

Evergreen Rounds

Specialty care highlights for medical providers

COPD

- New Pulmonary Rehab Program
- New Evidence-Based Treatment Guidelines

December 2010

New Pulmonary Rehab Program

In November 2010, Evergreen Pulmonary Care Center is launching its new pulmonary rehabilitation program to meet expanding community needs. The program is the first of its kind in the area.

“The data has shown that pulmonary rehab programs decrease the need for hospital readmissions and improve quality of life for COPD patients,” says Michael Eulberg, MD, pulmonologist and medical director of the Evergreen Pulmonary Care Center.

Evergreen’s 12-week program focuses on monitored exercise and education on breathing techniques, diet, medications and use of inhalers. The program uses state-of-the-art monitoring and exercise technology in the DeYoung Pavilion, in the same space as the cardiac rehab program.

“We’re integrating services more and providing more seamless, comprehensive care as we expand into a full pulmonary care center,” he says. “We’re now located in the same area as the pulmonary function lab, so patients can get the testing they need on the same day, and we plan to expand services here in the clinic, such as offering pharmacist and dietician consults for patients who need these on a one-to-one basis,” says Eulberg.

To meet expanding local needs, the center will bring two additional pulmonologists on-board in August 2011.

What else is unique about Evergreen’s program?

“We do a very good job of communicating with patients, and with that understanding, hopefully, comes better compliance and outcomes,” he says. “We give patients a better understanding of their lung disease, why they need medications, and how to adjust their medications.” ■

Evergreen’s pulmonary care program was ranked #3 in Washington and in the top 10% in the nation for Overall Pulmonary Services by HealthGrades.

COPD: At a Glance

- New COPD treatment guidelines focus on a three-prong approach: a long-acting bronchodilator, an inhaled steroid and an anticholinergic.
- Pulmonary rehab is proven to reduce hospital readmissions and improve quality of life for COPD patients.
- Secondary pulmonary hypertension, dyspnea, sleep disorders and nocturnal hypoxemia are common with both lung and heart disease.

New Treatment Guidelines

“We now know that COPD is an inflammatory disease that we should be treating with an inhaled steroid,” says Aileen Mickey, MD, pulmonologist at the Pulmonary Care Center. “Study after study has shown that there is active inflammation in COPD that’s partially reversible, and that if you treat patients aggressively with inhaled steroids, you can improve their lung function and quality of life,” she says.

“Before seeing us, many patients have only been given a small rescue inhaler, so they’re not on a maintenance regimen,” Mickey says. “Due to patent law, all the inhalers have different mechanisms, so we do a lot of education to explain why they’re using the different classes of drugs and how to use them correctly,” says Mickey, who is also medical director of the Pulmonary Rehabilitation Program.

New Three-Part Regimen

New treatment guidelines include three classes of drugs:

- an inhaled steroid
- a long-acting bronchodilator
- an anticholinergic, which also acts as a bronchodilator and decreases mucus production

continued on back



Exceptional care close to home.

Featured in This Issue:

Pulmonary Care Center



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Evergreen Hospital Medical Center is a community-based health care organization with more than 800 staff physicians in over 50 specialties serving residents in the Puget Sound region. Evergreen's clinical excellence and breadth of services are among the most comprehensive in the Pacific Northwest.

New Treatment Guidelines, *continued from front*

“Studies show that if you use a combination of inhalers for COPD – an anticholinergic like Spiriva (tiotropium bromide) and an inhaled steroid like Advair (fluticasone propionate) or Symbicort (budesonide and formoterol), plus a long-acting bronchodilator – they’re better than any one alone, and you can improve lung function and quality of life,” she says. “To make it easier for patients, we often give a combo drug of a long-acting bronchodilator and inhaled steroid; the only two available now are Advair and Symbicort,” she says.

Spiriva, the new long-acting anticholinergic, is a treatment advance over Atrovent (ipratropium bromide), which has to be used four times a day to be effective. “Spiriva is also the only inhaler so far shown to improve lung function based on spirometry, and to improve quality of life and reduce mortality in patients with COPD,” says Mickey.

Ongoing Monitoring and Follow-Up

COPD and emphysema are the most common diagnoses at the center, with patients typically having an overlap syndrome of both. “The vast majority of patients with COPD – probably 90% – are or were smokers, or were exposed to chemicals, dust, smoke or pollution,” Mickey says. A few elderly patients had asthma as children, before the era of inhaled corticosteroids, and developed COPD based on untreated asthma without having ever smoked.

Early diagnosis of COPD is critical since the progression of COPD is rarely linear or predictable. Even asymptomatic smokers benefit from pulmonary function testing to screen for lung disease, since early treatment can improve lung function and quality of life.

Monitoring COPD is critical to avoid overuse of oral corticosteroids for flare-ups. “We now know that using oral steroids even once or twice a year significantly increases the risk of osteoporosis, glaucoma and diabetes, but if we treat patients with a proper inhaler regimen, it can prevent or at least decrease the need for oral steroids,” Mickey says. The staff also counsels patients on smoking cessation methods such as nicotine patches, Chantix (varenicline), Zyban or a support group.

Pulmonary Function Testing

“Before seeing us, a lot of patients don’t ever get a full evaluation to evaluate the degree of lung disease, stage their COPD, and get baseline pulmonary function measures we can test for again, after treatment,” says Mickey. Testing at the center includes spirometry to measure lung volumes and diffusion capacity, and a six-minute walk test to measure exercise tolerance, assess shortness of breath, and uncover hypoxemia easily missed with patients at rest.

Partnering with Primary Care

“Studies have shown that if a pulmonologist follows COPD patients closely, it helps prevent hospital readmissions,” says Mickey.

Urgent referrals. The center sees urgent patients within two to three working days, with a comprehensive evaluation, lab work, pulmonary function testing and review of results in the same day.

Referrals for testing. Physicians can refer patients for pulmonary function testing with or without a full consult. Testing is required prior to pulmonary rehab. ■