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L'actualització en AP



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societat catalana de medicina
familiar i comunitària

A PROPÒSIT D'UNA PREGUNTA INCÒMODA: "T'OFEGUES?"

Dra. Beatriz Enrich

Cap de CAPPONT Lleida

GdT Malalties Respiratòries de la CAMFiC Lleida

GdT Respiratori de la CAMFiC Lleida

Conflicto de intereses:

He recibido transferencia de valor por parte de distintos laboratorios en los últimos doce meses para labores de divulgación científica como de formación



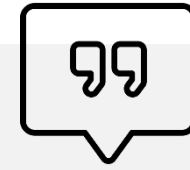


“La dispnea és una experiència subjectiva de malestar ocasionat per la respiració que engloba sensacions qualitatives distintes que varien en intensitat. Aquesta experiència s'origina a partir d'interaccions entre factors fisiològics, psicològics, socials i ambientals múltiples, que al seu torn poden induir des de respostes fisiològiques fins a comportaments secundaris”.



ZASCA!





“¿...el árbol no nos deja ver el bosque?”

COPD and multimorbidity: recognising and addressing a syndemic occurrence

Prof Leonardo M Fabbri, MD [†] • Prof Bartolome R Celli, MD [†] • Prof Alvar Agustí, MD • Prof Gerard J Criner, MD • Prof Mark T Dransfield, MD • Prof Miguel Divo, MD • et al. [Show all authors](#) • [Show footnotes](#)

Published: September 08, 2023 • DOI: [https://doi.org/10.1016/S2213-2600\(23\)00261-8](https://doi.org/10.1016/S2213-2600(23)00261-8) • [Check for updates](#)



Chronic obstructive pulmonary disease

BMJ Open
Respiratory
Research

Comorbidities and mortality among patients with chronic obstructive pulmonary disease

Nils Skajaa , Kristina Laugesen, Erzsébet Horváth-Puhó, Henrik Toft Sørensen

Research Article

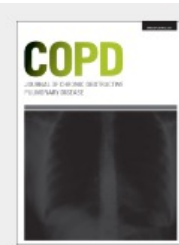
A Systematic Review on the Association between Schizophrenia and Bipolar Disorder with Chronic Obstructive Pulmonary Disease

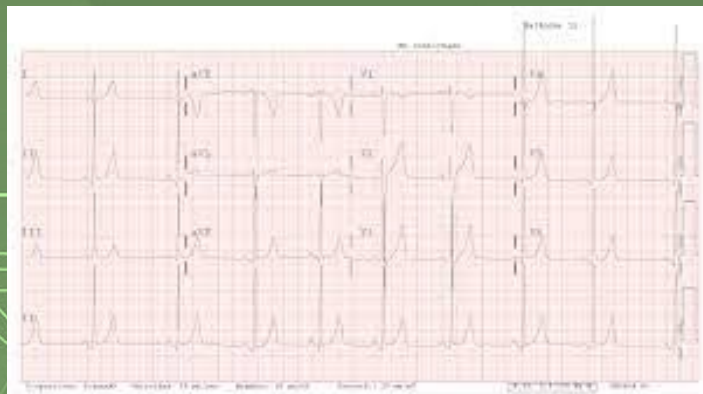
María José Jaén-Moreno , Fernando Rico-Villademoros, Cristina Ruiz-Rull, David Laguna-Muñoz, Gloria Isabel del Pozo & Fernando Sarramea

Pages 31-43 | Received 02 Aug 2022, Accepted 30 Nov 2022, Published online: 19 Jan 2023

[Cite this article](#) • <https://doi.org/10.1080/15412555.2022.2154646>

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dyspnea diagnosis in primary care 2023

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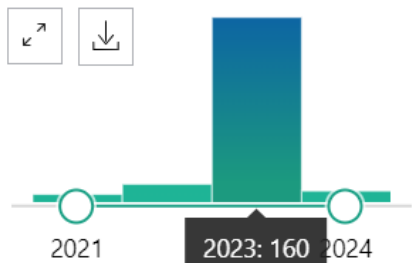
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RESULTS BY YEAR



TEXT AVAILABILITY

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Early **Diagnosis** and Treatment of Idiopathic Pulmonary Fibro...

Management of chronic breathlessness in **primary care**: what do GPs, specialists, and allied **health** professionals think?

