

Case study 63: Managing chronic obstructive pulmonary disease

(for GPs, pharmacists, nurses and other health professionals)

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

Scenario

Damien, a 58-year-old brick layer comes for a review of the management of his chronic obstructive pulmonary disease (COPD) as his symptoms have become more troublesome over the past month. He was diagnosed with COPD twelve months ago. Damien was doing well on inhaled salbutamol as needed but for the past 2 months has had a persistent cough and his breathlessness is more apparent. Last spirometry results (5 months ago, after his last COPD exacerbation) were post-bronchodilator FEV_1 : 60% predicted and FEV_1/FVC ratio: 0.65.

Damien smokes 25 cigarettes per day (30 years) and has on several occasions attempted to quit smoking without success. His regular medications are salbutamol (Airomir, Asmol, Ventolin) MDI 200 micrograms every 4–6 hours when required. He is also on atenolol (Noten, Tenormin) 50 mg for hypertension and atorvastatin (Lipitor) 10 mg for hypercholesterolaemia (both in the morning). He has no other medical conditions, and has no known allergies.

On examination, BP is 135/85 mmHg, pulse 100, respiratory rate 20 and temperature 37°C. He is able to speak in whole sentences and there is no central cyanosis present. Auscultation of the chest reveals widespread expiratory wheezes with slightly reduced air entry on both sides.

How to participate

All participants: Complete ALL questions, fill in appropriate details and sign the consent agreement in the 'Your details' box (see over).

GPs: To be included in the **Quality Prescribing Initiative** of the **Practice Incentives Program** (PIP), quote your **provider and prescriber numbers** in the spaces provided.

Pharmacists: This activity is recognised for continuing professional development by the Pharmaceutical Society of Australia (PSA), the Society of Hospital Pharmacists of Australia (SHPA), the Australian Association of Consultant Pharmacy (AACCP) and the Pharmacy Board of South Australia. PSA members, quote your membership number in the space provided. Other pharmacists, please self-record this activity. For details on recording participation see <http://casestudy.nps.org.au>

Complete by:
28 May 2010

Complete and submit online at:
<http://casestudy.nps.org.au>

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