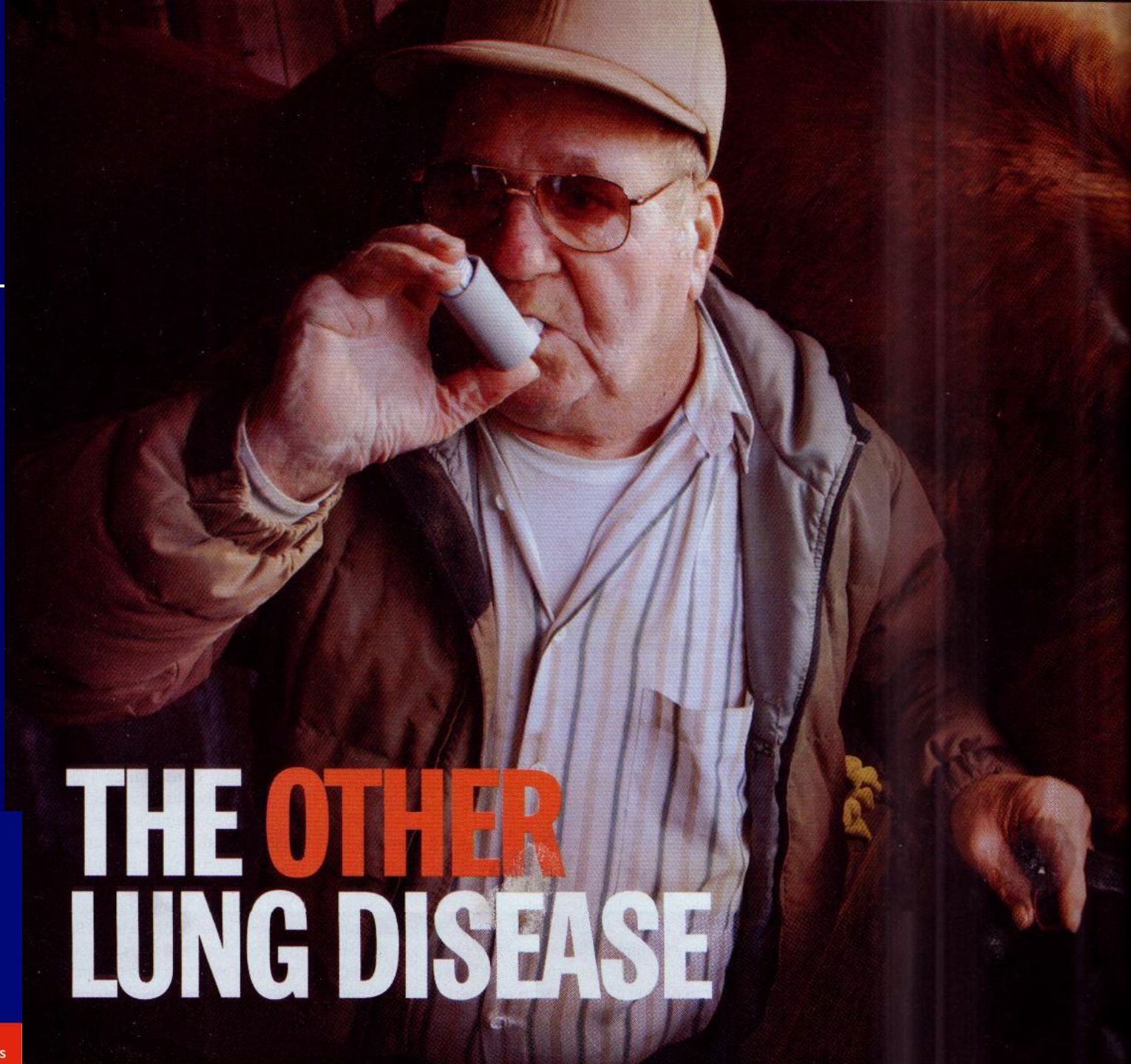


CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**Treatment Opportunities
in a Heartsink Disease**

Jim Reid



THE OTHER LUNG DISEASE

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Te Whare Wānanga o Ōtāgo

Health
Sciences



340,000

Americans with lung cancer

13 million

Americans with COPD

Source: American Lung Association, 2000 figures

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Te Whare Wānanga o Ōtago

COPD – Treatment Opportunities

Target of treatment

- To improve quality of life
- To improve lung function
- To prevent deterioration
- To prevent exacerbations
- To reduce shortness of breath
- To decrease mortality

