

KOAH

Tedavide Yeni Geliřmeler Varmı

Prof. Dr. Kürřat Uzun

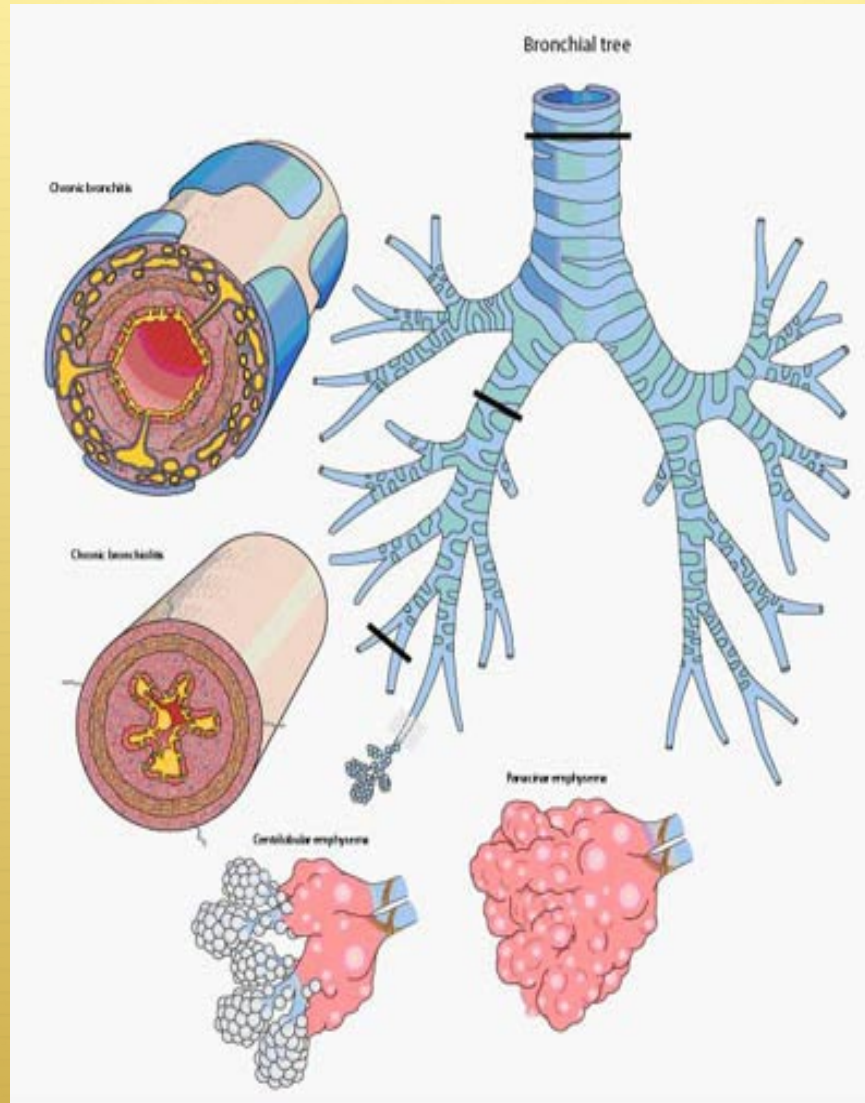
Projections of Global Mortality and Burden of Disease from 2002 to 2030



