

Transcript Details

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Applying the First 5 Minutes Concept to COPD Care

Announcer:

You are listening to *Deep Breaths: Updates from CHEST* on ReachMD. This series is produced in partnership with the American College of Chest Physicians, and this program is supported by Regeneron Pharmaceuticals, Inc. and Sanofi. Here's your host, Dr. Angela Birdwell.

Dr. Birdwell:

This is *Deep Breaths: Updates from CHEST* on ReachMD. I'm Dr. Angela Birdwell, Assistant Professor of Medicine at the South Texas Veterans Healthcare System and UT Health San Antonio. Joining me today to explore how we can optimize the First 5 Minutes of care for patients with chronic obstructive pulmonary disease, or COPD for short, are Drs. Antonio Anzueto and Susan Corbridge. Dr. Anzueto is a Professor of Medicine at the South Texas Veterans Health Care System and UT Health San Antonio. Dr. Anzueto, welcome to the program.

Dr. Anzueto:

Thank you for having me here. It is a pleasure to represent this program.

Dr. Birdwell:

Absolutely. And Dr. Corbridge is the Chief Essentials Program Officer at the American Association of Colleges of Nursing and a Professor Emerita at the University of Illinois at Chicago College of Nursing. Dr. Corbridge, it's great to have you here too.

Dr. Corbridge:

Thanks so much, Angela. I'm really excited to be here. I'm very excited about the topic.

Dr. Birdwell:

Now before we get started, I'd like to give a quick overview of where we are currently in COPD care. According to the World Health Organization, COPD is the third-leading cause of death worldwide. In 2019, it caused 3.23 million deaths. When we look at the prevalence of COPD, thankfully, it did decrease in adults from ages 18 to 44. But this prevalence of COPD unfortunately did remain elevated in the following groups. And these groups aren't really surprising. It's women, adults over 65, those that have a lower education level, those that are unable to work, patients living in rural areas, and anyone who's ever smoked.

We all know that COPD is important, but when we think about the diagnosis, especially in regards to women, more than 7 million women are living with COPD, and millions more have symptoms that have yet to be diagnosed. When I hear the number 7 million, it's really just a number that's hard for me to even fathom. Unfortunately, women have higher rates of COPD than men throughout most of their lifespan, and it appears that they are especially vulnerable before the age of 65. Often, by the time that we are diagnosing women with COPD, it's really too late; they've actually already unfortunately lost up to 50 percent of their lung function.

I think those numbers really emphasize the importance of us focusing and having a patient-centered approach, so we have renewed interest in this topic, thankfully. And I'd like to go ahead and turn to Dr. Corbridge for her to start us off. Why is it so important for us to have open conversations with patients and to collaborate with them?

Dr. Corbridge:

Thank you, Angela, for pointing out those disparities and the importance of focusing on COPD and having improved patient outcomes. We know in particular that building trust with our patients is crucial for these improved patient outcomes. And part of that is because we need improved communication. We know that when patients trust their providers, they're more likely to share important details about

their health with us, about symptoms, and their main concerns, and that helps lead to more accurate diagnoses and also more tailored treatments.

In addition to all of that, we know that increasing trust in your provider will also help with increased adherence to treatment, and again, that is key to improving patient outcomes. In addition, we know that any chronic illness can cause anxiety and stress, and trust with your provider can alleviate that fear and anxiety that often accompany illness. That enhances patients' mental and emotional well-being, and that really plays a role in their ability to provide self-care as well as maintain their medical treatment, which increases their outcomes.

Dr. Birdwell:

So given her comments, Dr. Anzueto, have you found this approach to be particularly helpful for specific patient groups?

Dr. Anzueto:

Certainly. The big challenge we have is to make healthcare providers aware that you don't need to look for a COPD patient in a 78, 75-year-old male. The challenge today is a woman in her early 50s that very likely has already stopped smoking, that comes to see you for cough, congestion, or allergies, and she gets all these labels, and she needs to have a diagnosis, and she needs to have a diagnosis of COPD. I would love to be able to tell you that we have a biomarker or we have a magic way to make a diagnosis, but today, this magic way continues to be a spirometry. So this lady in her early 50s gets a spirometry and she has probably moderate disease, maybe an FEV1 around 65-60, and if she's been symptomatic, the current pharmacotherapy will allow her to remain with that or better lung function for the remaining 20-25 years of her life. So this early diagnosis can have a huge impact in the course of her condition.

