

Chronic illness

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Submission date: 26-Sep-2020 06:09PM (UTC-0400)

Submission ID: 1397801686

File name: Chronic_obstructive_pulmonary_disease.docx (19.17K)

Word count: 502

Character count: 3668

Chronic Obstructive Pulmonary Disease (COPD)

What is it?	COPD is a progressive inflammatory lung disease that interferes with outward airflow from the lungs. It mainly affects the bronchial tubes and air sacs in the lungs. The inflammation of bronchial tubes and build-up of mucus, leads to breathing difficulties		
Etiology	This inflammation is due to exposure to harmful substances such as tobacco smoke, burning fuel fumes, and air pollution. Genetics, presence of a defective gene, may make one vulnerable to COPD.		
Occurrence/Epidemiology	90% of people with COPD are long-time smokers and former smokers. 20-30% of long-time smokers develop COPD. The condition mostly affects people with at least 40 years and above with a history of smoking. Having asthma increases the risk of getting COPD.		
Clinical Presentation (subjective and physical examination)	Subjective: Chest tightness, lack of energy, fatigue	Objective: shortness of breath, wheezing, chronic dry cough, chronic cough with mucus, chest infections, swelling in ankles or legs, weight loss.	
Diagnostic Testing	Chest CT scans: Useful in establishing severity of emphysema. Routine CXR: helpful in excluding other conditions.	Laboratory studies: Measurement of Alpha-1 Antitrypsin (AAT) level. Blood Gases and Pulse Oximetry. Sputum testing	Non-invasive diagnostic techniques: Spirometry Lungs volumes and diffusion capacity

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3 Differential Diagnosis <i>(include difference between each differential diagnosis & the main diagnosis)</i>	<u>COPD:</u> shortness of breath, wheezing, chronic cough with mucus, chronic dry cough, chest infections, fatigue, swelling in ankles or legs, weight loss, chest tightness, and lack of energy.	<u>Asthma:</u> Breathlessness, allergies and eczema are common. Coughing and experiencing a tight chest often occur. Airflow congestion is reversible unlike COPD.	<u>Congestive Heart Failure</u> Shortness of breath when lying down, (orthopnea), wheezing, coughing, weakness, and fatigue are also common	<u>Bronchiectasis:</u> Production of sputum and recurrent lung infections are common, prolonged cough, chest pains and wheezing are common symptoms.
Non-Pharmacologic Management	Non-pharmacologic treatment comprise of: • Nutritional support • Tobacco quitting • Oxygen support			
Pharmacologic Management	Use of short and long-acting bronchodilators, medicines that relax and widen airways to ease breathing such as theophylline and anticholinergic, or a combination of the two drugs. Short-acting inhalers include terbutaline and salbutamol which are ³ <u>beta-2 agonist inhalers</u>. Long-acting inhalers <u>such as</u> formoterol, <u>salmeterol</u> and <u>indacaterol</u>.			
Follow Up	Regardless on the severity of COPD, the patients should be checked on a regular basis. Severe exacerbations need to be followed up in 2 weeks to 1			

month intervals. Discharged patients should get more inhaler therapy as well as a short steroid burst.

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