Tırmanış

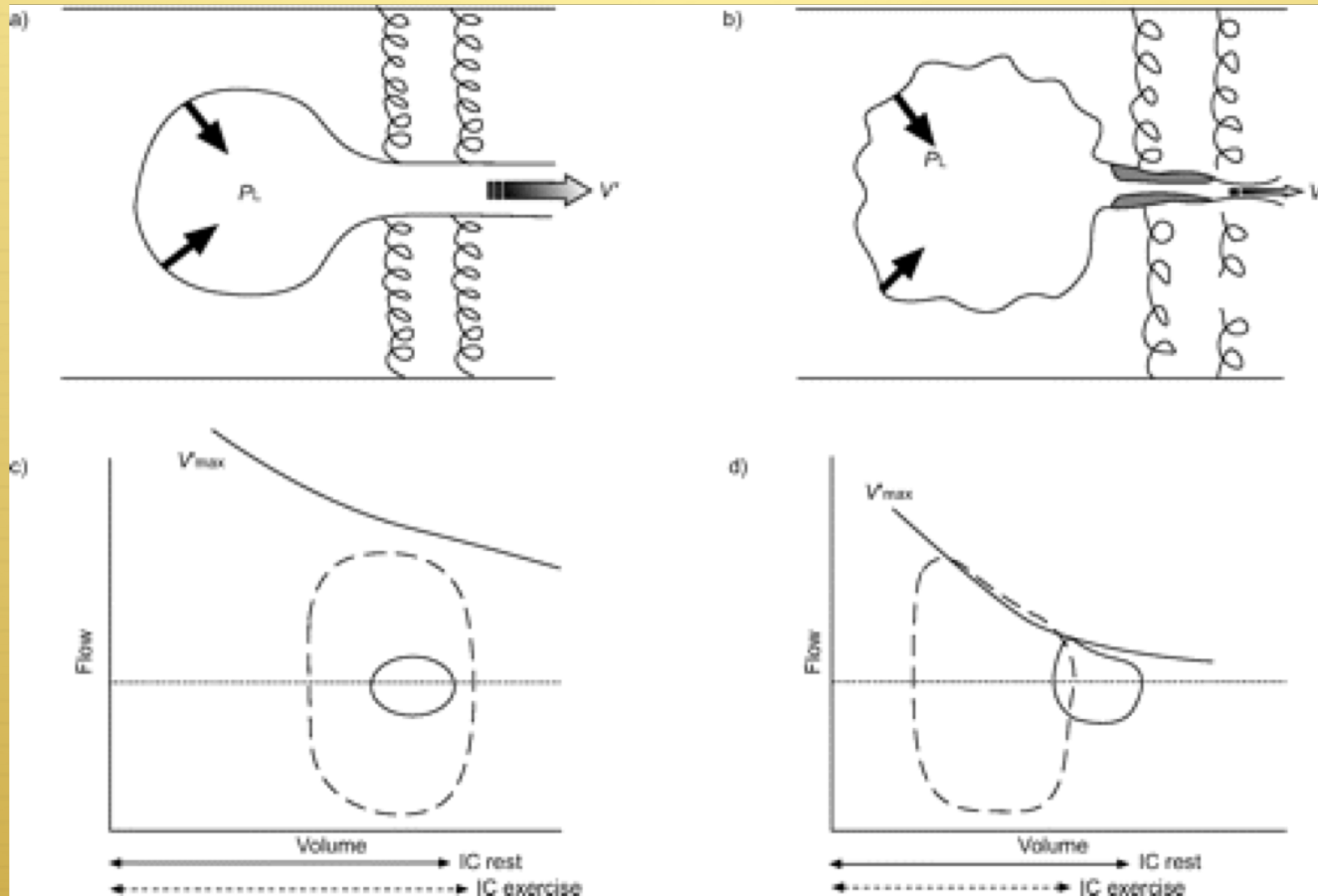
Category	Disease or Injury	2002 Rank	2030 Ranks	Change in Rank
Within top 15	Ischaemic heart disease	1	1	0
	Cerebrovascular disease	2	2	0
	Lower respiratory infections	3	5	-2
	HIV/AIDS	4	3	+1
	COPD	5	4	+1
	Perinatal conditions	6	9	-3
	Diarrhoeal diseases	7	16	-9
	Tuberculosis	8	23	-15
	Trachea, bronchus, lung cancers	9	6	+3
	Road traffic accidents	10	8	+2
	Diabetes mellitus	11	7	+4
	Malaria	12	22	-10
	Hypertensive heart disease	13	11	+2
	Self-inflicted injuries	14	12	+2
	Stomach cancer	15	10	+5
Outside top 15	Nephritis and nephrosis	17	13	+4
	Colon and rectum cancers	18	15	+3
	Liver cancers	19	14	+5

Çokyönlü



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Havahapsi



KOAH Sistemik Bir Hastalık

SOLUNUM YETMEZLİĞİ GELİŞEN KRONİK OBSTRÜKTİF AKCİĞER HASTALIĞINDA BACAK ÇAPI VE DİĞER BESLENME PARAMETRELERİNİN DEĞERLENDİRİLMESİ