COPD – Treatment Opportunities

Causative elements

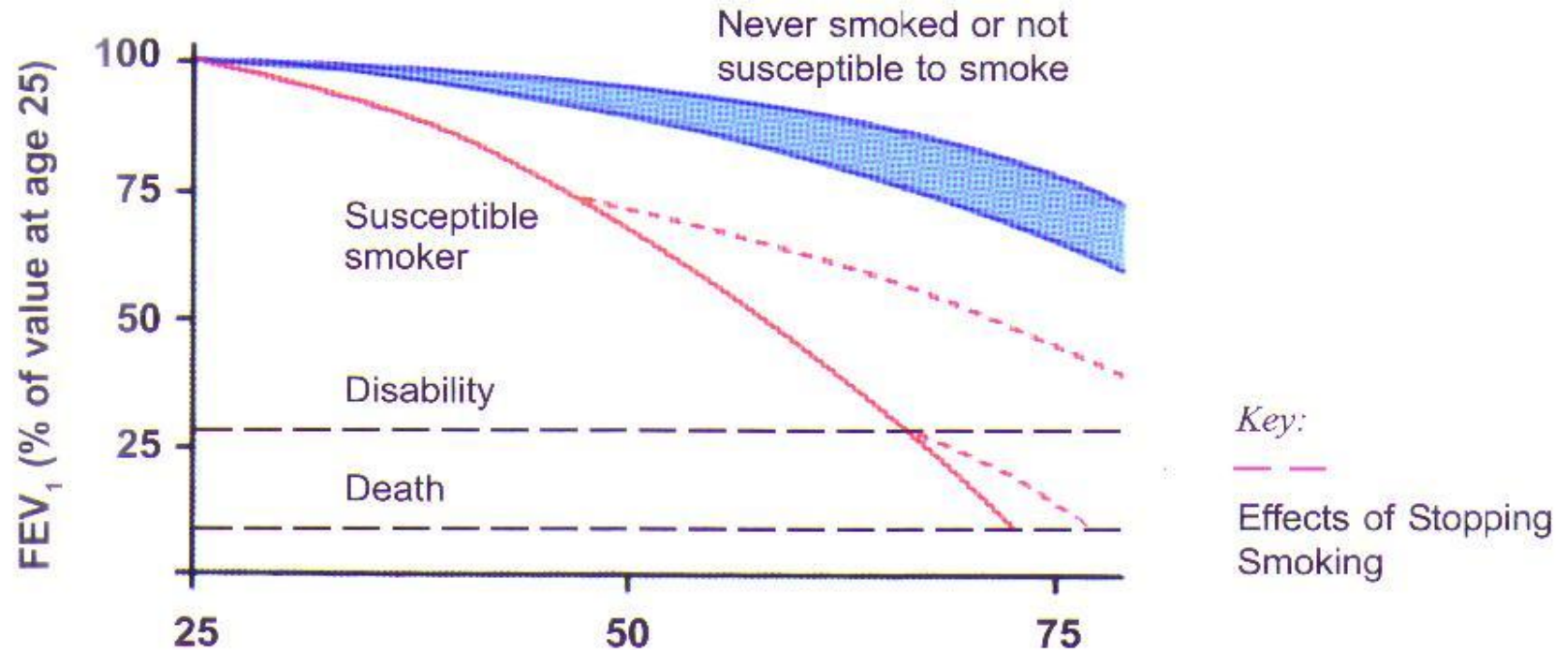
- Oxidative stress associated with neutrophil infiltration
- Elastin breakdown
- Narrowing of small airways – inflammation and scarring
- Increase in goblet cell size and number.

COPD – Treatment Opportunities

The common denominator is cigarette smoke.

Natural History²

Illustration of effects of smoking on rate of decline in FEV_1



COPD – Treatment Opportunities

Other Causes

- Burning of biomass fuels
- Industrial pollution
- Mining – coal, silica etc
- Car exhaust pollution.

AIR POLLUTION



Air pollution resulting from the burning of wood and other biomass fuels is estimated to kill two million women and children each year.