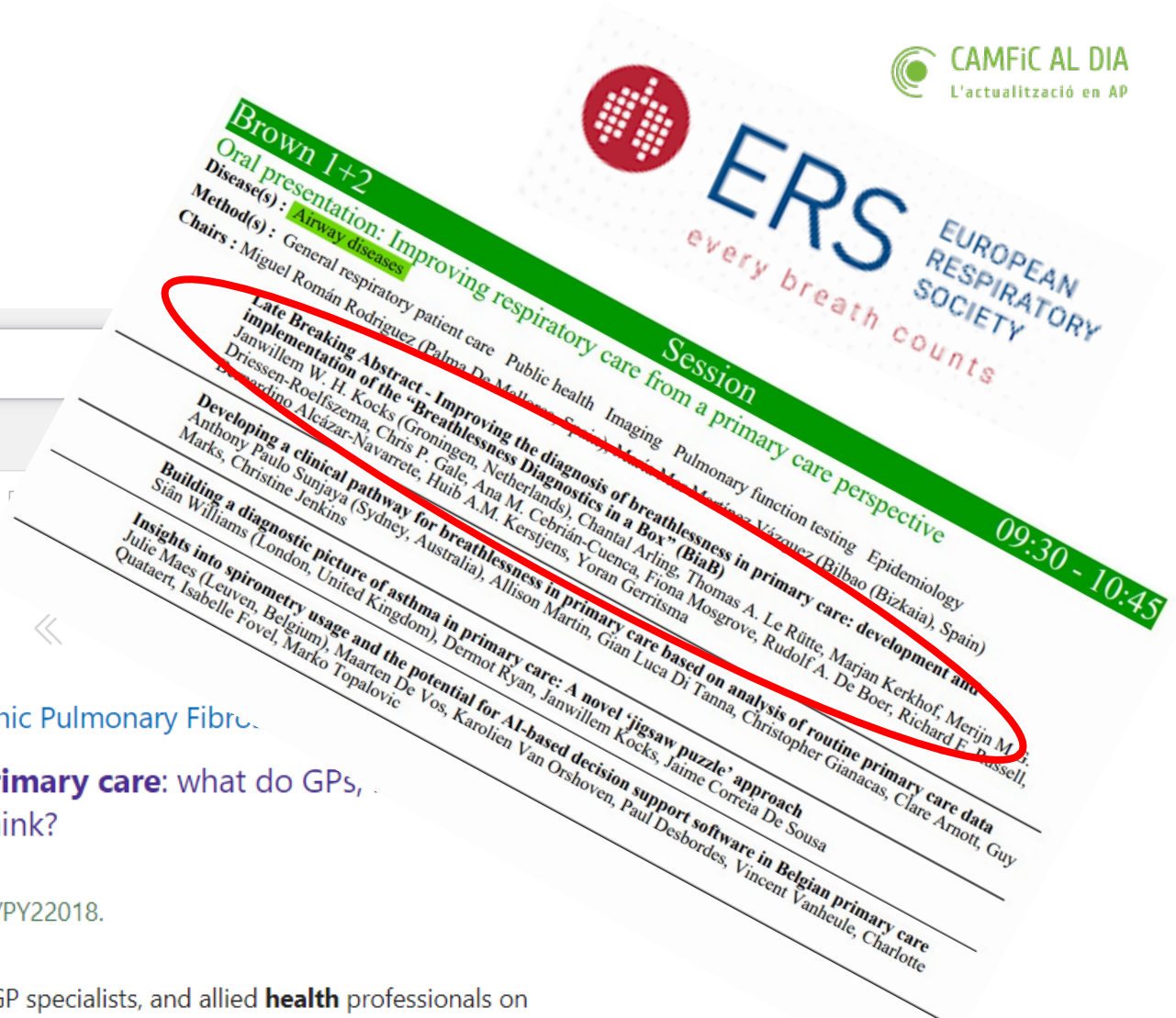
Sunjaya A, Martin A, Arnott C, Jenkins C.

Aust J Prim Health. 2023 Aug;29(4):375-384. doi: 10.1071/PY22018.

PMID: 36683165

BACKGROUND: To explore the perspectives of GPs, non-GP specialists, and allied **health** professionals on the role of **primary care** in **diagnosing** and managing chronic breathlessness, the barriers faced, and the resources needed to optimise **care** of p ...


stimulating agent-naive, transtusion-dependent, lower-risk myelodysplastic syndromes (COMMANDS): interim analysis of a phase 3, open-label, randomised controlled trial.



