**CASE- COPD**

Mr PM, aged 82, is admitted to hospital on a Friday evening with a chest infec- tion, via a GP referral. You see him in your ward for the ﬁrst time on Monday morning. He lives with his wife in a house and they enjoy an active social life. He has smoked since the age of 14 and currently smokes about 40 cigarettes daily. He has tried to give up smoking in the last month and failed. This is his third admission in one year for a chest infection.

 **Questions:**

1. What is COPD?
2. What are the main risk factors for COPD?
3. What are the symptoms of COPD?
4. Discuss about pink buffers and blue blotters in COPD.
5. What tests would you look for and why?
6. What classes of drugs available to treat COPD?
7. Find out the pack years of smoking for Mr PM?
8. Give the main indications for one drug in each group.
9. Mr PM's exacerbation is treated with intravenous antibiotics, nebulized bronchodilators and high-dose oral corticosteroids.
10. What is the rationale for use of steroids in this situation?
11. Mr PM's condition has improved. His FEV1 and FVC is now 44%. He is now able to use inhaled medication.
12. What are the GOLD recommended guidelines for COPD?
13. What are the key advantages and disadvantages of a metered dose inhaler, dry powder inhaler and spacers?
14. What factors would you take into account when helping Mr PM to choose the most appropriate product?
15. What are the counselling points you would like to recommend Mr.PM?