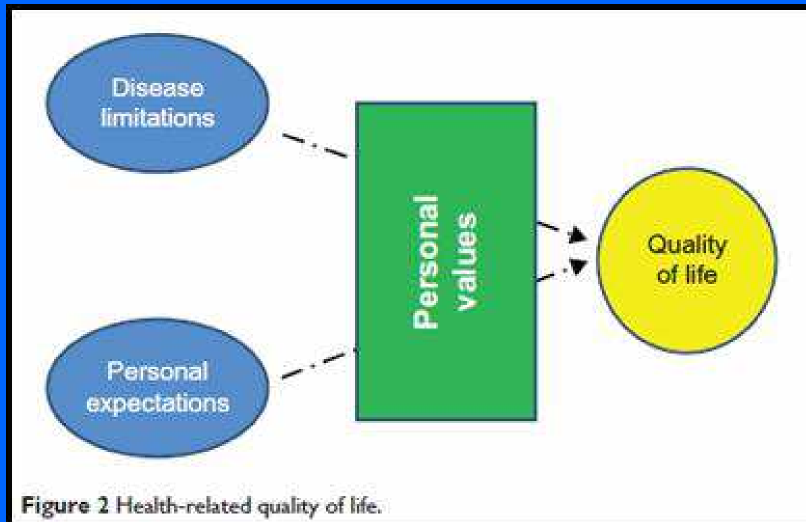
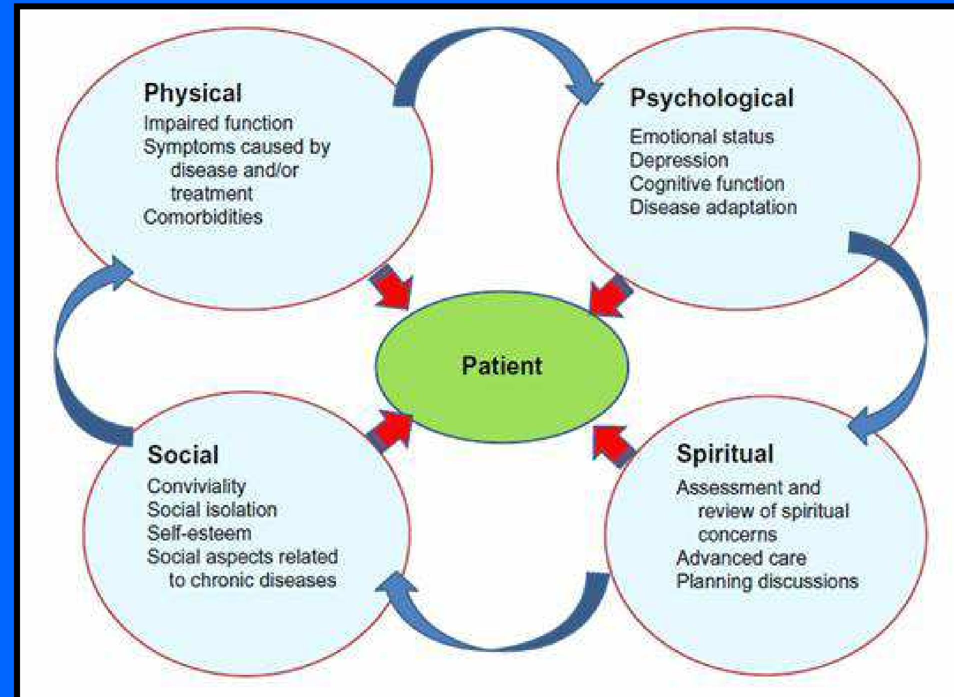


Figure 2 Health-related quality of life.



A more multidisciplinary approach and individualization of these interventions is crucial in the management of COPD patients.

Intern J COPD 2013; 8: 335-345

BMC Pulmonary Medicine BioMed Central

Study protocol — Open Access

Action Plan to enhance self-management and early detection of exacerbations in COPD patients; a multicenter RCT

Jaap CA Trappenburg*†1, Lieselotte Koevoets†1, Gerdien H de Weert-van Oene†1, Evelyn M Monninkhof†1, Jean Bourbeau†2, Thierry Troosters†3, Theo JM Verheij†1, Jan-Willem J Lammers†4 and Augustinus JP Schrijvers†1

BMC Pulmonary Medicine

Chronic obstructive pulmonary disease

Effect of an action plan with ongoing support by a case manager on exacerbation-related outcome in patients with COPD: a multicentre randomised controlled trial

Jaap C A Trappenburg,[1] Evelyn M Monninkhof,[1] Jean Bourbeau,[2] Thierry Troosters,[3,4,5] Augustinus J P Schrijvers,[1] Theo J M Verheij,[1] Jan-Willem J Lammers[6]

Action plans for COPD self-management. Integrated care is more than the sum of its parts

M D L Morgan

Thorax November 2011 Vol 66 No 11

Conclusion This study shows that an individualised AP, including ongoing support by a case manager, decreases the impact of exacerbations on health status and tends to accelerate recovery. APs can be considered a key component of self-management programmes in patients with COPD.

