

COPD action plan shortens duration of flare-ups and reduces hospital admissions

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Credit: University of Twente

The University of Twente carried out the first study worldwide that shows patients with COPD (lung disease caused by smoking) and other illnesses (heart disease, diabetes, anxiety and depression) have better

outcomes if they follow a self-management programme with a customised action plan. Anke Lenferink of UT recently obtained a doctoral degree on this subject.

The aim of the programme is to bring about positive behavioural change. For example, quitting smoking, exercising more, and better management of the disease through timely recognition and self-management of symptoms. The self-management programme with action plan that focuses on COPD and other illnesses results in shorter duration of flare-ups and reduced [hospital admissions](#) for lung complaints.

COPD

COPD (Chronic Obstructive Pulmonary Disease) is a [lung disease](#) caused primarily by smoking. COPD is also referred to as chronic bronchitis and emphysema. This lung disease is characterised by symptoms such as shortness of breath, coughing up phlegm and wheezing. Patients with COPD regularly experience acute worsening of symptoms, also referred to as a flare-up or exacerbation. These flare-ups reduce quality of life and lead to more hospital admissions, increased costs and even an increased risk of death.

COPD and Other Illnesses

COPD is often accompanied by other illnesses. Examples of these are [heart disease](#), diabetes, anxiety and depression. These other illnesses can result in even more hospital admissions. They also increase the risk of death. The other illnesses often have the same risk factors as COPD (older, smoking, less active). COPD symptoms often share commonalities with the symptoms of the other illnesses. For example, shortness of breath or fatigue can be caused by COPD, as well as heart conditions or anxiety. Often, treatment that focuses only on COPD will

not be suitable for COPD [patients](#) who also have other illnesses. This can lead to delayed or inappropriate treatment, for example.

Approach of the Study

"In the study, 145 Dutch and 56 Australian COPD patients who also had other illnesses were observed for a year. Half the patients were offered a self-management programme and the other half received standard care. We devised a customised action plan for both COPD and the other illnesses (heart [disease](#), anxiety, depression, diabetes) for each patient in the self-management programme. This personal action plan listed actions that patients could undertake themselves as soon as symptoms worsened (for example, taking medication, relaxation exercises, or contacting a healthcare provider). In addition, we provided a daily symptom diary so that all 201 patients could document changes in symptoms." The self-management programme with the action plans resulted in reduced duration of flare-ups, fewer hospital admissions for lung complaints and greater self-confidence, as well as more emotion.

Provided by University of Twente

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