EDITORIALS

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Implementation of Artificial Intelligence It Is About Time

 Sundaresh Ra

¹Department of Respiratory and Critical Care Medicine, University of Alabama at Birmingham, Birmingham, Alabama

 U.S. National Library of Medicine
ClinicalTrials.gov

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Save this study

Validation of an Artificial Intelligence Enabled Diagnostic Support Software (ArtIQ.Spiro) in Primary Care Spirometry Datasets - a Retrospective Analysis

ClinicalTrials.gov Identifier: NCT05648227

Recruitment Status ⓘ : Active, not recruiting

First Posted ⓘ : December 13, 2022


Last Update Posted ⓘ : December 13, 2022

[View this study on the modernized ClinicalTrials.gov](#)

Artificial intelligence quality control

Eva Topole¹, Sonia Bickel²,
Brian Graham⁴, Nilakanta

¹Global Clinical Development, AstraZeneca, Parma, Italy. ²Department of Medicine and Surgery, University of Parma, Parma, Italy. ³Department of Respiratory, Critical Care and Thoracic Surgery, University of Saskatchewan, Saskatoon, SK, Canada. ⁴Division of Respiratory and Critical Care Medicine, University of Saskatchewan, Saskatoon, SK, Canada. ⁵Laboratory of Respiratory and Critical Care Medicine, University of Saskatchewan, Saskatoon, SK, Canada. ⁶ArtIQ NV, Leuven, Belgium.

 The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing this study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

Stanojevic³,

Criterios de derivación en EPOC

Continuidad asistencial



Criterios de derivación en EPOC. Continuidad asistencial.

IMC 2023, Madrid.

ISBN: 978-84-19457-41-7.

Depósito legal: M-18163-2023.

<https://www.semfyc.es/grupos/criterios-de-derivacion-en-epoc-continuidad-asistencial/>

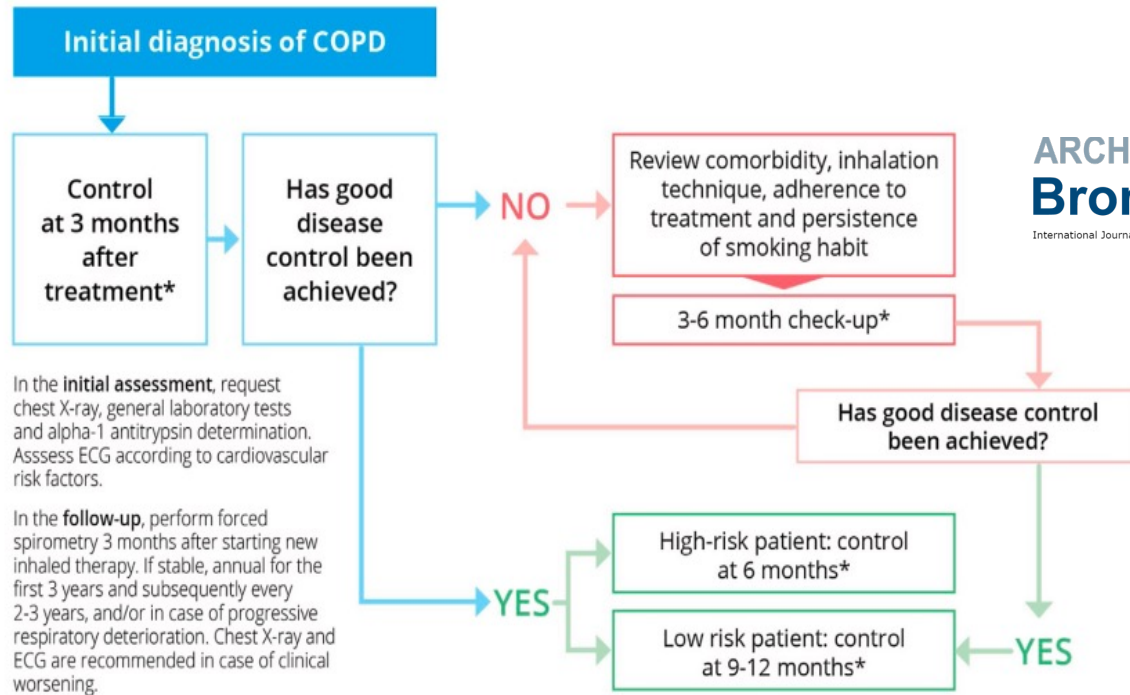
Figura 10. Elementos claves para la adecuada continuidad asistencial en la EPOC



GPC: guías de práctica clínica; HCE: historia clínica electrónica.

