

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/copd-exacerbations-prevention/54200/>

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COPD Exacerbations and Opportunities for Prevention

Announcer:

This is *Clinician's Roundtable* on ReachMD. Today, we'll hear from Dr. Michael Schweitzer, who will be sharing his insights on COPD exacerbations. Dr. Schweitzer is an Assistant Professor of Medicine and a pulmonologist and critical care medicine physician at University of Florida Health in Jacksonville.

Let's hear from him now.

Dr. Schweitzer:

The strongest predictor for future exacerbations is a history of prior exacerbations. Patients who have had one moderate or severe exacerbation in the previous year are significantly more likely to experience another one in the future, and this becomes exponential. Patients are at a three times higher risk of having another exacerbation after their second, and a nine times higher risk when undergoing their fifth exacerbation. And the risk just keeps increasing.

Exacerbations are exceedingly detrimental. They should be considered a sentinel event, and I like to describe them as a lung stroke, given their overwhelmingly negative impact. To be placed in context, one study showed that 50 percent of patients died less than four years after their first hospitalization for COPD.

Beyond that, other factors signal higher risk. This includes more severe airflow limitation, higher symptom burden, and evidence of chronic bronchitis with persistent sputum production. Certain biomarkers and comorbidities can also inform risk. For example, blood eosinophil counts may predict responsiveness to inhaled corticosteroids, and comorbid conditions, such as heart failure, GERD, and bronchiectasis all can increase the risk of exacerbation.

Additionally, patients with frequent infections, poor inhaler technique, or continued tobacco exposure often experience more frequent exacerbations. Exacerbation history should strongly guide treatment escalation. Current guidelines emphasize individual IC therapy based on both symptoms and exacerbation risk. If a patient continues to have exacerbations on a single long-acting bronchodilator therapy, escalation to dual therapy is a must.

And for patients who exacerbate in the presence of eosinophilia, inhaled corticosteroids should be added to reduce exacerbation frequency. If another exacerbation were to occur in the presence of triple therapy, we now have in our armamentarium biologic targeted therapy. Currently, two options are available on the market: an anti-IL-4/IL-13 molecule and an IL-5 inhibitor.

Other options may include roflumilast for chronic bronchitis with severe airflow limitation or chronic mucolytic therapy in carefully selected patients. Equally important is addressing non-pharmacologic interventions, including pulmonary rehab, vaccination, smoke cessation, and ensuring proper inhaler technique.

Announcer:

That was Dr. Michael Schweitzer talking about how we can improve the detection and management of exacerbations in COPD. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!