



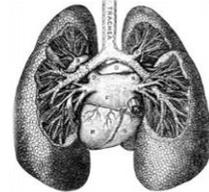
# focus on



## Chronic Obstructive Pulmonary Disease

*“The challenges of responding to the needs of older people with a drug problem are significant and will increase considerably over the coming years. People with drug problems aged over 35 will become the main client group in specialist services for the foreseeable future. The complex and long-term care needs (of this cohort) must be taken into consideration in the planning and development of all health, social care and related services.”<sup>1</sup>*

(COPD)



### What is COPD?

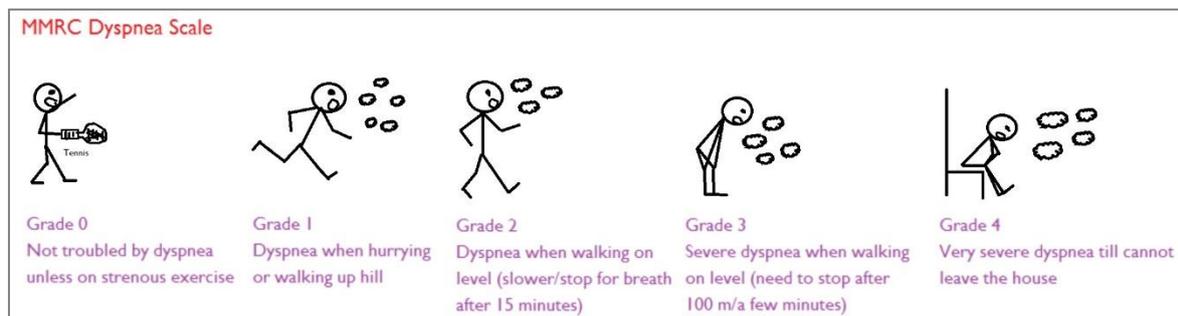
Chronic Obstructive Pulmonary Disease is an umbrella term for a variety of respiratory conditions such as emphysema, chronic bronchitis and refractory (non-reversible) asthma. Many of these conditions are treatable, however, when left undiagnosed, the treatment options become increasingly limited.

### Why is COPD important?

In Europe, the UK sits third in the list of countries with the highest rate of COPD-related deaths. COPD contributes to nearly 30,000 deaths per year in the UK, with 8 out of 10 of these deaths attributed to smoking<sup>2</sup>. As smoking continues to be pervasive amongst the drug using community - particularly amongst older service users - the need to address life-limiting health harming behaviours becomes more urgent. In response to this growing need, more and more drug and alcohol services are now offering smoking cessation support to their clients as part of a more extensive and integrated treatment package.

### How is COPD diagnosed?

One of the primary symptoms of COPD is breathlessness, or dyspnoea. The Medical Research Council (MRC) has developed an effective screening tool for measuring dyspnoea which grades patients using the scale below:



Self-assessment screening tools and scales (as above) are a useful first step in identifying potential COPD symptoms, with further diagnosis required when higher scores / grades are obtained. Typically, this would require a spirometry test which provides a more accurate analysis of lung function by measuring the amount of air that can be exhaled in one breath. Depending on the results of this test and the severity of the symptoms, patients can then be referred on for an x-ray or a CT scan.

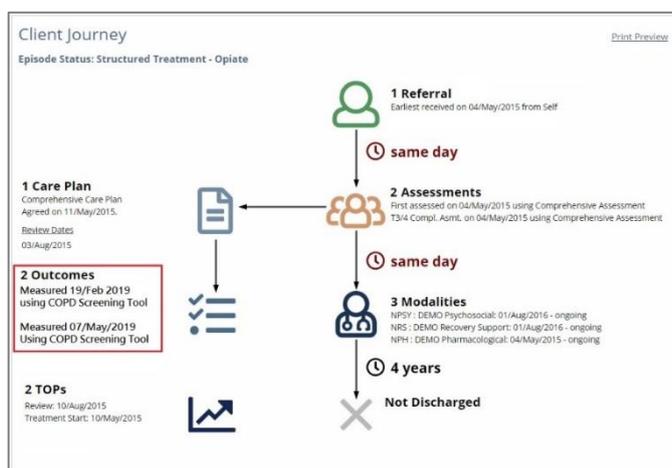
Spirometry tests would usually be conducted by a GP or CRT (Community Respiratory Team) Nurse. Increasingly however, these tests are being carried out by community drug and alcohol services as the relatively low cost of a hand-held spirometer – from around £250 – makes this vital analysis tool more readily available.

## How can ILLY help?

The ILLY teams have been working with their partners across NHS, community and prison services to make a real difference within the sectors we work. Key within this are the innovative, therapeutic tools that help practitioners deliver effective interventions for clients that present with increasingly complex co-morbidities, such as COPD.

With integrated Care Plans, Safeguarding, Risk Assessments and person-centred Outcome Tools we believe that we have the functionality and understanding to help services support clients impacted by COPD, including:

- ✦ Identifying severity of COPD through in-built screening / assessment tools
- ✦ Where dyspnoea has been identified, refer client to Primary Care / CRT to offer co-operative care and support
- ✦ If the client is a current smoker, then offer smoking cessation interventions and nicotine-replacement therapies (NRT)
- ✦ Develop specific intervention and group work events that can help clients manage their condition



By working with fellow practitioners, ILLY have developed tools to help capture the key data in an intuitive manner, allowing for COPD screening results and spirometry readings to be easily recorded and reported on.

### References:

1. Older People with Drug Problems in Scotland: A Mixed Methods Study Exploring Health and Social Support Needs (2017) – Matheson, C., Liddell, D., Hamilton, E. & Wallace, J. (*Glasgow: Scottish Drugs Forum*)
2. COPD prevalence model for small populations: Technical Document produced for PHE (2016) - Rothnie, Bowen, Newson, Quint, Soljak - (*National Heart and Lung Institute and Department of Primary Care & Public Health, School of Public Health*)



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