Modelos de cuidados crónicos basados en la Atención Primaria de Salud, multidisciplinares, completos y con un gran componente de autocuidado

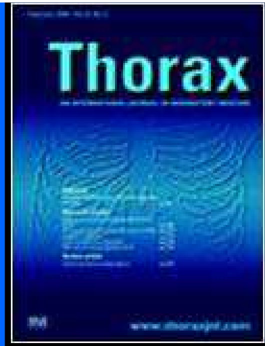
Thorax 2011; 66: 977-984

REVIEW SERIES

COPD exacerbations · 1: Epidemiology

G C Donaldson, J A Wedzicha

Thorax 2006;61:164–168. doi: 10.1136/thx.2005.041806



- •DEFINITION OF AN EXACERBATION
- •MORTALITY
- •ADMISSION TO HOSPITAL
- •PRIMARY CARE CONSULTATIONS
- •EXACERBATION FREQUENCY
- •EXACERBATIONS AND DECLINE IN FEV1
- •EXACERBATIONS AND DISEASE SEVERITY
- •TIME COURSE OF EXACERBATIONS
- •NATURAL HISTORY OF EXACERBATIONS
- •SEASONALITY
- •RECURRENT EXACERBATIONS

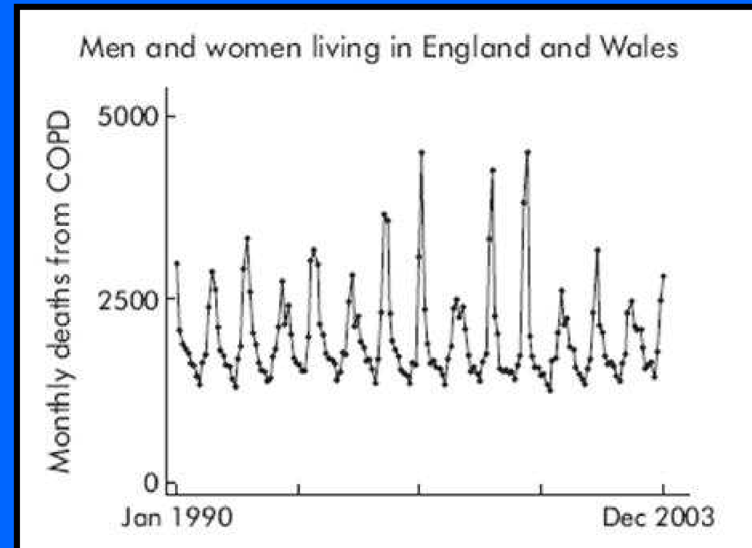


Table 1 Trends in hospital episode statistics (HES) from1998/9 to 2003/4 for ICD10 code J44 (COPD with acute lower respiratory tract infection/exacerbation/unspecified)

HES year (starting April)	Finished consultant episodes	Admissions	Men	Emergency	Mean length of stay (days)	Elective	Bed days*
2003	163480	105600	83036	99590	10.0	1683	1046371
2002	140541	93373	71848	87942	10.3	1283	944835
2001	135252	92049	69968	86999	10.4	1263	941216
2000	127116	89730	67231	84721	10.4	1285	918174
1999	129501	95039	68487	89692	10.2	1132	953393
1998	125047	93019	67263	87549	10.4	1108	952495

*Methodology changes make the number of bed days in the year starting 2003 inconsistent with previous years.

ESPAÑA
M. Interna: 9,8 (10,9)
Neumología: 10,2 (11,4)

Thorax 2006; 61: 164-168

Epidemiología hospitalaria de la EPOC en España

C. M. San Román Terán[a], R. Guijarro Merino[b], R. Gómez Huelgas[b] y L. Montero Ribas[a]
Grupo de trabajo de EPOC de la Sociedad Española de Medicina Interna (SEMI).
Grupo de Eficiencia de los Servicios de Medicina Interna de Andalucía del Plan Estratégico de la Sociedad Andaluza de Medicina Interna (SADEMI).
[a]*Servicio de Medicina Interna. Hospital Comarcal de la Axarquía. Vélez Málaga. Málaga.*
[b]*Servicio de Medicina Interna. Hospital Regional Universitario Carlos Haya. Málaga.*

