

7.16 The Exacerbator Phenotype – A Case for Integration

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Background: It is evident from a review of Pulmonary Rehabilitation (PR) attendance data, that it is often the Chronic Obstructive Pulmonary Disease (COPD) patients with the highest symptom burden who do not complete the PR programme, due to intolerable levels of shortness of breath on exertion and recurrent exacerbations.

Methods: A literature review was undertaken, and combined with a case review to illustrate that the optimisation of a patient post exacerbation, through the COPD Outreach Early Supported Discharge programme, prior to attending PR, had a significantly positive impact on adherence and outcomes of the PR programme.

Results: A multi-level approach to treatment for exacerbator phenotype COPD patients, both pharmacological and non-pharmacological, has the potential to lead to better management of the disease, and better quality of life for patients. It is suggested that extending this approach to PR, with a pre-PR optimisation programme may improve adherence and outcomes within this cohort.

Conclusion: A further step needs to be taken towards “patient-tailored therapy” in the exacerbator phenotype cohort. The COPD Outreach and Respiratory Integrated Care services in South Tipperary will continue to work together towards developing a reproducible format to ensure the best outcomes for our post exacerbation COPD patients.

Keywords: Chronic Obstructive Pulmonary Disease, Pulmonary Rehabilitation, COPD Outreach, Integrated Care

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