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Home Health

Hospice

Personal Assistance
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Refer to Aspen Healthcare for:
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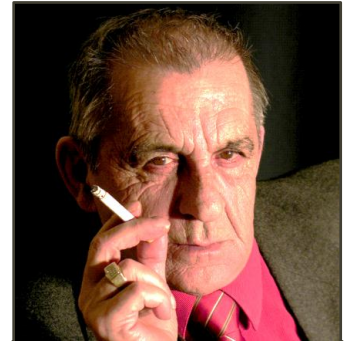
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A Practice Friendly Model for Early Diagnosis of COPD

A new study out of Sweden, recently published in *BMC Family Practice*, proposes a practice friendly model for predicting COPD, making spirometry referrals, and facilitating early diagnosis. Early diagnosis in COPD may be beneficial in motivating smoking cessation, opening doors to pulmonary rehabilitation, and initiating management in primary care. A National Health and Nutrition Examination Survey found that 72% of American patients with mild airflow limitation and 50% of patients with moderate pulmonary function impairment go undiagnosed.¹ Authors have cited a lack of clear practice recommendations and time demands of COPD surveys as possible barriers to early COPD diagnosis. Complicating the ability to screen for COPD through patient interview is the fact that patients often underestimate the severity of their dyspnea. Thirty-six percent of patients with the most severe breathlessness scale ranking and 60% of patients with the second most severe breathlessness self-rated their conditions to be mild or moderate.²



Pack Years = (# of cigarettes smoked per day ÷ 20) x number of years a person has smoked.

Sandelowsky and colleagues tested an easy system for making spirometry referrals.³ They found that patients presenting to primary care with any type of common respiratory infection should be offered spirometry for COPD if those patients are age 40 or older, have no previously known pulmonary disease, and have a history of smoking. Twenty-eight percent of patients meeting those criteria were found to have COPD (stage 1, 2, or 3), but their study design likely understates the prevalence. Multiple logistic regression analysis found a significant association between COPD and age 55+ and between COPD and smoking pack years 20+. It did not matter if patients were currently smoking or just had a history of smoking, if patients were male or female, or if the respiratory infection was in the upper or lower respiratory tract. If the model for predicting COPD among patients presenting with common respiratory infections is set at age ≥ 55 and smoking ≥ 20 pack years, the model shows a sensitivity of 45% and a specificity of 89%. The prevalence of COPD among patients meeting the above stated criteria is likely greater than the 28% Sandelowsky and colleagues observed, because their study excluded patients age 75+, patients with severe cardiac disease, and patients with severe psychiatric diagnosis, among whom prevalence of COPD has previously been shown to be high.



Respiratory Therapy on Staff

One of the strong differentiating factors of Aspen Healthcare's home health services is that, in addition to physical, speech, and occupational, we have respiratory therapy on-staff. This is not a service typically emphasized by Medicare, but as the Pulmonary Rehab Specialists, we know that adding this layer of expertise to our services is an important component of quality care.

**Please tell your patients about
 Aspen Healthcare.**

Home Health • Hospice • Personal Assistance Services

References

1. Mannino DM, Gagnon RC, Petty TL et al. Obstructive lung disease and low lung function in adults in the United States: data from the National Health and Nutrition Examination Survey, 1988-1994. *Arch Intern Med* 2000; 160: 1683-9.
2. Rennard S, Decramer M, Calverley PM et al. Impact of COPD in North America and Europe in 2000: subjects' perspective of Confronting COPD International Survey. *Eur Respir J* 2002; 20: 799-805.
3. Sandelowsky H, Stallberg B, Nager A, Hasselstrom J. The prevalence of undiagnosed chronic obstructive pulmonary disease in a primary care population with respiratory tract infections - a case finding study. *BMC Family Practice*. 2011; 12: 122.