COPD – Treatment Opportunities

Opportunity # 1

- Smoking cessation
- Adequate ventilation if exposed to biomass burning – Cooking.
- Avoidance of exposure to industrial pollution etc
- Adequate breathing protection.

COPD – Treatment Opportunities

Opportunity # 1

- Influenza Vaccination
- Pneumococcal Vaccination.

COPD – Treatment Opportunities

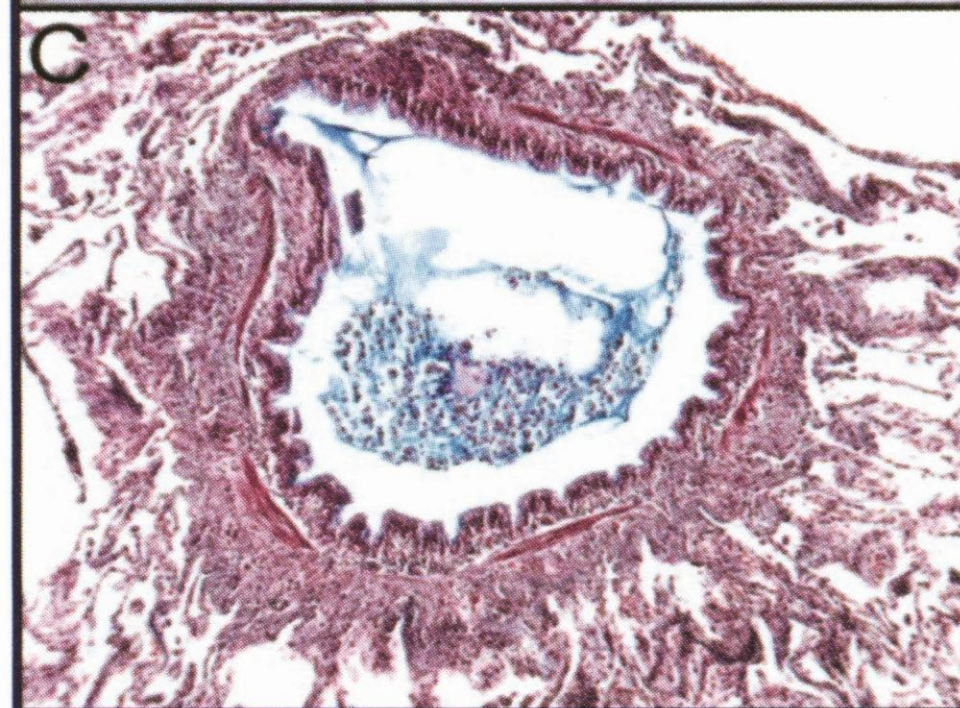
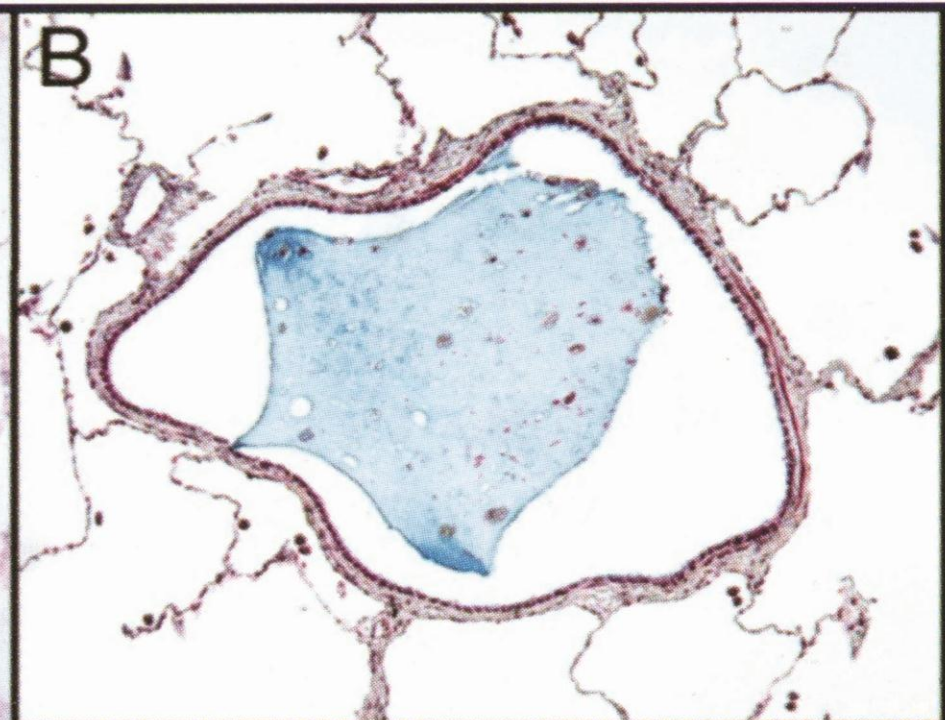
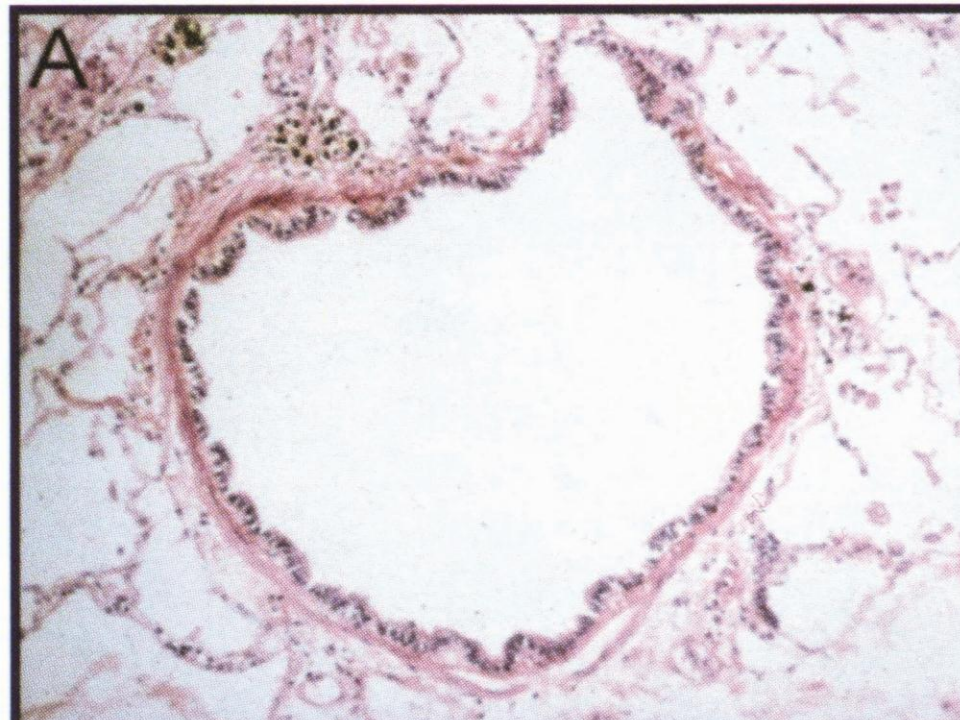
COPD - a chronic inflammatory disease – large numbers of