REVISTA CLINICA ESPAÑOLA

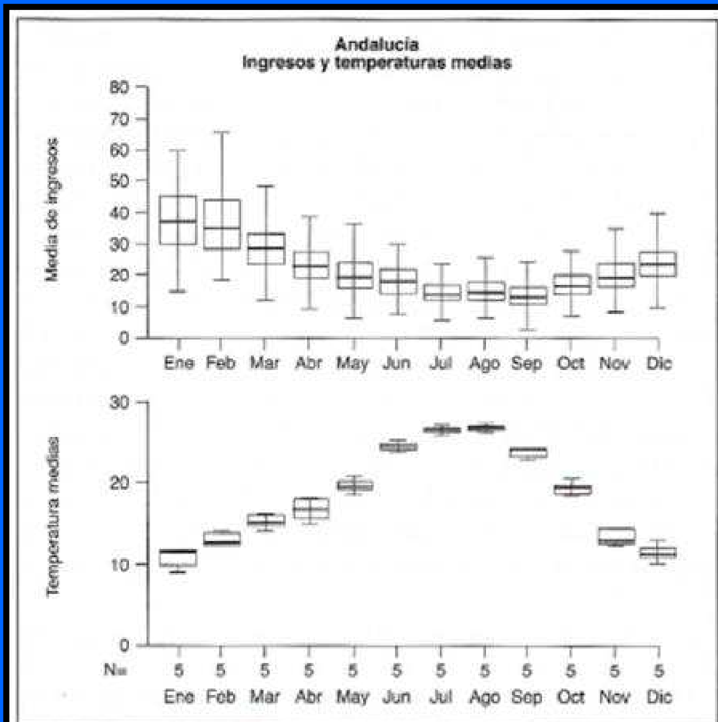
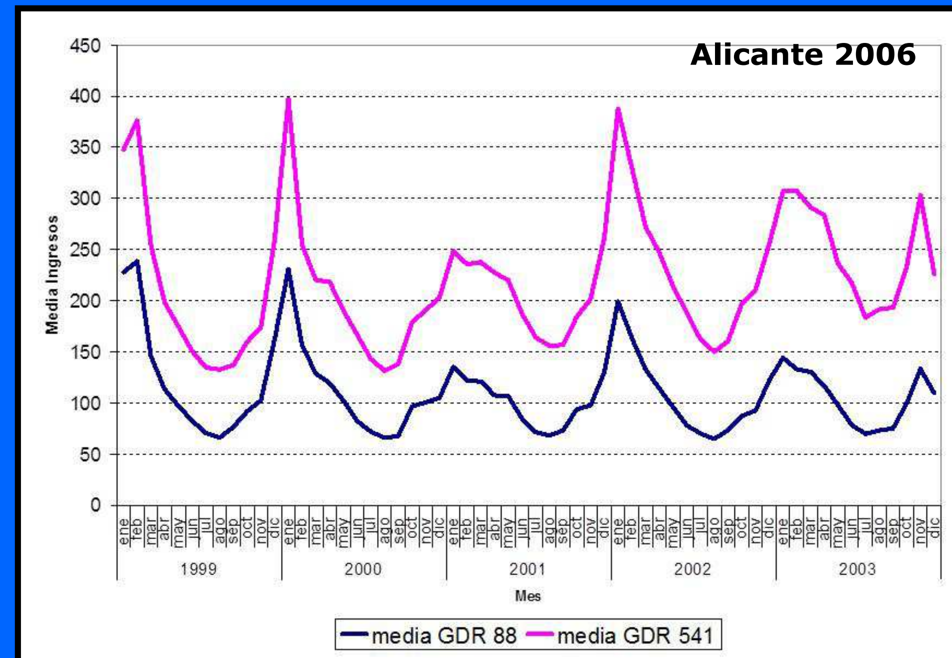


Fig. 4. Distribución de ingreso y temperaturas medias en Andalucía durante el período estudiado.