Kürşat Uzun, Turgut Teke, Emin Maden

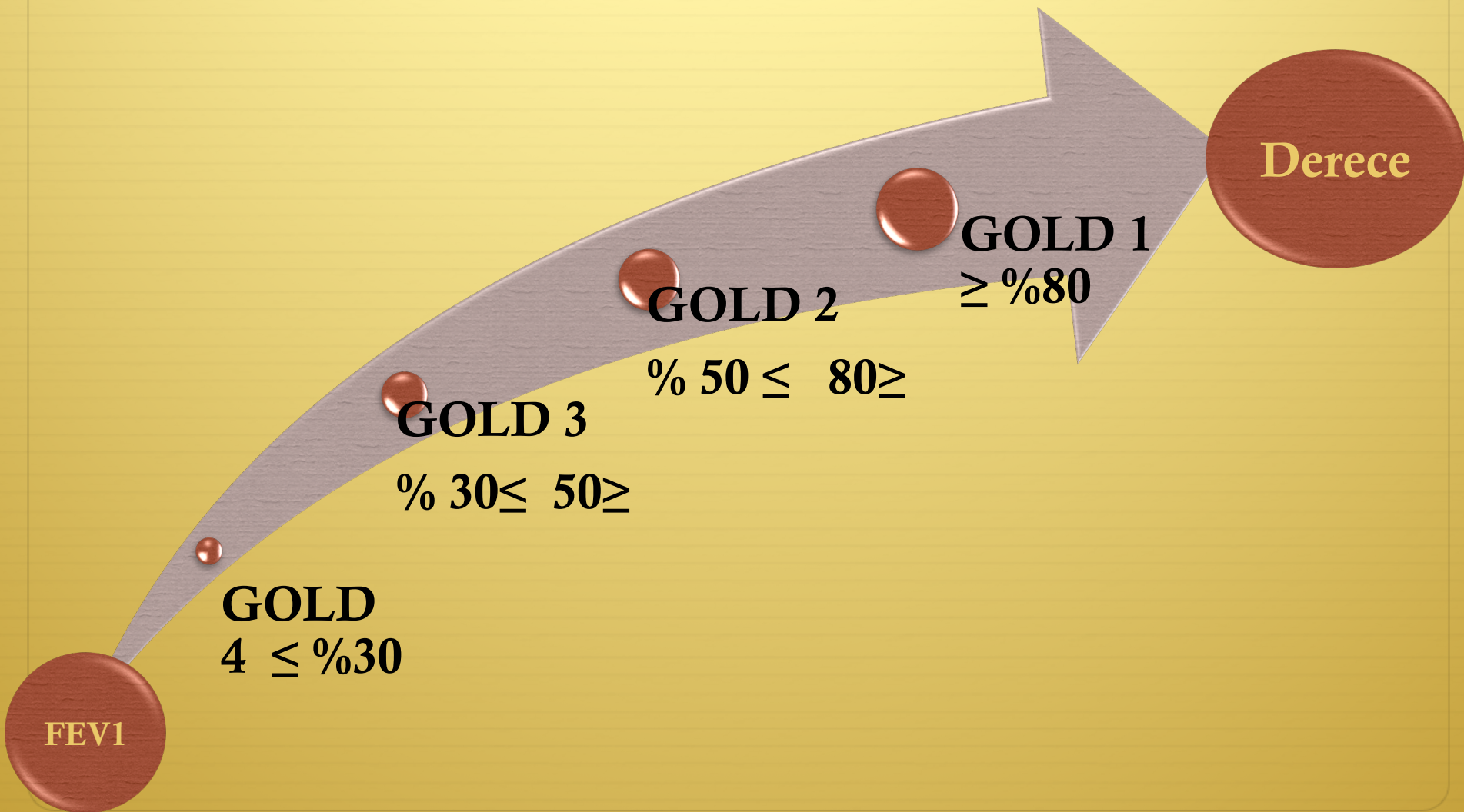
Selçuk Üniversitesi Meram Tıp Fakültesi Göğüs Hastalıkları Anabilim Dalı