- neutrophils,
- macrophages,
- CD8 T lymphocytes

COPD – Treatment Opportunities

Inflammation leads to

- Fibrosis
- Small airway narrowing
- Decrease in FEV1.



COPD – Treatment Opportunities

Difficulties

- Diagnosis
- Progression - outcome

COPD – Treatment Opportunities

Diagnosis

- Symptoms
- Spirometry

Progression of symptoms with increase in airway wall thickness, decrease in surface area, resulting in decrease in FEV1.

COPD Diagnosis

<u>HISTORY</u>	<u>COPD</u>	<u>ASTHMA</u>
Smoker or ex smoker	Nearly always	Variable
"Chesty Childhood"	Infrequent	Often
Chronic Cough and Sputum	Common	Infrequent
Breathlessness	Gradual and Progressive	Intermittent

COPD Diagnosis

<u>INVESTIGATION</u>	<u>COPD</u>	<u>ASTHMA</u>
FEV1	Always Reduced	Variable
Daily Variations in PEFR	Minimal	"Morning dip + day to day
Objective Response to SABA	Nil / Partial	Partial / Complete
Objective Response to Corticosteroid Trial	Partial Response in 10 - 20%	Good Response in Majority

COPD – Treatment Opportunities

Outcome

- Impossible to predict progression or outcome of disease in patient with Gold stage 0.