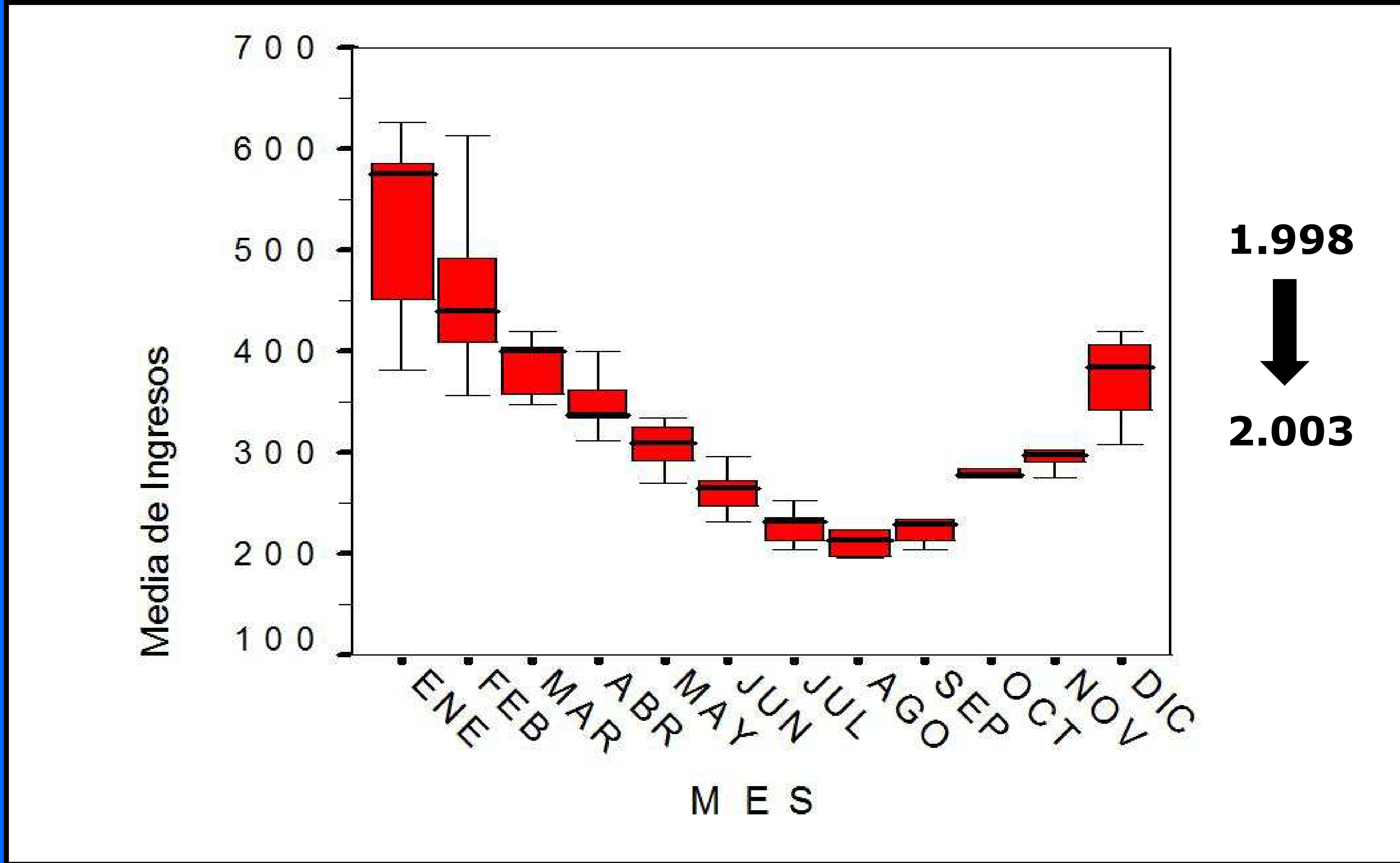


EPOC, media ingresos mensuales

Rev Clin Esp 2007; 207(supl 1): 3-7

España

EPOC, media de ingresos mensuales



COPD JOURNAL OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

informa healthcare

COPD, 10:573–580, 2013
ISSN: 1541-2555 print / 1541-2563 online
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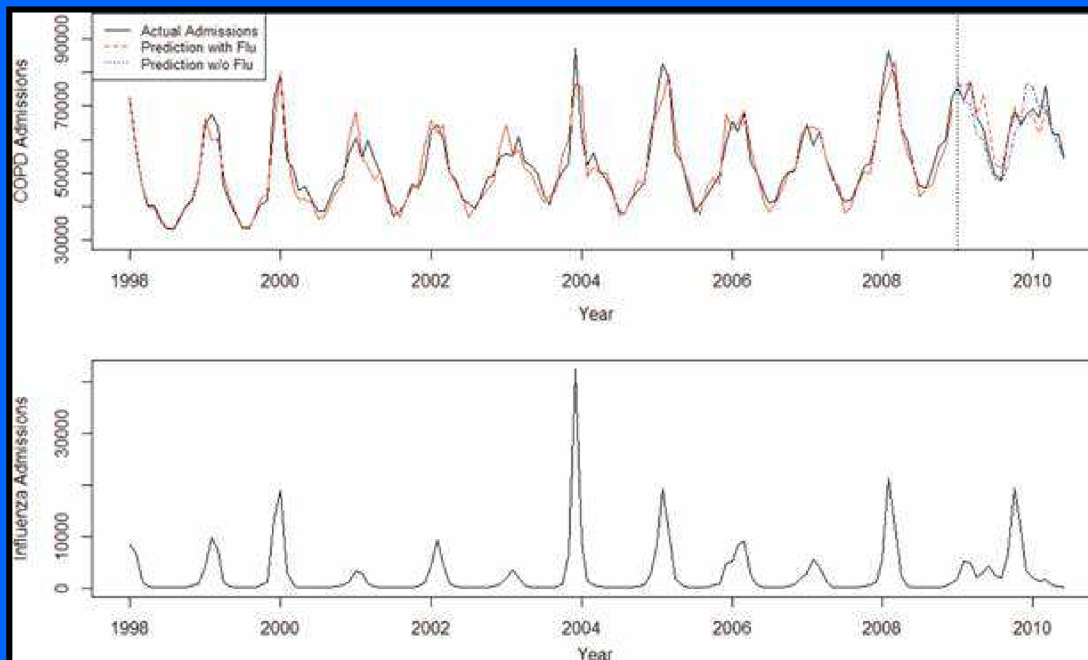
DOI: 10.3109/15412555.2013.777400