Toraks Kongresi 2006, Antalya

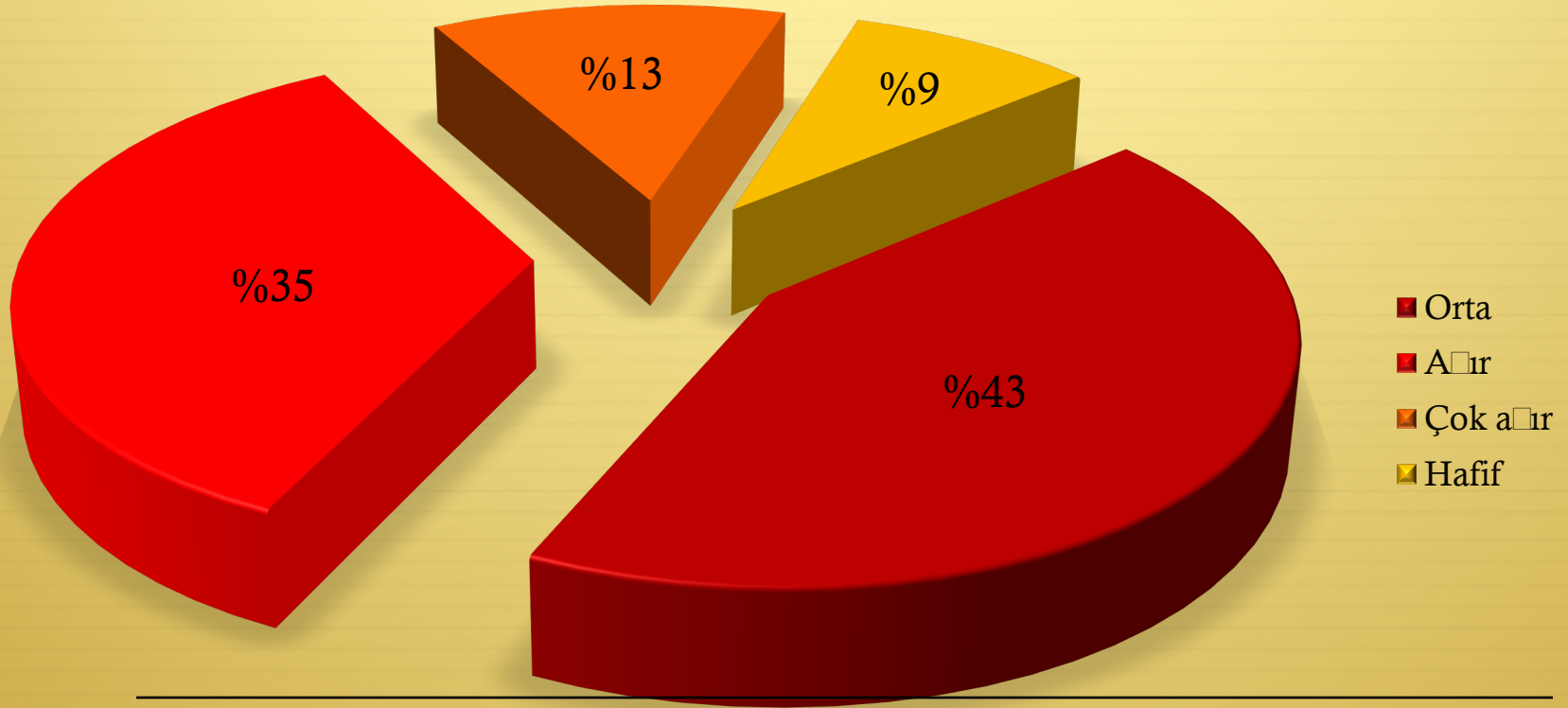


	NIMV Grubu	Kontrol
Hasta sayısı	41	17
Yaş, yıl	64.8±9.1	65.5±8.8
APACHE II skoru *	17.3±4.1	8.9±2.5
AKG		
pH *	7.33±0.10	7.44±0.05
pO ₂ , mmHg	52.7±17.4	56.7±17.6
pCO ₂ , mmHg *	63.9±17.1	40.0±8.8
Ön kol çapı, cm	20.9±2.3	21.2±2.4
Bacak çapı, cm *	26.2±3.9	35.6±8.0
Bel çevresi, cm	91.6±12.3	90.5±14.4
Kalça çevresi, cm	100.1±12.9	99.2±10.2
Vücut kitle indeksi, kg.m ⁻²	22.2±4.0	24.7±5.8
Yağsız vücut ağırlığı, kg	43.2±11.7	47.7±8.2
Vücut yağ oranı	31.6±11.0	26.5±11.1
Albumin, gr/dL	3.1±0.9	3.4±0.7
Transferrin, mg/dL	206.8±75.3	235.6±69.8

Evreleme



Evreler göre dağılım



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CAT

Değerlendirme Testi

How is your COPD?

