



# **COPD Management**

**in the Post-Acute and Long-Term Care Setting**

**Teaching Slides**

**A Special Presentation for the  
Interdisciplinary Team**

# NOTICE

---

- We recognize that people who reside in PALTC facilities are residents. Throughout these teaching slides, we use the term **patient(s)** because we address individuals within the context of treating a medical condition.
- These teaching slides are for discussion and education **ONLY**.
- These slides must not be used without consulting and supervision of a qualified physician.
- There is no liability on the use of this teaching tool on AMDA – The Society for Post-Acute and Long-Term Care Medicine, successors, representatives or officers.
- Materials presented do not preclude compliance with State or Federal Laws.
- **MATERIAL PRESENTED IS NOT A SUBSTITUTE FOR EXPERIENCE & JUDGEMENT OF CLINICIANS OR CAREGIVERS.**
- Materials presented are not standards of practice, but help enhance clinicians ability to practice.

# The Society for Post-Acute and Long-Term Care

## GUIDELINE DOMAINS

---

### RECOGNITION

- Identifies the presence of a risk or condition.

### ASSESSMENT

- Clarifies the nature and causes of a condition or situation and identifying its impact on the individual.

### TREATMENT

- The selection and provision of appropriate interventions for that individual.

### MONITORING

- The review of the course of a condition or situation as a basis for deciding to continue, change, or discontinue interventions.

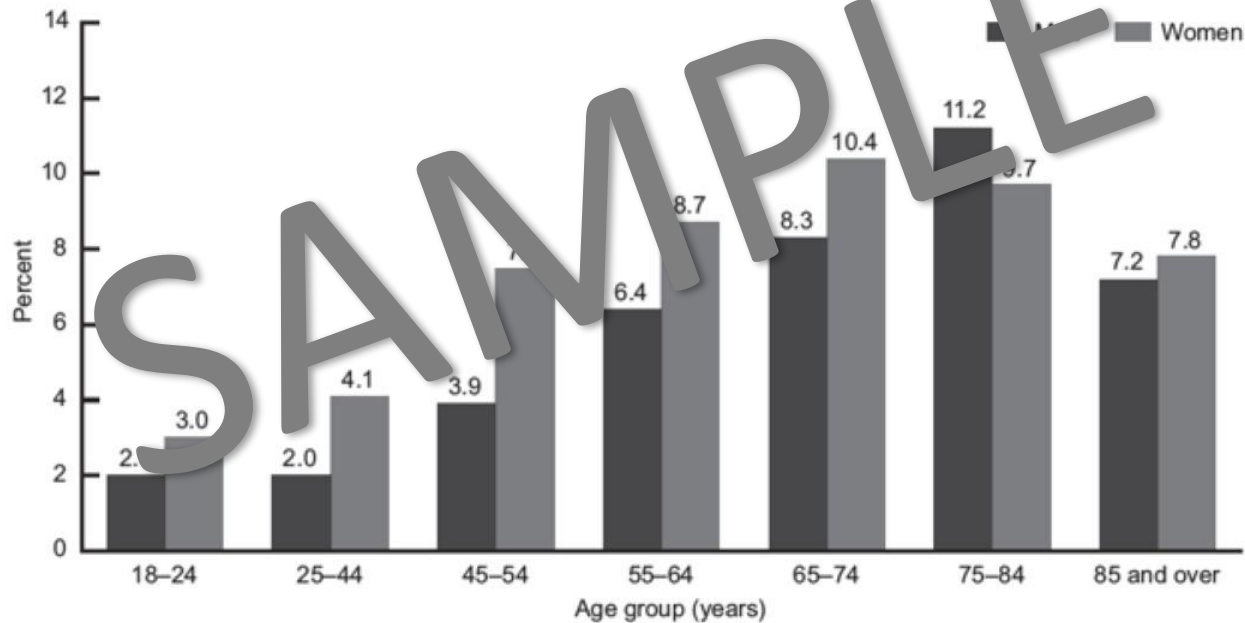
# INTRODUCTION

---

- Chronic obstructive pulmonary disease (COPD) is a preventable, treatable disease that is characterized by persistent airflow limitation.
- Emphysema or destruction of the gas-exchanging surfaces of the lung (alveoli), is a pathological term that is often (but incorrectly) used clinically and describes only one of several structural abnormalities present in patients with COPD.
- Chronic bronchitis, or the presence of cough and sputum production for at least 3 months in each of 2 consecutive years, remains a clinically and epidemiologically useful term. It does not, however, reflect the major impact of airflow limitation or morbidity and mortality in COPD patients.

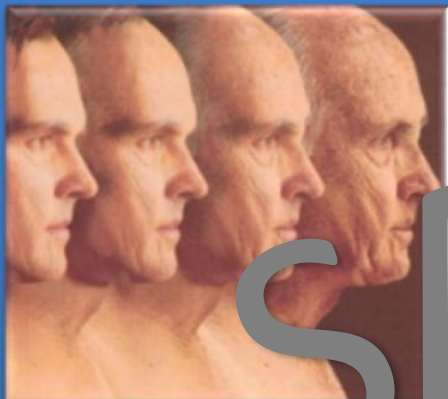
# OVERVIEW

**Figure 1** Prevalence of COPD among adults aged 18 and over, by age group and sex: United States, annual average 2007-2009

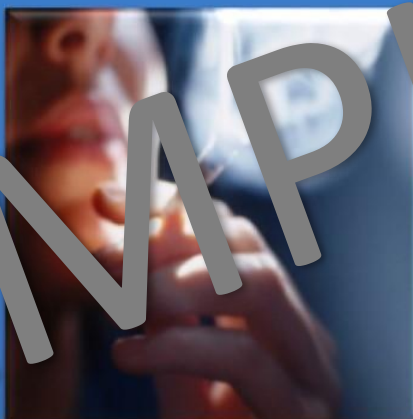


Source: CDC,<sup>10</sup> Akinbami and Liu, 2011<sup>11</sup>

# OVERVIEW



The prevalence of COPD increases with age.



By far the most important, and preventable, risk factor for COPD is tobacco smoking.



The cost of COPD in the United States was estimated to be \$49.9 billion in 2010, which includes approximately \$20 billion in indirect costs and approximately \$30 billion in direct health care costs



# Resources and Educational Tools

AMDA – The Society for Post-Acute and Long-Term Care Medicine



<https://paltc.org>

**Pain Management in the LTC Setting Clinical Practice Guideline. AMDA 2012.**

**Pain Management in the PALTC Setting Pocket Guide. AMDA 2018.**

**Know-it-All Before You Call in the PALTC & Assisted Living Settings – Data Collection Cards. AMDA 2018.**

**Know-it-All When You're Called Diagnosing System. AMDA 2011.**

