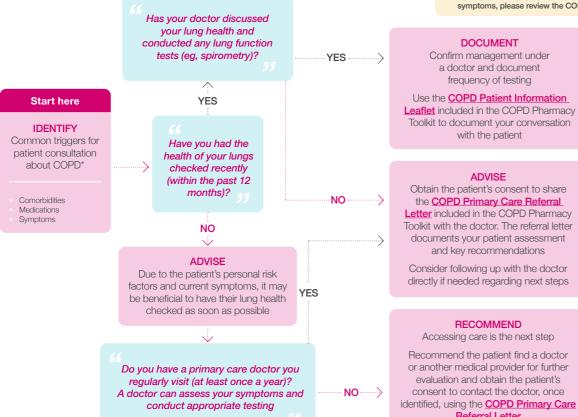
COPD Development Risk Assessment Tool



Assessment of adult patients at risk

This tool is designed for pharmacists to help them provide a standardised patient-pharmacist conversation flow to support identification of those who may be at risk of developing COPD. Counselling and education are focused on risk factors for the development of COPD, importance of reporting symptoms to aid prompt diagnosis, and managing COPD risk.

Offer the patient a private space to sit and talk



Triggers for patient consultation about risk of developing COPD*



Comorbidities

eg, hypertension, heart failure, ischaemic heart disease, asthma, depression, anxiety, osteoporosis

*Common patient consultation triggers, not an

For more information on comorbidities, medications, and symptoms, please review the COPD eLearning module.



Medications

eg, long-acting beta 2 agonists (LABAs) long-acting muscarinic antagonists (LAMAs), inhaled corticosteroids (ICSs), oral glucocorticoids, antibiotics



Symptoms¹

eg, dyspnoea (breathlessness), chronic cough, sputum production, wheezing, chest tightness, fatique

DOCUMENT

Confirm management under a doctor and document frequency of testing

Use the **COPD Patient Information** Leaflet included in the COPD Pharmacv Toolkit to document your conversation with the patient

ADVISE

Obtain the patient's consent to share the COPD Primary Care Referral Letter included in the COPD Pharmacv Toolkit with the doctor. The referral letter documents your patient assessment and key recommendations

Consider following up with the doctor directly if needed regarding next steps

RECOMMEND

Accessing care is the next step

Recommend the patient find a doctor or another medical provider for further

evaluation and obtain the patient's

consent to contact the doctor, once

Referral Letter

Suggested counselling points for at-risk patients^{1,2}

- Encourage your patients to guit smoking at every opportunity. Guide them to resources to help them guit
- Educate patients on the benefit of prescription and nonprescription pharmacotherapy, which have been shown to increase cessation rates
- Discuss the benefits of vaccination. review possible barriers, and partner on potential solutions
- Advise patients to stay up to date on vaccinations, as per local immunisation practice

- Promote physical activity to all patients. Review ways to incorporate various forms of physical activity into their daily routine
- Advise patients to wear a mask to minimise exposure to environmental hazards (smoke, air pollution, chemicals, airborne germs)
- Counsel patients to take medications regularly as prescribed and to discuss over-the-counter medicines with their doctor or pharmacist

Patient Information leaflet

Document patient conversation

- Complete the information leaflet to summarise the conversation with the patient
- Use the document to review disease risk factors, importance of reporting symptoms, and ways to reduce risk
- Check off applicable boxes and add any additional details in the notes section
- Sign and date the document and share it with the patient
- Share the leaflet with your patient during counselling as a visual aid to the conversation or provide following the counselling

NRT, nicotine replacement therapy; RSV, respiratory syncytial virus.

- 1. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (2024 report). Available at: https://goldcopd.org/2024-gold-report. Accessed August 2024.
- 2. Global Allergy and Airways Patient Platform (GAAPP). Empowerment guide for patients with COPD. Available at: https://gaapp-images.s3.amazonaws.com/wp-content/uploads/2021/09/31235059/ENG_COPD_empGuide_SV.pdf. Accessed August 2024.

These materials are created to support pharmacists in their interactions with patients and do not take into account a particular jurisdiction. The role and the responsibilities which a pharmacist can legitimately perform vary from one country to another. If you consider using these materials in full or in part, please ensure you understand and adhere to the legal and regulatory requirements in your country, including but not limited to the National Drug Act, data privacy legislation, professional code of conduct and any other. If you are interested in receiving a localised version for your country, which is compliant with the local rules and regulations, please contact us.

