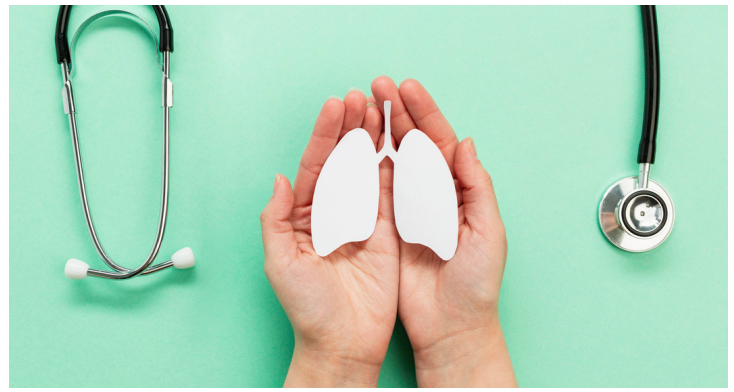


# COPD PATIENT EMPOWERMENT

Scientific evidence and quality of life in COPD

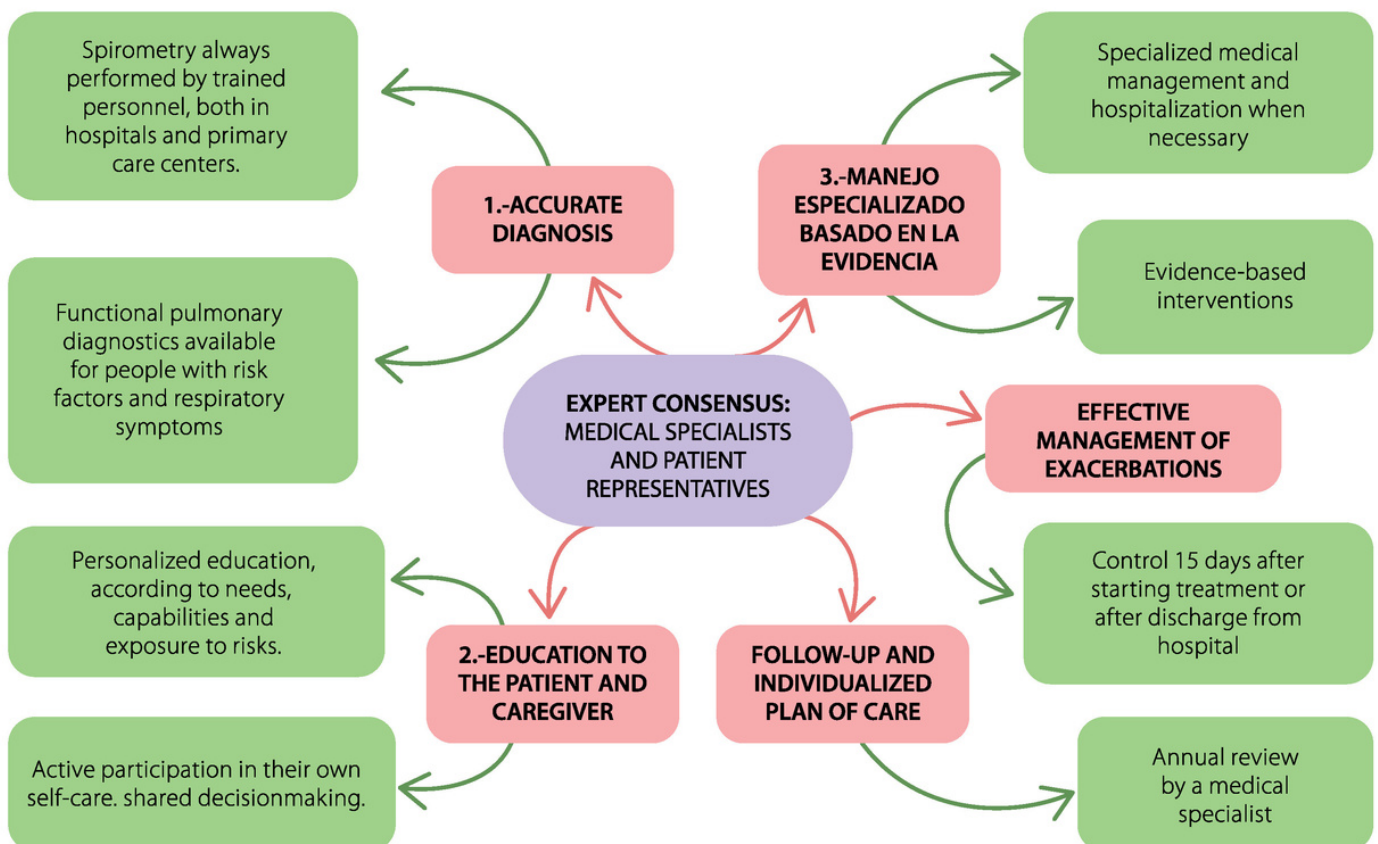


A systematic review aimed at patients, family members and caregivers

Practical global quality standards in the COPD patient.

## Felt needs and quality of life in COPD

### Practical global quality standards in the COPD patient.



# COPD PATIENT EMPOWERMENT

Scientific evidence and quality of life in COPD



A systematic review aimed at patients, family members and caregivers

## Practical global quality standards in the COPD patient.

- **Accurate diagnosis:**
  - **Essential Criterion 1A:** Individuals should have access to spirometry performed by health professionals trained in the performance and interpretation of pulmonary function tests to facilitate an accurate diagnosis of COPD (both in hospitals and Primary Care Centers).
  - **Essential Criterion 1B:** All persons over 40 years of age with known risk factors for COPD, such as smoking, environmental and occupational exposures to organic and inorganic dust, chemical agents, and vapors identified through case-finding approaches [ 51 ], and those presenting with respiratory symptoms, should have access to diagnostic pulmonary function tests, imaging tests as needed for lung cancer screening, and biomarker assessments.
- **Adequate patient and caregiver education:**
  - **Essential criterion 2:** Patients should receive personalized education appropriate to their individual needs and capabilities in terms of risk factors, diagnosis, treatment, and follow-up, and be involved in the decision-making process and their self-care plans.
- **Access to medical and non-medical therapies** aligned with the latest evidence-based recommendations and appropriate management by a respiratory specialist, when needed