Elaboración propia.

Referral Criteria for Chronic Obstructive Pulmonary Disease: A Continuity of Care



In the **initial assessment**, request chest X-ray, general laboratory tests and alpha-1 antitrypsin determination. Assess ECG according to cardiovascular risk factors.

In the **follow-up**, perform forced spirometry 3 months after starting new inhaled therapy. If stable, annual for the first 3 years and subsequently every 2-3 years, and/or in case of progressive respiratory deterioration. Chest X-ray and ECG are recommended in case of clinical worsening.

ARCHIVOS DE
Bronconeumología
International Journal of Spanish Respiratory Society of Pulmonology and Thoracic Surgery

Javier de Miguel-Díez^{a,b}, Juan Marco Figueira-Gonçalves^{c,d,*},
Eva Trillo-Calvo^e, Juan Enrique Cimas-Hernando^f,
Marta Villanueva-Pérez^g, Francisco Javier Plaza-Zamora^h,
María Sanz-Almazánⁱ

Table 1
Proposed criteria for referring COPD patients to pulmonology.

| Reason ^{a,c} | Purpose ^b |
|--|---|
| Diagnostic uncertainty and exclusion of asthma | Establish the diagnosis and optimize treatment. |
| Unusual symptoms such as hemoptysis | Check the degree of reversibility to airflow |
| Rapid decline in FEV ₁ | Investigate the cause including malignancy |
| High-risk COPD according to GesEPOC 2021 | Optimize handling |
| Appearance of data suggestive of cor pulmonale | Optimize handling |
| Assessment of the need for home oxygen therapy or noninvasive mechanical ventilation | Confirm diagnosis and optimize treatment |
| Assessment of the need for pulmonary rehabilitation | Optimize management, measure blood gases and prescribe oxygen therapy or noninvasive mechanical ventilation |
| Bullae lung disease | Optimize treatment and refer to a specialized or community rehabilitation service |
| COPD at an age <40 years | Confirm diagnosis and refer to medical or surgical units for bullectomy |
| Evaluation for lung transplantation or lung volume reduction | Establish the diagnosis and exclude alpha-1-antitrypsin deficiency |
| Dyspnea refractory to treatment | Identify referral criteria for transplant centers or lung volume reduction |
| | Establish diagnosis and refer for pharmacological and nonpharmacological management |

Modified from Ref. 11 SEMERGEN, SEPAR, semFYC, SEMG, SEFAC, GRAP. Referral criteria in COPD. Continuity of care. IMC 2023, Madrid. ISBN: 978-84-19457-41-7. Legal deposit: M-18163-2023.

Abbreviations: COPD: chronic obstructive pulmonary disease; FEV₁: forced expiratory volume in the first second; GesEPOC: Spanish COPD Guide.

^a The reason for referral is indicative of and will depend on the organizational structure of both levels of care where it is applied.

^b Referral from pulmonology to primary care may be considered once the reason for consultation is resolved and the stability of the patient is confirmed. The existence of locally agreed upon mechanisms that allow rapid access to hospital evaluation when necessary is recommended.

^c It is recommended to prioritize cases with rapid functional deterioration and in cases of isolation of potentially pathogenic microorganisms in respiratory samples.

Fig. 1. Follow-up of patients with stable COPD. Modified from Ref. 11. SEMERGEN, SEPAR, semFYC, SEMG, SEFAC, GRAP. Referral criteria in COPD. Continuity of Care. IMC 2023, Madrid. ISBN: 978-84-19457-41-7. Legal deposit: M-18163-2023.

* Consider interspersing telephone follow-up/nursing consultation with face-to-face consultations, especially in high-risk patients who are highly symptomatic with frequent exacerbations.