ORIGINAL RESEARCH

Predicting Chronic Obstructive Pulmonary Disease Hospitalizations Based on Concurrent Influenza Activity

Alicia K. Gerke,[1] Fan Tang,[2] Ming Yang,[3] Eric D. Foster,[2] Joseph E. Cavanaugh,[2] and Philip M. Polgreen[1]

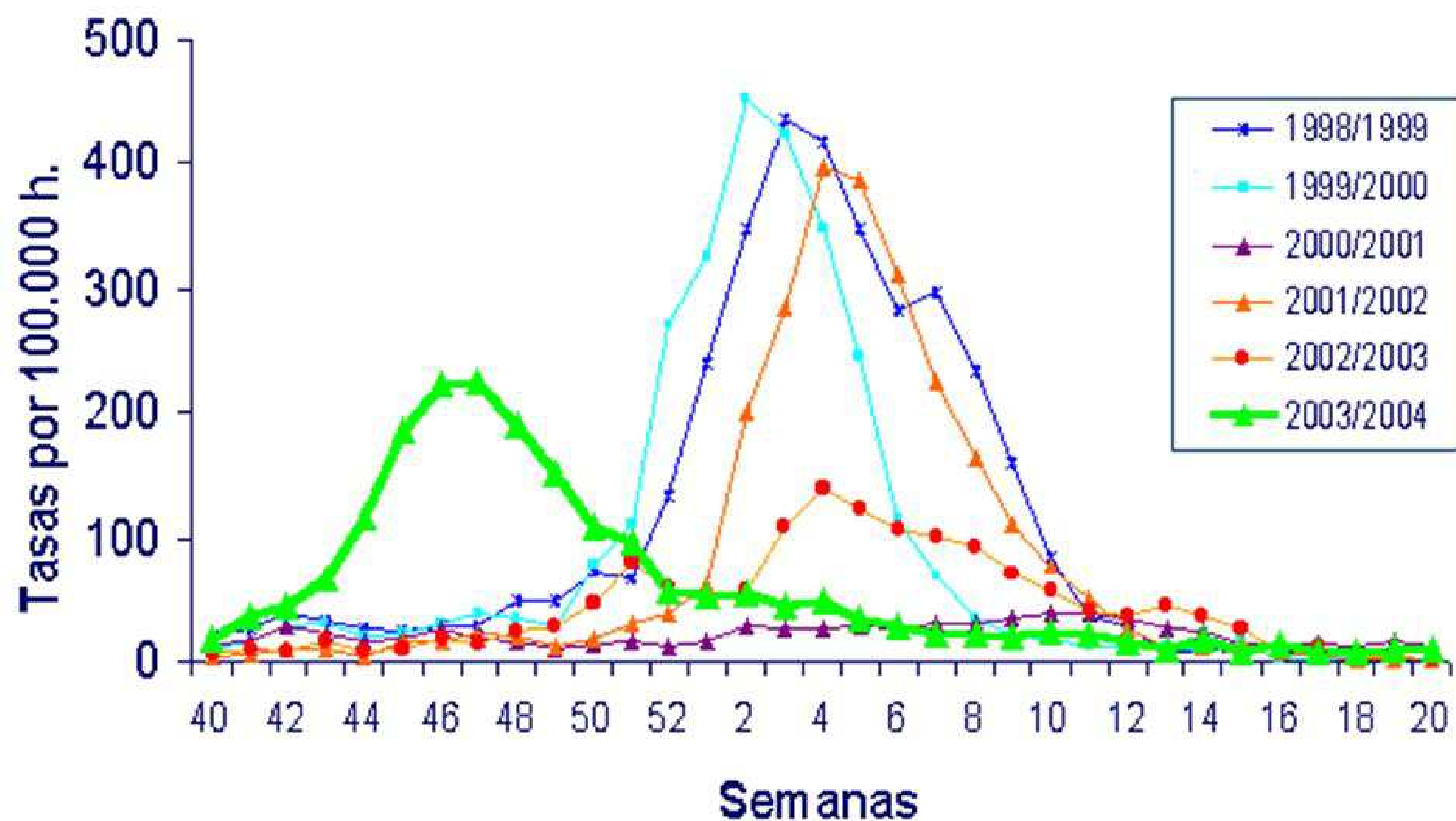


In conclusion, our study found an association between hospitalization for COPD and influenza activity in the United States on a national level. The association is pronounced among older patients, particularly in those needing mechanical ventilation, and patients with acute exacerbations.

COPD 2013; 10: 573-580

Figura 2. Incidencia de la gripe en España.

Sistemas centinela. Temporadas 1998/99-2003/04.