These materials were commissioned and funded by AstraZeneca. AstraZeneca have provided an educational grant to FIP to raise awareness and dissemination of this toolkit in line with FIPs mission to advance pharmacy worldwide This material is intended for pharmacists with an interest in respiratory disease.

COPD Exacerbation Risk Assessment Tool



Assessment of adult patients with COPD

This tool is designed for pharmacists to help them provide a standardised patient-pharmacist conversation flow to support the monitoring and assessment of COPD symptoms. Reducing the risk for disease progression is critical. Using this tool to monitor changes in COPD symptoms may help minimise the negative impact of COPD exacerbations and reduce the risk of subsequent events.

Offer the patient a private space to sit and talk



COPD Flare-up Checklist³

Never/not sure



Change in symptoms^{1,2}

eg, worsening of dyspnoea, chronic cough, sputum production, wheezing, chest tightness, fatique

*Common patient consultation triggers, not an

For more information on COPD, please review the COPD eLearning module



Exacerbation history²

eq, ≥2 moderate exacerbations (treated with short-acting beta 2 agonists (SABAs) and oral corticosteroids, with or without antibiotics) or ≥1 exacerbation leading to hospitalisation in the past year



Change in comorbidities^{1,2}

eg, worsening of hypertension, heart failure, ischaemic heart disease, depression, anxiety, osteoporosis

Identification of a COPD exacerbation in the past year

3+

• Nature and magnitude of current symptoms (see COPD eLearning Module for symptom questionnaires) Current and future exacerbation risk (see COPD Flare-Up Checklist on the right) Start here YES **ASSESS IDENTIFY** Inhaler technique Common triggers for Medication adherence patient consultation Clinical response about COPD Have you had to use more Side effects exacerbations* medication to control your

symptoms?

Have you had to change

your daily activities or visit

the hospital because of

your symptoms?

REVIEW

- Worsening of comorbid conditions
- Adherence to non-pharmacological treatments (eg. smoking cessation, physical activity, and vaccination)
- Self-management strategies

Use the COPD Patient Information Leaflet included in the COPD Pharmacy Toolkit to document your conversation with the patient

In relation to your symptoms, how often do you use a rescue medication (inhalers or nebulisers) each week? Never/rarely Once or twice a Most days Every day How many times have you taken antibiotics for your COPD in the past year? If you are prescribed antibiotics as part of your regular maintenance treatment for COPD, you should only answer this question for courses of antibiotics in addition to your repeat prescriptions. Never/not sure How many times have you taken steroid tablets (eg. prednisolone) for your COPD over the past year? If you are prescribed steroid tablets as part of your regular maintenance treatment for COPD, you should only answer this question for courses of steroid tablets prescribed in addition to your repeat prescriptions. Never/not sure How many times have you been in the hospital (emergency room,

or a stay in the hospital) for your COPD in the past year?

A patient's exacerbation history is the best way to predict their future risk.

Question 1: Frequent rescue inhaler use may indicate that your symptoms are getting worse.

Questions 2-4: If you answered "1." or more, to any of these questions, you may have had a flare-up of COPD in the past year. It's important to discuss this with your

EDUCATE

NO

- Recognising COPD symptoms and how they impact daily life
- · Seriousness of COPD

Change in symptoms

Exacerbation history

Change in comorbidities

- Importance of reporting new or changing symptoms and staying in contact with a healthcare professional
- Smoking cessation, physical activity, and vaccination
- Importance of managing other conditions
- Proper inhaler technique

REFER

- Raise awareness of the benefit of pulmonary rehabilitation with patient and doctor
- Raise awareness of the possible need to review treatment and/or device
- Obtain the patient's consent to share the **COPD Primary Care** Referral Letter included in the COPD Pharmacy Toolkit with the doctor to document your patient assessment and key recommendations

1. Hurst JR et al. Eur J Int Med. 2020:73:1-6.

2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (2024 report). Available at: https://goldcopd.org/2024-gold-report. Accessed August 2024.

3. AstraZeneca. COPD Flare-Up Checklist, Available at: https://www.actoncopd.com/content/dam/intelligentcontent/brands/breztri/actoncopd-global/pdf/Flare-Up-checklist-new.pdf. Accessed August 2024.

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