For each item below, place a mark (✓) in the box that best describes your experience.

Example: I am very happy

0	✓	1	2	3	4	5
---	---	---	---	---	---	---

 I am very sad

		SCORE							
I never cough	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I cough all the time	☐
0	1	2	3	4	5				
I have no phlegm (mucus) in my chest at all	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	My chest is completely full of phlegm (mucus)	☐
0	1	2	3	4	5				
My chest does not feel tight at all	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	My chest feels very tight	☐
0	1	2	3	4	5				
When I walk up a hill or one flight of stairs I am not breathless	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	When I walk up a hill or one flight of stairs I am very breathless	☐
0	1	2	3	4	5				
I am not limited doing any activities at home	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I am very limited doing activities at home	☐
0	1	2	3	4	5				
I am confident leaving my home despite my lung condition	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition	☐
0	1	2	3	4	5				
I sleep soundly	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I don't sleep soundly because of my lung condition	☐
0	1	2	3	4	5				
I have lots of energy	<table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I have no energy at all	☐
0	1	2	3	4	5				

SCORE

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Nefes darlığı ???

Table 1 The modified Medical Research Council (mMRC) scale

Grade	Description of Breathlessness
Grade 0	I only get breathless with strenuous exercise
Grade 1	I get short of breath when hurrying on level ground or walking up a slight hill
Grade 2	On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level
Grade 3	I stop for breath after walking about 100 yards or after a few minutes on level ground
Grade 4	I am too breathless to leave the house or I am breathless when dressing