España

EPOC, media ingresos mensuales

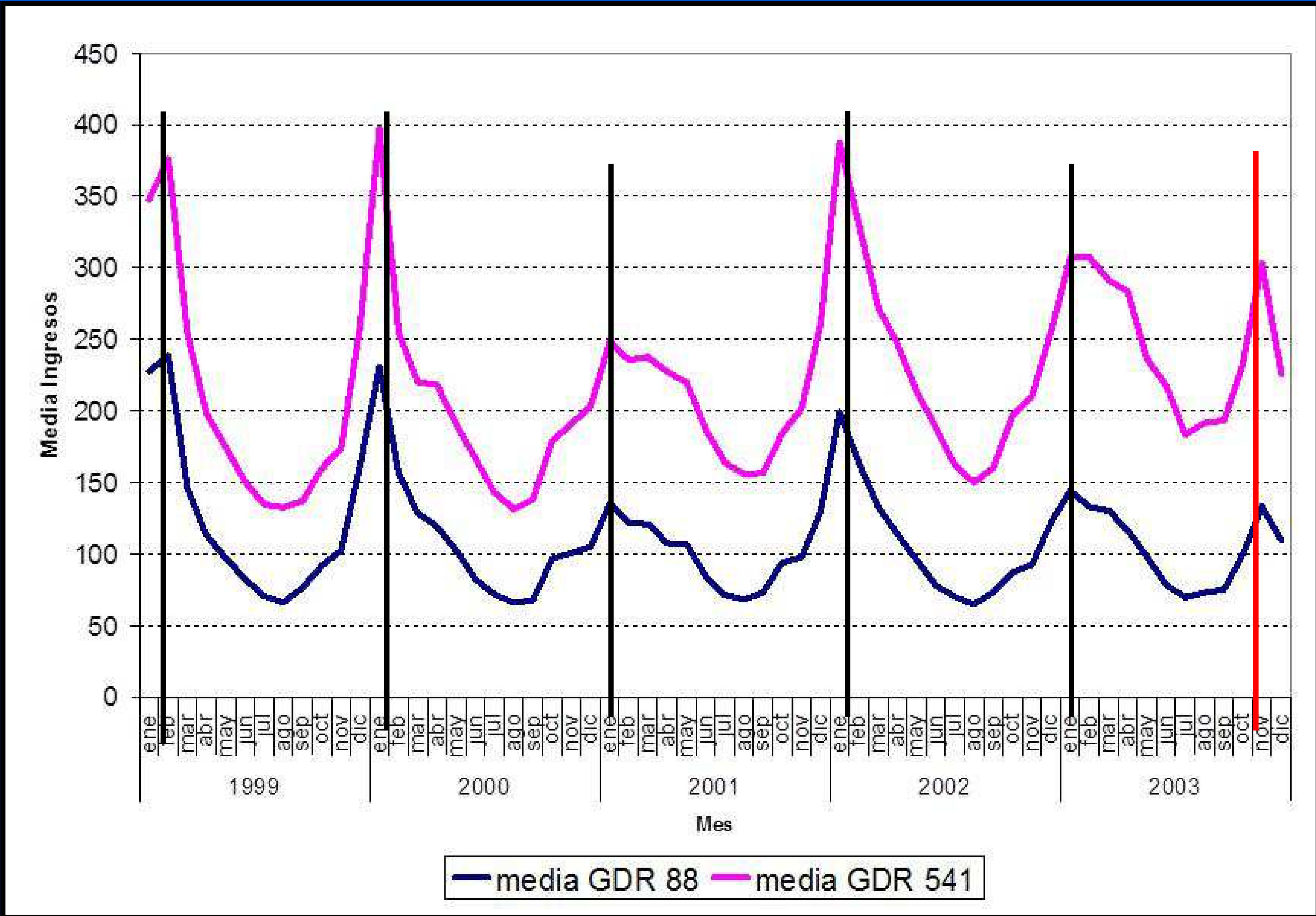


Figura 2. Incidencia de la gripe en España.

