Evidence-Based Practice Care of Patients with COPD

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In COPD patients 65 years and older, would a greater emphasis on smoking cessation yield a reduction of COPD symptoms and improve quality of life as compared to only utilizing home management methods like oxygen therapy and medication?

Reviewing the Evidence

- Our research included four systematic reviews, two experimental research studies, and one qualitative research study. In the literature search, articles written before 2002 were not considered.
- The articles were retrieved from CINAHL, MEDLINE, and Academic Search Premier utilizing the keywords “COPD,” “smoking cessation,” “oxygen therapy,” “motivation,” and “quality of life.”

Synthesis Summary of Findings

Smoking Cessation
- Tobacco smoke is the most significant risk factor for COPD.
- Research shows that a smoking cessation program reduces mortality while home management merely targets the symptoms.
- Smoking cessation is targeted as the primary intervention for patients with COPD.
- Pharmacological measures: Varenicline, Nicotine and Bupropion
- Family focus: Variables that influence cessation include marital status, smoking status of household members, attendance of a supportive person to counseling, and a significant other who does not want the patient to smoke
- Motivation: Many COPD smokers think that it is too late and that the disease is too advanced to stop smoking now

Home Management of COPD
- Inhaler device training, bronchodilators, inhaled corticosteroids, and oxygen therapy should be implemented so that quality of life in older adults with COPD can improve.
- No single intervention alleviates all of the negative aspects of the disease, but a combination proves to be the most beneficial treatment plan.

Conclusion
- In COPD patients, home management should be implemented with an additional emphasis on smoking cessation due to the resulting improvement in quality of life and decreased mortality.

Recommendations for Evidence-Based Practice

- Smoking Cessation-GRADE A
  - Pharmacological agents are prescribed cautiously due to unwanted side effects
  - Number one objective for physicians to cover with COPD patients
- Individualized Treatment-GRADE A
  - How healthcare providers can help patients quit smoking and prevent the progression of the disease
- Hypoxemia Screening-GRADE A
  - Pulse oximetry should be assessed annually because correction of resting hypoxemia extends life.
- Medication Management-GRADE A
  - PRN rapid-acting bronchodilators relieve dyspnea.
  - Long-acting bronchodilators should be prescribed when symptoms are not controlled by a PRN bronchodilator or with two or more exacerbations in the previous year.
  - Inhaled steroids (in addition to a long-acting bronchodilator) should be prescribed for patients who have had two or more exacerbations requiring antibiotics or oral corticosteroids in the previous year.
- Patient Education-GRADE A
  - Especially concerning the proper use of inhaler devices, nebulizers, and spacers with a return demonstration

The Roadmap to COPD and Smoking Cessation