Dr. Birdwell:

For those of you that are just tuning in, you're listening to *Deep Breaths: Updates from CHEST* on ReachMD. I'm Dr. Angela Birdwell, and I have the pleasure of speaking with Drs. Antonio Anzueto and Susan Corbridge about improving the care of patients with COPD.

With everything that we've discussed so far, Dr. Anzueto, let's switch gears a little bit and dive into the concept of First 5 Minutes. Can you tell us what this means and how it applies to patients with COPD?

Dr. Anzueto:

When we see patients in our clinic, the First 5 Minutes concept, especially patients with chronic lung disease, will first highlight what are the patient's expectations, identify what are the patient's current symptoms, and I will reassure the patient that he or she has the condition and that there is a lot we can do for it. So these 5 minutes are essential to establish this bond and this communication to our patients to emphasize that there is a lot that we can do for this condition.

Dr. Birdwell:

Dr. Corbridge, what has been your experience?

Dr. Corbridge:

Thanks for asking, Angela. I've worked with the Pulmonary Division at the University of Illinois on the west side of Chicago for over 20 years and taken care of many patients with COPD, and one of the most important things that we can do is to prevent exacerbation. So it's really important that patients understand how to use their medications, they know the importance of vaccines, why activity and exercise is important, and also to know what to do if their breathing gets worse and to identify that earlier. But that can all be a lot for patients, however, so all of it is much easier for any patient who trusts their provider and feels they can ask questions and they're heard, and also when they have a provider who meets them where they are. And the First 5 Minutes is an evidence-based way to do that.

Dr. Birdwell:

Dr. Corbridge, what are your final thoughts when it comes to the First 5 Minutes COPD Program?

Dr. Corbridge:

I'd like to recommend the First 5 Minutes modules on the CHEST website, not just the ones on COPD, but the initial First 5 Minutes modules as well. They really offer a great evidence-based approach to developing communication skills that foster patient trust. And as we talked about the importance of connecting with our patients and when our patients trust us and have trust in their providers, we know that their outcomes improve. And I think that's the most important reason that we are all here. It's critical for our practice, and it's a goal that all of us in healthcare strive to achieve.

Dr. Birdwell:

Absolutely. And are there any other final thoughts or takeaways that you'd like to share with the audience, Dr. Anzueto?

Dr. Anzueto:

So what I would like to emphasize is we really have to look at COPD today as a treatable condition. This starts from prevention, although we are recognizing that the disease may start in the woman's womb with environmental exposure as a child with a treated

underlying respiratory condition. But once an individual has the ability to better control, smoking cessation should be a must, but also try to avoid other environmental conditions. So recognize that there are different factors that can produce the disease and look at the importance of early diagnosis because if we start treatment earlier, we will be able to stop having some of the late changes that can occur.

Dr. Birdwell:

Thank you so much for those thoughts. With those key takeaways in mind, I want to thank our guests, Dr. Antonio Anzueto and Dr. Susan Corbridge, for joining me to share their insights on The First 5 Minutes and its application to COPD patient care. Dr. Anzueto, Dr. Corbridge, it was great speaking with both of you today.

Dr. Corbridge:

Thank you so much for having me, Angela.

Dr. Anzueto:

Thank you, Angela, for having us here. It was a great program.

Dr. Birdwell:

Absolutely. It's been a joy. I'm Dr. Angela Birdwell, thank you all for listening.

Announcer:

This episode of *Deep Breaths: Updates from CHEST* was supported by Regeneron Pharmaceuticals, Inc. and Sanofi, and was produced in partnership with the American College of Chest Physicians. To access this and other episodes, visit *Deep Breaths: Updates from CHEST* on ReachMD.com, where you can Be Part of the Knowledge.