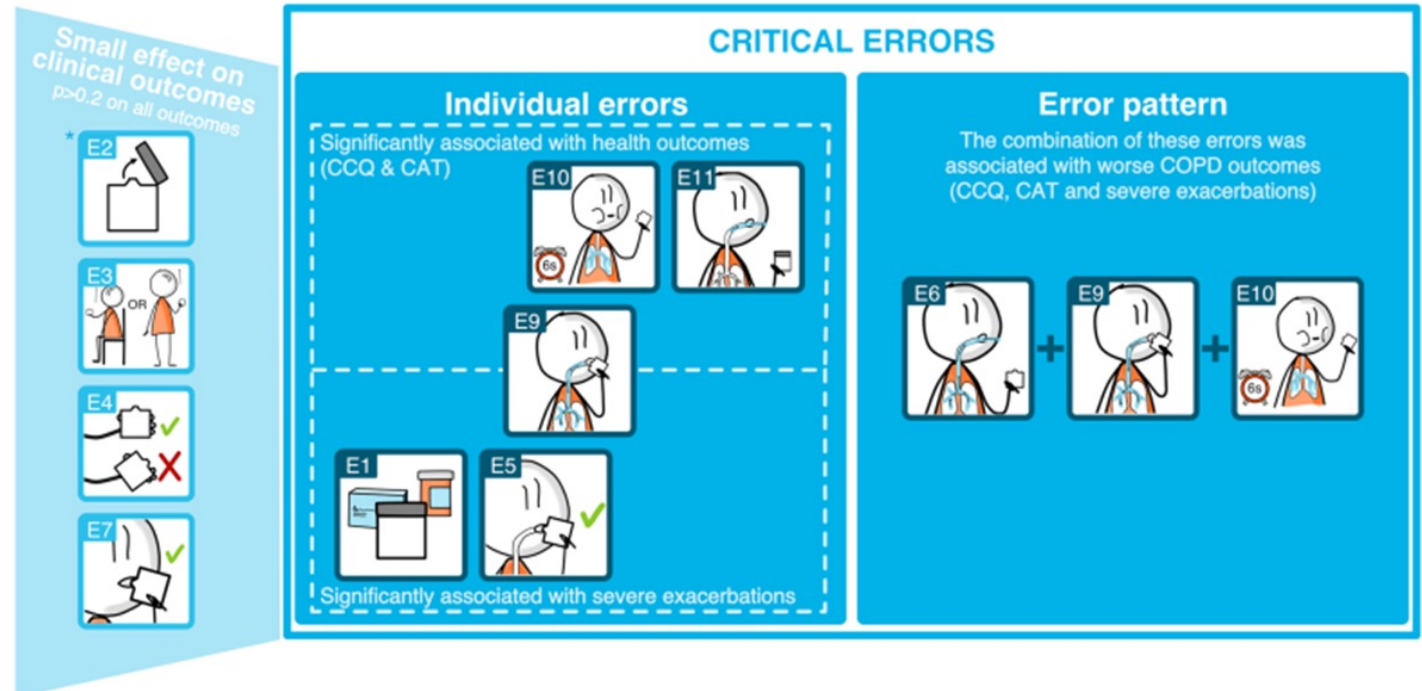
Abbreviations: COPD: Chronic Obstructive Pulmonary Disease. ECG: electrocardiogram.



¿y el bosque
no nos deja
ver el
inhalador?

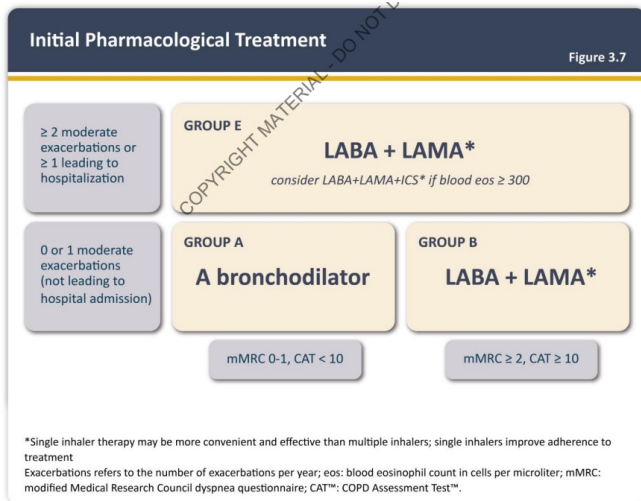
Critical inhalation technique errors associated with poor disease outcomes in patients with COPD on dry powder inhaler maintenance therapy