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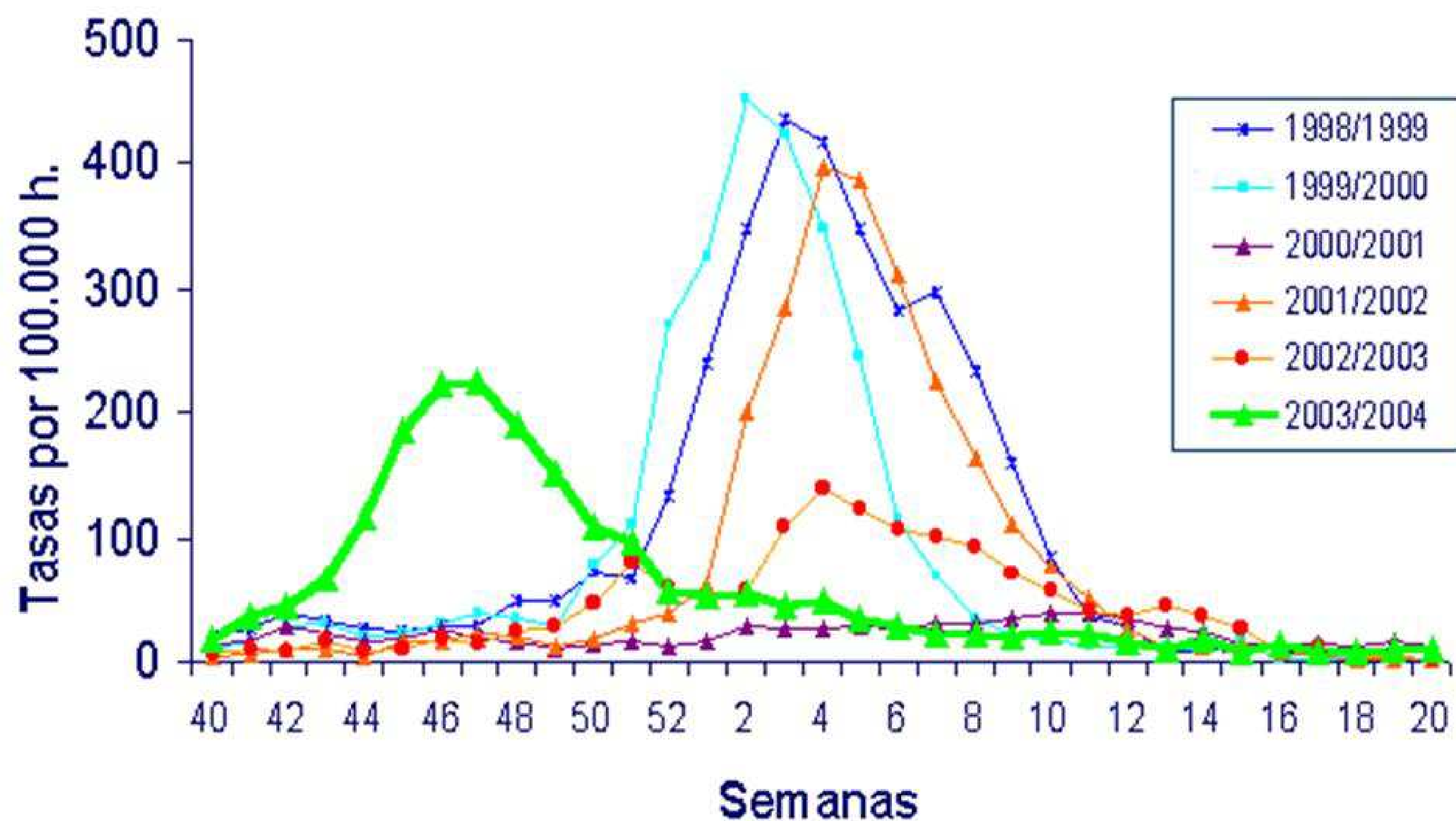
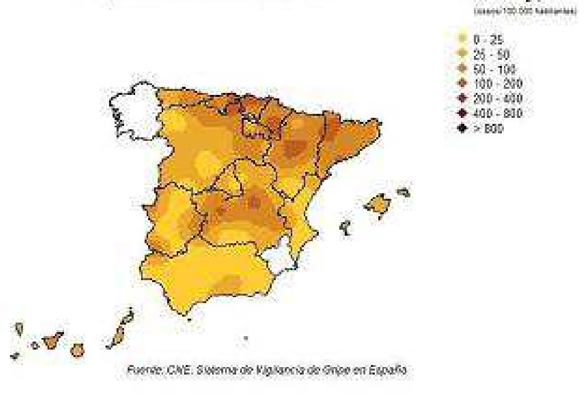
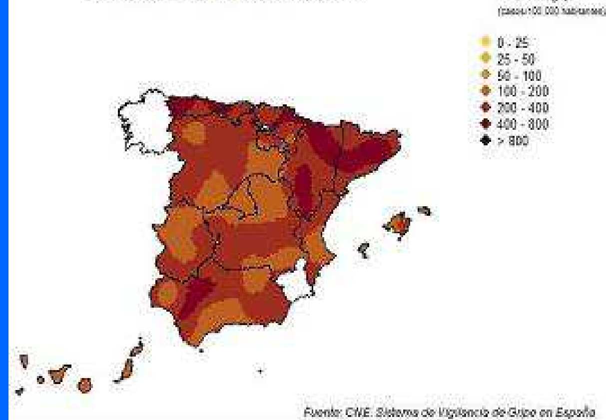
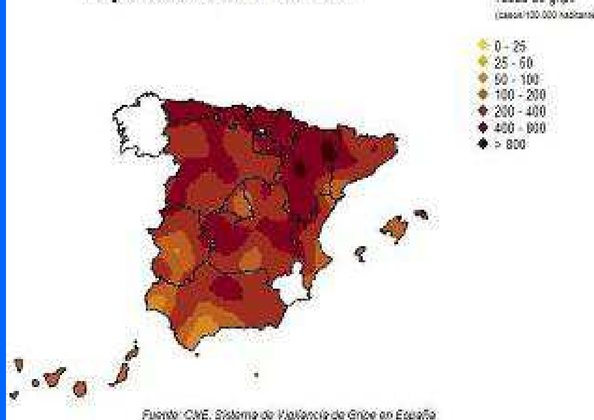