COPD – Treatment Opportunities

Comorbidities

- Comorbidities increase with progression of the disease – decreased lung function, reduced exercise tolerance, muscle catabolism

COPD – Treatment Opportunities

Opportunity # 2

Bronchodilatation

The cornerstone of treatment

COPD – Treatment Opportunities

Bronchodilator choice

- Short acting beta agonist
- Long Acting beta agonist
- Anticholinergic – long or short acting
- Combination
- Theophylline

COPD – Treatment Opportunities

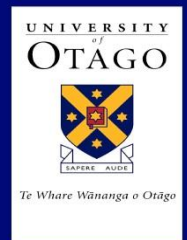
Bronchodilator Choice Consider

- Price
- Effectiveness including side effects
- Individual Properties.

COPD – Treatment Opportunities

Tiotropium (Spiriva)

- Long term maintenance
- Previous trial (Sample or Atrovent)
- Grade 4 or 5 MRC dyspnoea scale
- Smoking and influenza addressed.
- FEV1 60% or less predicted.



COPD – Treatment Opportunities

Tiotropium

- Available for moderate to severe COPD.
- Reduction in exacerbations
- Reduction in sputum production
- No increase in pneumonia

COPD – Treatment Opportunities

Treatment of Inflammation

- Inflammatory basis of asthma known since the time of Osler (1900)
- Emphasis of treatment for 70 years was bronchodilatation
- Inflammation not targeted till mid 1960's.

COPD – Treatment Opportunities

Inhaled Corticosteroids in COPD

- Ineffective in neutrophil induced inflammation

However

- IHCs in significant COPD have been shown to reduce exacerbation rate.

COPD – Treatment Opportunities

Importance of Exacerbations

- While lung function steadily declines with age, it declines more rapidly in sufferers of COPD.
- With each exacerbation, lung function never quite returns to the previous state

COPD – Treatment Opportunities

Exacerbations

- If exacerbations can be reduced, deterioration in lung function may be reduced.
- This seems to only be relevant in GOLD stage 3 and 4.
- IHC use associated with increased survival

Van Schayck & Reid 2006

COPD – Treatment Opportunities

INHALED CORTICOSTEROIDS⁵ – 2011

- There is increasing evidence that IHCs may influence disease outcome in **severe** COPD
- Used in higher doses than in asthma (500µg bd fluticasone or 800µg bd budesonide)
- Reduce number of exacerbations which can cause progressive deterioration of lung function, but increase incidence of pneumonia. (TORCH 207)
- Increasing evidence that combination IHC and LABA have symbiotic action and are more effective together than when used separately.

COPD – Treatment Opportunities

Opportunity # 3

- Inhaled corticosteroids in selected patients.
- As effective as tiotropium
- Increase in incidence of pneumonia
- Reduction in exacerbations
- No change in mortality. (TORCH 2007)

COPD – Treatment Opportunities

Opportunity # 4 - Theophylline

- Some patients may benefit
- Now 3rd line treatment
- Narrow therapeutic window and potential for toxicity.
- Start low – go slow
- Blood levels after 1 week on increased dose till plateau reached
- Levels should be maintained 40 – 60 microl / L.

COPD – Treatment Opportunities

Opportunity # 5 REHABILITATION

- Exercise training - Walking
- Nutrition
- Education

GOALS

- Reduce symptoms
- Improve quality of life

COPD – Treatment Opportunities

Opportunity # 6

- Oxygen
- Long term oxygen increases survival.

Goal to $> PO_2$ to 60mmHg.

Suitable only for stage 4 disease if PaO_2 is <55 mm Hg.

- Lung reduction Surgery
- Lung transplant.

COPD – Treatment Opportunities

Opportunity # 7

EXACERBATIONS

- Antibiotics for infective episodes
- Regular bronchodilatation
- Glucocorticoids

COPD – Palliative Care

- A new concept with application to COPD
- The disease is incurable and has a terminal phase
- Concept needs careful planning, a team approach, with team consensus.
- Needs frank, pragmatic, sensitive approach.

COPD – Treatment Opportunities

The Future

- Inhibition of inflammation
 - Phosphodiesterase inhibition. Theophylline is a non targeted PDE inhibitor
 - Leukotriene B4 Inhibitors
 - Chemokine Inhibitors
 - Tumour Necrosis Factor Inhibitors.
 - Interleukin -10 – (A cytokine with anti-inflammatory actions)