Error 1: Preparation; Error 2: Remove protective cap; Error 3: Sit up/stand straight & tilt head; Error 4: Hold inhaler in correct position during preparation; Error 5: Hold inhaler in correct position during inhalation; Error 6: Breathe out completely before inhalation; Error 7: Teeth and lips sealed around mouthpiece; Error 9: Breathe in; Error 10: Hold breath (for at least 6 seconds); Error 11: Breathe out calmly after inhalation

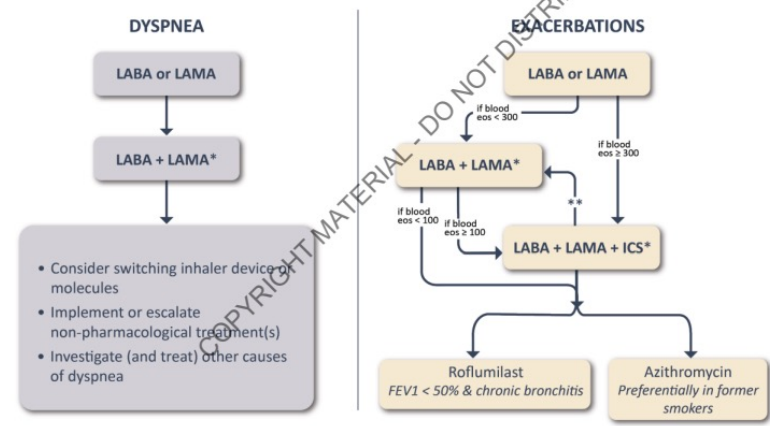


*An explanation for the small effect of this error could be the low prevalence of E2 (2%), resulting in limited statistical power to detect an association.

Fig. 6 Critical inhalation technique errors associated with poor outcomes in patients with COPD on Dry Powder Inhaler maintenance therapy



- IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.
- IF NOT:
 - Check adherence, inhaler technique and possible interfering comorbidities
 - Consider the predominant treatable trait to target (dyspnea or exacerbations)
 - Use exacerbation pathway if both exacerbations and dyspnea need to be targeted
 - Place patient in box corresponding to current treatment & follow indications
 - Assess response, adjust and review
 - These recommendations do not depend on the ABE assessment or diagnosis



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment
 **Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/μl de-escalation is more likely to be associated with the development of exacerbations
 Exacerbations refers to the number of exacerbations per year

Oral Glucocorticoids

Mucoregulators and Antioxidant Agents

Other Anti-Inflammatory Agents

THERAPEUTIC ADVANCES in
Respiratory Disease

Meta-analysis

The efficacy of N-acetylcysteine in chronic obstructive pulmonary disease patients: a meta-analysis

