

## NLHEP News

### Revised GOLD Guidelines: A “Must-Read” for RTs

by Gretchen Lawrence, BA, RRT, FAARC

The first Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guidelines were published in 2001. Between 2001 and late 2006, when a comprehensive update was released, a science committee was charged with reviewing the literature and posting yearly updates on the GOLD web site ([www.goldcopd.org](http://www.goldcopd.org)). A review of the methodology this committee employed gives us some insight into the thorough and thoughtful manner in which this important document has been revised — and it demonstrates how very important it is to review the research on a regular basis to assure that, as therapists, we are as current in our professional practice as we can be.

In the introduction to the 2006 GOLD report, the authors follow the lead of the ATS and ERS by modifying the definition of COPD to emphasize that while this is a disease characterized by co-morbidities, it is “preventable and treatable” — hopefully to present a more positive outlook to patients and also to encourage the development of effective management programs by health care providers. (More on this later.) The primary risk factor for the development of COPD remains cigarette smoking, but they point out that genetic and environmental factors, such as alpha-1 antitrypsin deficiency and the use of biomass fuels for cooking in poorly ventilated dwellings (an issue in developing countries), should not be ignored.

And they make another important change: In the severity classification system, they drop “Stage 0: At Risk,” citing a lack of evidence that those with chronic cough and sputum production but with normal spirometry results will develop COPD. Importantly they caution that the presence of these symptoms is **not** normal and should be investigated by the health care provider. They continue to support the fixed ratio ( $FEV1/FVC < 0.7$ ) post-bronchodilator, but note that there is a risk of over-diagnosis in the elderly using this criteria. For the complete report, go to [www.goldcopd.org](http://www.goldcopd.org).

What does all this mean — and what action should RTs now take in response to these changes? Those who work in pulmonary rehabilitation know from experience that it has always been important to provide hope and emotional support to patients with COPD and their families. Now we have a scientific report to validate our “cup half-full” approach. The report clearly

challenges the RT to measure outcomes of pulmonary rehab and other interventional strategies, and work in concert with primary care providers (PCP) to show that these strategies make a difference.

RTs need to continue to educate PCP office staffs about COPD on how to make the diagnosis of COPD by providing:

- In-service education on what COPD is, risk factors, and how to make the diagnosis using spirometry
- Information on spirometry equipment, including how to evaluate these devices for use in the PCP office
- Hands-on training on how to do a good spirometry test — and support for the PCP in interpretation of the test
- Mentoring program for PCPs and their staffs who do spirometry in their offices
- Information on how to refer a patient to a pulmonary lab for testing (if the PCP does not do spirometry in the office).

The NLHEP has tools to help. Look to our web site ([www.nlhep.org](http://www.nlhep.org)) for materials such as the Spirometer Review Process (SRP), which has been recently updated and contains a list of resources that support the use of spirometry in primary care. Our COPD Awareness posters can be printed out and posted in primary care offices, helping to make patients with risk factors aware that they should be tested. “Simple Office Spirometry for Primary Care Practitioners” by Drs. Tom Petty and Paul Enright is back in print and available as a resource for you, your staff and the PCPs you are working with. And you have tools at your facility, too. Enlist the RT department and pulmonary lab staff to help with in-service education. It will help the PCP and enhance your department’s reputation as the “go to” experts in COPD care. Contact me at the NLHEP office if I can help. ■

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**“Simple Office Spirometry for Primary Care Practitioners” by Drs. Petty and Enright is now back in stock. Check the NLHEP web site at [www.nlhep.org](http://www.nlhep.org) for details on how to order this booklet.**