  - **Essential Criterion 3A:** Patients and their caregivers – where appropriate – should have access to timely medical assessments, diagnoses, and interventions, whether in institutional or community settings and health care systems should have established a reliable referral system to transition patients from primary care to specialist practitioner care and hospitalization, when necessary.
  - **Essential Criterion 3B:** Patients should have access to the most cost-effective and optimal evidence-based pharmacologic and nonpharmacologic treatments informed by clinical guidelines.
- **Effective management of acute exacerbations:**
  - **Essential Criterion 4:** After a COPD exacerbation, patients should be reviewed within 2 weeks after initiation of treatment of a non-hospitalized exacerbation or after an exacerbation-related hospital discharge to ensure optimization of treatment.
- **Regular follow-up with the patient and caregiver to review an individualized care plan:**
  - **Essential Criteria 5:** Regardless of the status of their COPD, all patients should have their COPD checked annually by a specialized physician.



Discover more COPD Empowerment assets at:  
<https://gaapp.org/copd/copd-patient-empowerment-scientificevidence/>



This educational assets have been created for COPD patients and caregivers,  
thanks to the collaborative work of:



Thanks to the generous support of:



Original Publication:

Bhutani M, Price DB, Winders TA, Worth H, Gruffydd-Jones K, Tal-Singer R, Correia-de-Sousa J, Dransfield MT, Peché R, Stolz D, Hurst JR. Quality Standard Position Statements for Health System Policy Changes in Diagnosis and Management of COPD: A Global Perspective. Adv Ther. 2022 Jun;39(6):2302-2322. doi: 10.1007/s12325-022-02137-x. Epub 2022 Apr 28. PMID: 35482251; PMCID: PMC9047462.