

NLHEP News

Spirometry Is Here To Stay!

The National Lung Health Education Program continued its strong campaign to encourage the use of spirometry by primary care physicians (PCPs) to diagnose COPD when they presented a half-day seminar at the 2005 AARC International Congress in San Antonio. NLHEP chair Dennis E. Doherty, MD, FCCP, was joined by other leaders in this campaign — Paul Enright, MD, and Barbara Yawn MD, FAAFP (both members of the NLHEP executive committee), Gretchen Lawrence, BA, RRT, FAARC (NLHEP program associate), and pulmonary functions expert Steven B. Nelson, MS, RRT, CPFT, FAARC — challenging respiratory therapists to be leaders in this area of patient care.

Dr. Doherty gave an entertaining history of COPD, reviewed the burden of COPD in the United States, and elaborated on the importance of static and dynamic hyperinflation in patients with moderate to severe COPD. He urged the audience to stay ahead of the curve regarding drugs for COPD (after reviewing new inhaled agents now available) as the delivery methods require that the patient be very well educated on how to use these drugs correctly¹

Dr. Doherty emphasized that bronchodilators can reduce residual volume and increase inspiratory capacity. He then reviewed the indications for lung volume reduction surgery and described experimental bronchoscopically placed one-way valves to reduce hyperinflation in more severe COPD. He concluded by reinforcing the proper and timely use of pulmonary rehabilitation, nutritional counseling, and supplemental long-term oxygen therapy.

Gretchen Lawrence updated respiratory therapists on two important initiatives — the Spirometer Review Process and the COPD Awareness Poster Project, which rolled out in October 2005. Both projects are tailor-made for the RT who wants to make a difference in COPD. Details on both can be found on the NLHEP web site, www.nlhep.org.

Industry has a vested interest in PCP-based spirometry testing, as described by Dr. Enright, in his review of several projects undertaken by large pharmaceutical concerns in the United States and overseas. While results have been mixed, the impact of these initiatives cannot be overlooked. Steve Nelson reported on a new AARC initiative — a distance learning program for PCPs and their staffs. The program will focus on increasing knowledge and quality of the test, thus increasing the value of the test to the PCP, who is usually the first physician to see the patient with symptoms of COPD.

Dr. Barbara Yawn, a PCP and researcher, presented data on a recently completed study that showed spirometry can be done in family physicians' offices with about 75 percent technical adequacy and over 80 percent agreement with pulmonologists' interpretation. The most encouraging finding was the 60 percent of patients who had an important change in treatment or diagnosis based on the spirometry. The study was a cooperative effort of the ACRN and the American Academy of Family Physicians and included 12 family medicine practices spread around the United States. All practices were new to the use of spirometry and attended a two-day training session to learn how to do testing and the basics of interpreting the results.

The results of the study will be presented at the AAAAI and ATS meetings in 2006 and published in a peer-reviewed journal. A summary can be found on the North American Primary Care Research Group web site at www.NAPCRG.org by searching for Dr. Yawn as the presenter. Dr. Yawn reminded attendees that primary care practices need expert support in the performance of spirometry testing — an important role for respiratory therapists.

Where do respiratory therapists fit in? Everywhere! You must be the messenger and the marketer — getting the word out on the importance of spirometry in the diagnosis of COPD. And you have a stellar opportunity to be the mentor; for no matter the method of teaching, PCPs and their staffs will require ongoing support (in real time) if they are to provide the very best care for their patients with COPD. Are you ready? 🦷

Dennis E. Doherty is professor of medicine and chief of the Division of Pulmonary and Critical Care Medicine at the University of Kentucky, Chandler Medical Center in Lexington, KY.

Barbara Yawn is director of research at Olmstead Medical Center in Rochester, MN.

Gretchen Lawrence is a NLHEP associate and its liaison to the AARC. She is also a former chair of the AARC's Rehabilitation and Continuing Care Specialty Section. She can be contacted at Lawrence@NLHEP.org or (972) 910-8555.

REFERENCE

1. Fink, J.B., & Rubin, B.K. (2005). Problems with inhaler use: A call for improved clinician and patient education. *Respiratory Care*, 50(10), 1360-1374.

