Transcript Details
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Understanding the Critical Importance of Screening for Alpha-1 in COPD

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. On this episode, sponsored by Grifols, we'll discuss the importance of screening for alpha-1 in COPD patients with Dr. David Mares, who's a pulmonologist and critical care specialist practicing at Ascension St. Vincent Anderson Hospital in Indiana. Here's Dr. Mares now.

Dr. Mares:
Alpha-1 antitrypsin deficiency is pretty prevalent in COPD. People have estimated somewhere around 3% of COPD cases could be affected by alpha-1. Within my practice, where I take care of probably on the order of a couple thousand COPD patients, I have several that are impacted by alpha-1 antitrypsin deficiency. I treat roughly 15 people that are severe deficiency states and have probably along the order of at least 100 people that are carriers that are impacted by the disease as well.

Diagnosing alpha-1 can be kind of challenging because we all have a pattern of how we practice, and it's difficult for us to incorporate new things into that pattern. When we're seeing a patient, we're really focused on what to do for that patient individually, so that they can be treated and improve in their disease state. But we really need to think about screening for alpha-1 as a big part of every office visit. So how I've handled that is by making sure that every time I write COPD on a chart or every time it's in the electronic medical record, right beside it is the result of my alpha-1 screening for that patient. So it's hard because we just don't think about that. We have to incorporate that into the checklist of every patient visit. Other things we can do to help would be to have protocols where office staff are going through the chart and verifying that every time there's a COPD patient or somebody with severe or difficult-to-control asthma that we are looking for alpha-1. Other screening protocols in pulmonary function labs or in pulmonary rehab as we have set up at our facility are also very good to help us screen for alpha-1. So the challenge I really think is remembering that we have to do this. And, you know, just an editorial, we get so tied up with the management of this chronic disease, we get so sometimes disappointed because even with our modern medications, we can't do a lot for these patients sometimes. To me, recognizing alpha-1, being able to diagnose this, and being able to offer that patient something more than just the standard pharmacotherapy for COPD is so rewarding.

And if we have even two, three, four percent of our patients that are impacted by alpha-1 as a genetic component of that disease, it's so helpful for us to be able to have more therapeutic options in our armamentarium, and of course, as you're all aware, treating with augmentation therapy can change people's lives into the future. And so while we look at COPD as a chronic disease and we all share in this frustration about not being able to change that disease for people a lot and not being able to change morbidity and mortality. If we diagnose alpha-1, we have given that patient options that they wouldn't have had before with respect to augmentation therapy, and I think that's incredibly important for us to offer all of our patients.

Announcer:
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