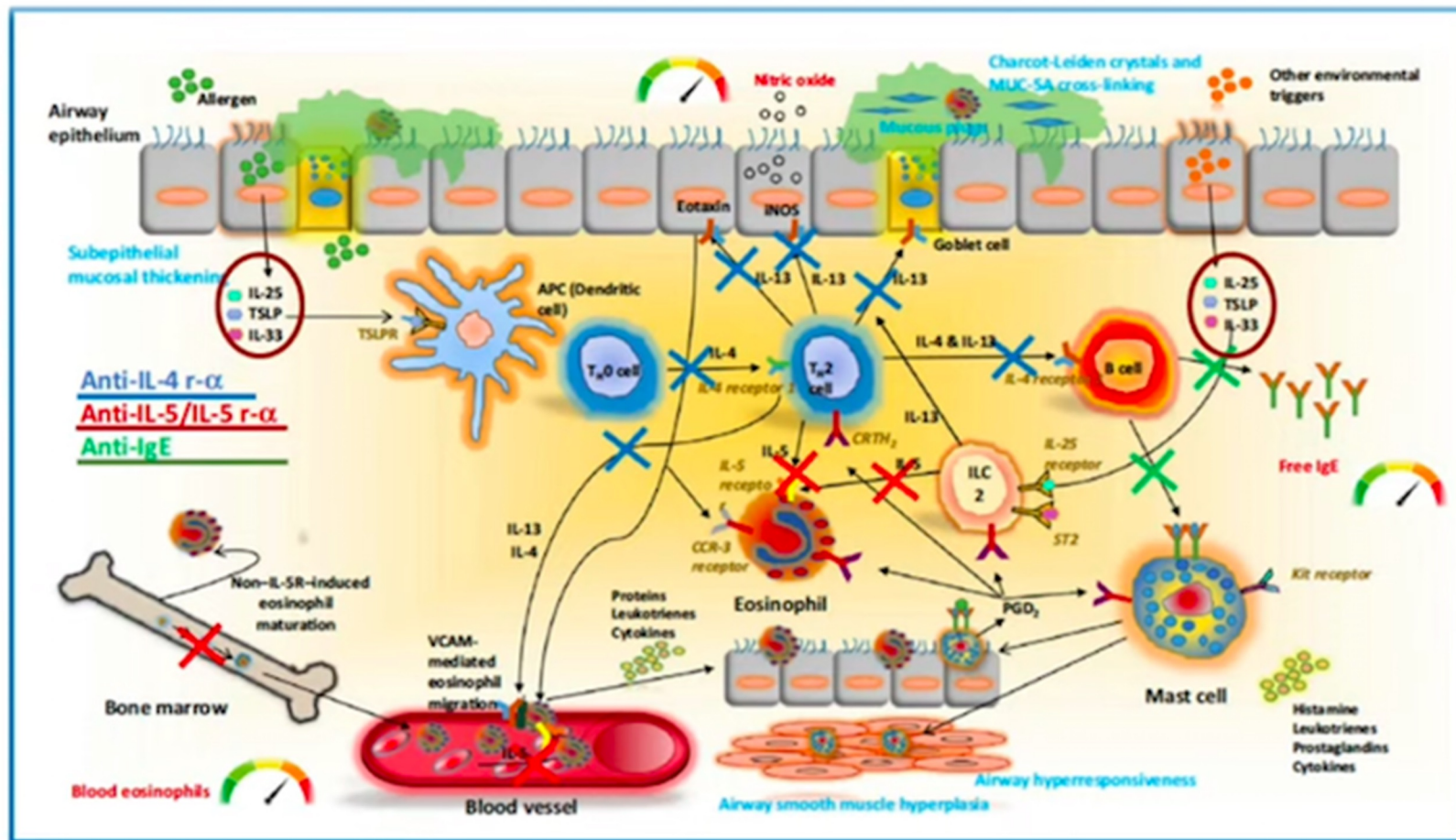
Chienhsiu Huang , Sufang Kuo, Lichen Lin and Yalun Yang

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¿Estatinas?
 ¿Antileucotrienos?
 ¿Simvastatina?

¡Los anticuerpos han llegado!!!!



Pavord I et al. J Allergy Clin Immunol Pract 2022;10:410-9



Anticossos:

- Dirigits contra TNF-alfa, IL1-beta o els seus respectius receptors.
- Anticòs anti-IL-8 (ABX-CXCL8)
- Anticossos contra IL-6, TGF-beta, IL-33 o els eixos IL-4/IL-13 e IL-17/23
- Dupilumab

Inhibidors de les quinases

- En desenvolupament de fàrmacs anti-IKK d'administració inhalatòria (p. ex., PF104)
- Inhibidors de les proteïnaquinases activades per mitogen (MAPK) P38.
- Inhibició d'altres quinases

Moduladores de la microbiota

The NEW ENGLAND JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

JULY 20, 2023

VOL. 389 NO. 3

Dupilumab for COPD with Type 2 Inflammation Indicated by Eosinophil Counts

S.P. Bhatt, K.F. Rabe, N.A. Hanania, C.F. Vogelmeier, J. Cole, M. Bafadhel, S.A. Christenson, A. Papi, D. Singh, E. Laws, L.P. Mannent, N. Patel, H.W. Staudinger, G.D. Yancopoulos, E.R. Mortensen, B. Akinlade, J. Maloney, X. Lu, D. Bauer, A. Bansal, L.B. Robinson, and R.M. Abdulai, for the BOREAS Investigators*

ABSTRACT

BACKGROUND

In some patients with chronic obstructive pulmonary disease (COPD), type 2 inflammation may increase exacerbation risk and may be indicated by elevated blood eosinophil counts. Dupilumab, a fully human monoclonal antibody, blocks the shared receptor component for interleukin-4 and interleukin-13, key drivers of type 2 inflammation.

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Dr. Bhatt can be contacted at sbhatt@uabmc.edu or at the Division of Pulmonary, Allergy, and Critical Care



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