

### Study of chronic Obstructive Pulmonary Disease Patients in Damietta Chest Hospital

### Thesis

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### Contents

	т.		age No.
•	Li	ist of figures	I
•	Li	ist of Tables	II
•	A	bbreviations	VI
•	In	troduction	1
•	<b>A</b> i	im of the Work	3
•	R	eview of Literature	4
	0	Definitions	4
	0	Burden of COPD	4
	0	Epidemiology in Egypt	4
	0	Smoking burden in Egypt	8
	0	Risk factors	9
	0	Diagnosis and initial assessment	16
	0	Diagnosis	16
	0	Evidence supporting prevention and maintenance therapy	35
	0	Pharmacologic therapy for stable copd	41
	0	Pulmonary rehabilitation self-management and integrative care in copd	
	0	Interventional therapy	54
	0	Management of exacerbations	58

•	Subjects and Methods	67
•	Results	81
•	Discussion	102
•	Summary and Conclusion	122
•	Recommendations	129
•	References	130
•	Arabic summary	—

# LIST OF FIGURES

Figure No.	Title	Page No.
1	COPD Risk is related to the total burden of the inhaled particles.	10
2	Pathways to diagnose copd	16
3	COPD Assessment Test (CATTM)	26
4	Revised combined COPD assessment tool	29
5	Interventional bronchoscopic and surgical ttt for COPD.	55
6	Pharmacologic treatment algorithms by GOLD grade.	57
7	Micro Lab spirometer	68
8	Correlation between FEV1% and age in years.	83
9	Correlation between FEV <sub>1</sub> % and pack-year smoking	88
10	Correlation between BMI and FEV <sub>1</sub> %	95
11	Correlation between number of exacerbations and FEV <sub>1</sub> %.	101

### LIST OF TABLES

Table No.	Title	Page No.
1	Key indicators for considering a diagnosis of COPD	17
2	MRC breathlessness scale	18
3	Considerations in performing spirometry	23
4	The classification of airflow limitation severity in COPD	24
5	Brief strategy to help the patient to quit smoking	39
6	Bronchodilators in stable COPD	46
7	Commonly used maintenance medications in COPD	49
8	Anti inflammatory therapy in stable COPD	50
9	Other pharmacologic treatments for COPD	51
10	The benefits to COPD patients from pulmonary rehabilitation	52
11	Oxygen therapy and ventilatory support in stable COPD	53
12	Interventional therapy in stable COPD	55
13	Potential indication for hospitalization assessment	60
14	Management of sever but not life threatening exacerbations	61

15	Indications for respiratory or medical intensive care unit admission	63
16	Indications for non invasive mechanical ventilation	63
17	Indications for invasive mechanical ventilation	64
18	Interventions that reduce the frequency of COPD exacerbations	65
19	Discharge criteria and recommendations for follow up	66
20	Distribution of COPD patients as regard the service provided	82
21	Distribution of the studied cases as regard age	82
22	Distribution of COPD patients as regard residence	84
23	Distribution of COPD patients according to housing	84
24	Distribution of COPD patients according to educational level	85
25	Distribution of COPD patients according to employment level	85
26	Distribution of COPD patients as regard family size	86
27	Distribution of COPD patients according to smoking status	86
28	Distribution of COPD patients as regard type of smoking	87

	· · · · · · · · · · · · · · · · · · ·	
29	Distribution of cigarette smoker COPD patients according to pack/year	87
30	Distribution of COPD patients as regard age at onset of smoking	89
31	Distribution of COPD patients according to cost of smoking/month in Egyptian pounds	89
32	Distribution of COPD patients who tried to quit smoking according to number of trials	90
33	Distribution of COPD patients as regard symptoms	91
34	Distribution of COPD patients according to number of exacerbations in the last year	92
35	Distribution of COPD patients according to number of severe exacerbation in the last year	92
36	Distribution of COPD patients according to prominent symptoms in the exacerbation	93
37	Distribution of COPD patients according to number of previous hospitalization in the last 3 years due to exacerbation	93
38	Distribution of COPD patients according to the specialist they follow up with him	94
39	Distribution of COPD patients as regard body mass index	94
40	Available doctor prescription pattern of antibiotics among COPD patients	96
41	Systemic drugs prescribed to COPD patients	96