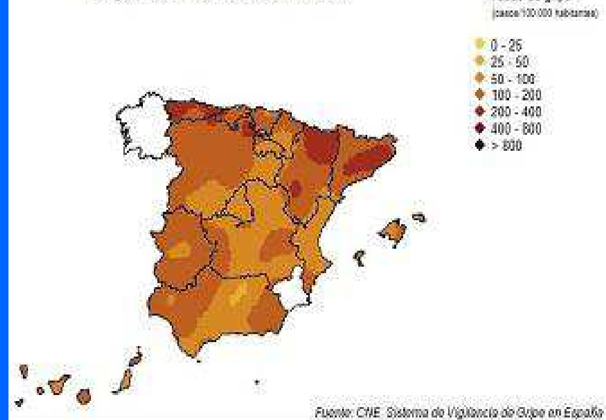




Difusión geográfica de la incidencia de gripe.

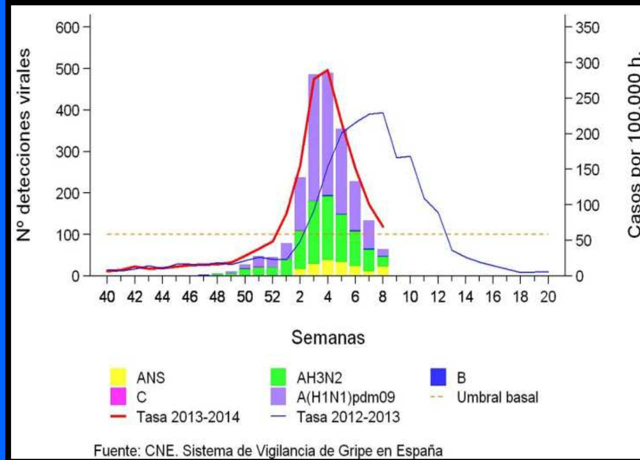
Temporada 2013-14. Sistemas centinela. España

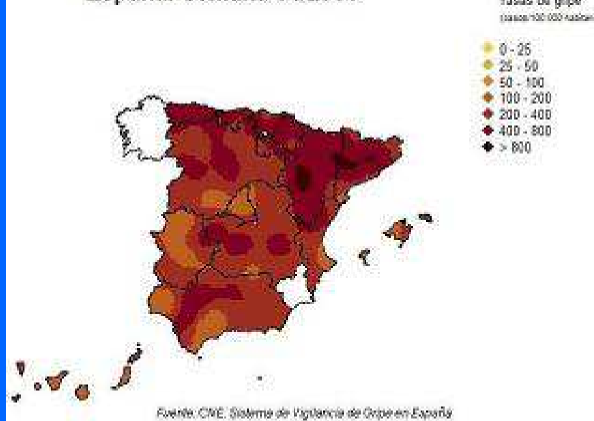


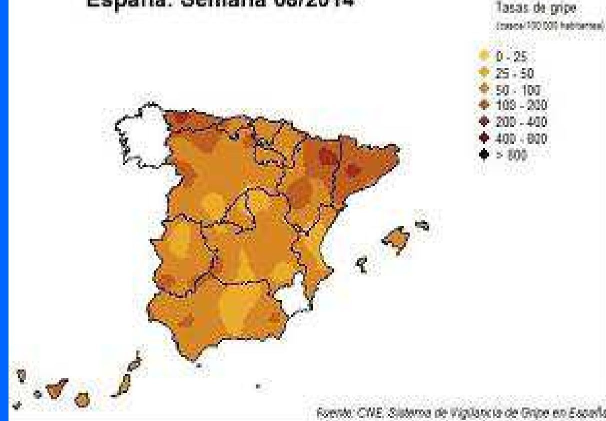


Tasa de incidencia semanal de gripe y número de detecciones virales.

Temporada 2013-14. Sistemas centinela. España







Galicia y Murcia no comunican sus datos

CONCLUSIONES:

Etiología posiblemente viral de algunas

Vacunas

Selección de grupos de riesgo, Fenotipos

Mayor insistencia en exacerbadores

Ajuste permanente de la medicación

EDUCACIÓN específica en reconocimiento de cambios

Cambios en la sensación subjetiva de calidad de vida

Aproximación multidisciplinar

Teleasistencia en el futuro, es posible

Cronopatología de la GRIPE—AEPOC

Red de vigilancia epidemiológica

Rafael Contreras Castellanos

Periodo 1971-1979

- EPOC, Bronquitis crónica típica (BB)
- 1ª traqueotomía por Insuficiencia Respiratoria de la FJD
- Reingresador, exacerbador frecuente
- Necesidad de uso de respirador volumétrico habitual.
- Hipoxia mantenida y PCO_2 superior a 80 en las agudizaciones
- Historia Clínica de mas de 85 cm de altura
- Cálculo coraliforme bilateral
- Leucemia mieloide crónica
- Éxitus por hepatitis aguda fulminante