42	Distribution of other drugs prescribed to COPD patients	97
43	Inhalers prescribed for COPD patients	97
44	Drugs used in nebulizers in COPD patients	98
45	Distribution of the most common complications associated with COPD patients	98
46	Distribution of the most common comorbidities associated with COPD patients	99
47	Distribution of COPD patients as regard the disease severity based on GOLD, 2017	99
48	Distribution of COPD patients according to site of Admission and oxygen therapy	100
49	Distribution of COPD patients according to oxygen therapy on discharge	100
50	Distribution of selected 57 COPD inpatients (who can do six minutes walking test) as regard BODE index	101

## Tist of Abbreviations

**6MWT** ..... 6 minute walking test **AAT....**α1-antitrypsin **ABG** ...... Arterial blood gas **ATS** ....... American Thoracic Society **BIPAP** ..... Bi-level positive airways pressure **BLVR** ..... Bronchoscopic lung volume reduction **BMI** ...... Body mass index (kg/m2) **BTS** ...... British Thoracic Society **CCF** ......Congestive cardiac failure CO2 ......Carbon dioxide **COPD** ..... Chronic obstructive pulmonary disease **CPAP** ...... Continuous positive airway pressure **CT** ......Computed tomography CVD ...... Cardiovascular disease **CXR** .......Chest radiograph **DPI** ......... Dry powder inhaler **DVT** ...... Deep vein thrombosis **ERS** ...... European Respiratory Society **FEV1** ...... Forced expiratory volume in 1s **FVC** ......Forced vital capacity **GP** ......General practitioner **HR** ...... Heart rate ICU ..... Intensive care unit

**IPAH** ...... Idiopathic pulmonary arterial hypertension

IV .....Intravenous

**K**+ ...... Potassium ion

Kg ......Kilogram

LABA .....Long-acting B2 agonist

LTOT .....Long-term oxygen therapy

LV .....Left ventricle/ventricular

LVF .....Left ventricular failure

LVRS .....Lung volume reduction surgery

MDI ...... Metered dose inhaler

MI ...... Myocardial infarction

MRC ...... Medical Research Council

MRI ...... Magnetic resonance imaging

**NICE** ...... National Institute for Health and Care Excellence

NIMV ..... Non-invasive mechanical ventilation

NIPPV ..... Non-invasive positive pressure ventilation

**NIV** ....... Non-invasive ventilation

NO ......Nitric oxide

NO2 ...... Nitrogen dioxide

NRT ...... Nicotine replacement therapy

O2 .....Oxygen

PACO2 .... Arterial carbon dioxide tension

**PAH** ......Pulmonary arterial hypertension

Pao2 ...... Arterial oxygen tension

PAP ......Pulmonary artery pressure

**PCO2** ...... Carbon dioxide tension

**PE** .....Pulmonary embolus

**PEF** ......Peak expiratory flow

**PEFR** ...... Peak expiratory flow rate

**PFT** ......Pulmonary function test

PHT ......Pulmonary hypertension

PO2 ......Oxygen tension

PR .....Pulmonary rehabilitation

**RCT** ....... Randomized controlled trial

RR .....Respiratory rate

**RVH** ......Right ventricular hypertrophy

**SaO2** ....... Arterial oxygen saturation (usually a percentage)

SE .....Side effect

**SOB** ...... Shortness of breath

TLC ...... Total lung capacity

TLCO ..... Total lung carbon monoxide transfer factor

UK ......United Kingdom

US .....Ultrasound

USA ....... United States of America

V/Q ...... Ventilation-perfusion ratio

VC .....Vital capacity

Vs ......Versus

WHO ...... World Health Organization

#### **INTRODUCTION**

Chronic obstructive pulmonary disease (COPD) is a common, preventable and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases (Global initiative für chronic obstructive lung disease, 2017).

According to the latest WHO estimates, at present 64 million people have COPD and 3 million people died of COPD. WHO predicts that COPD will become the third leading cause of death worldwide by 2030 (WHO, 2017).

Chronic obstructive pulmonary disease (COPD) is an important cause of morbidity and mortality in both high- and low-income countries. While active cigarette smoking is the most important preventable risk factor internationally, outdoor and indoor air pollutants can cause or exacerbate COPD (Liu et al., 2008).

Comorbid diseases potentiate the morbidity of COPD, leading to increased hospitalizations, mortality and healthcare cost. Comorbidities complicate the management of COPD and need to be evaluated carefully (**Khan et al., 2014**).

#### Introduction

COPD prevalence, morbidity, and mortality vary across countries and across different groups within the same country. In Egypt, COPD is a rising significant health problem; however, information on its prevalence, morbidity, and mortality is still lacking (Said et al., 2015).