Prognoz

A,

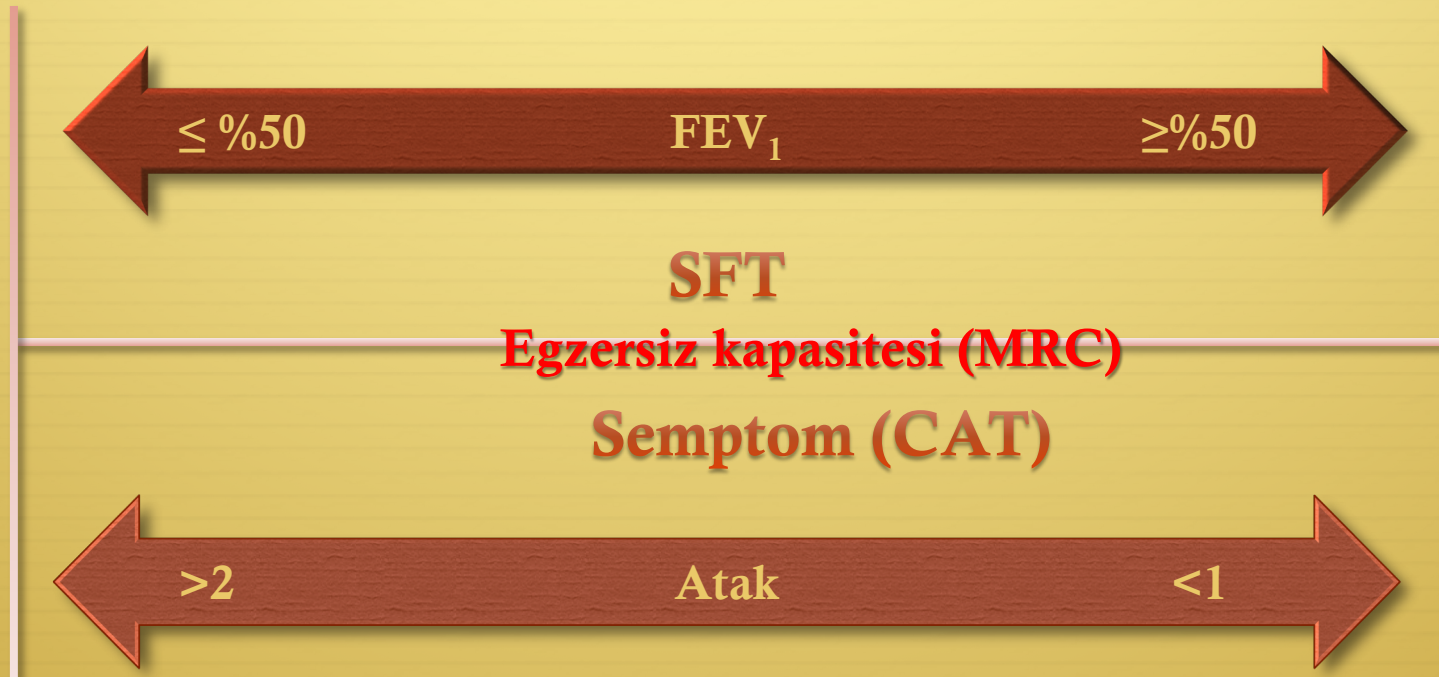
B,

C,

D

Kötü

İyi



Mortalite

Düşük risk

- ✦ ***A Düşük risk, az semptom (3.8/3yıl)***
 - ✦ *MRC 0-1*
 - ✦ *CAT ≤ 10*
 - ✦ *FEV1 $\geq 50\%$*
 - ✦ *Atak sayısı (0-1/yıl)*
- ✦ ***B Düşük Risk ve fazla semptom (10.6)***
 - ✦ *MRC ≥ 2*
 - ✦ *CAT ≥ 10*
 - ✦ *FEV1 $\geq 50\%$*
 - ✦ *Atak sayısı (0-1/yıl)*

Yüksek risk

- ✦ ***C Yüksek risk ve Az semptom (8.2)***
 - ✦ *MRC 0-1*
 - ✦ *CAT ≤ 10*
 - ✦ *FEV1 $\leq 50\%$*
 - ✦ *Atak sayısı (≥ 2 /yıl)*
- ✦ ***D Yüksek risk ve Fazla semptom (20.1)***
 - ✦ *MRC ≥ 2*
 - ✦ *CAT ≥ 10*
 - ✦ *FEV1 $\leq 50\%$*
 - ✦ *Atak sayısı (≥ 2 /yıl)*

Tedavi



- ✧ Tedavisi Zor
- ✧ Birçok Sonuç
- ✧ Yeni İlaçlar
- ✧ Bronkodilatör
- ✧ Semptomatik
- ✧ Tedavinin hiçbirisi doğal yapısını değiştiremiyor
- ✧ Sigaranın bırakılması

Amaç

- ✦ Akciğer Fonksiyonlarını düzeltmeli
- ✦ Klinik sonuçları düzeltmeli
 - ✦ Atak sayısı
 - ✦ Acil başvurusu
 - ✦ Hastane Başvurusu
 - ✦ Mortalite



GLOBAL INITIATIVE FOR CHRONIC OBSTRUCTIVE LUNG DISEASE (GOLD): TEACHING SLIDE SET January 2014

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Global Strategy for Diagnosis, Management and Prevention of COPD

Therapeutic Options: COPD Medications

Beta₂-agonists

Short-acting beta₂-agonists

Long-acting beta₂-agonists

Anticholinergics

Short-acting anticholinergics

Long-acting anticholinergics

Combination short-acting beta₂-agonists + anticholinergic in one inhaler

Methylxanthines

Inhaled corticosteroids

Combination long-acting beta₂-agonists + corticosteroids in one inhaler

Systemic corticosteroids

Phosphodiesterase-4 inhibitors



Global Strategy for Diagnosis, Management and Prevention of COPD

Therapeutic Options: Bronchodilators

- Bronchodilator medications are central to the symptomatic management of COPD.
- Bronchodilators are prescribed on an as-needed or on a regular basis to prevent or reduce symptoms.
- The principal bronchodilator treatments are beta₂-agonists, anticholinergics, theophylline or combination therapy.
- The choice of treatment depends on the availability of medications and each patient's individual response in terms of symptom relief and side effects..



Therapeutic Options: Bronchodilators

- Long-acting inhaled bronchodilators are convenient and more effective for symptom relief than short-acting bronchodilators.
- Long-acting inhaled bronchodilators reduce exacerbations and related hospitalizations and improve symptoms and health status.
- Combining bronchodilators of different pharmacological classes may improve efficacy and decrease the risk of side effects compared to increasing the dose of a single bronchodilator.



Therapeutic Options: Inhaled Corticosteroids

- Regular treatment with inhaled corticosteroids improves symptoms, lung function and quality of life and reduces frequency of exacerbations for COPD patients with an $FEV_1 < 60\%$ predicted.
- Inhaled corticosteroid therapy is associated with an increased risk of pneumonia.
- Withdrawal from treatment with inhaled corticosteroids may lead to exacerbations in some patients.

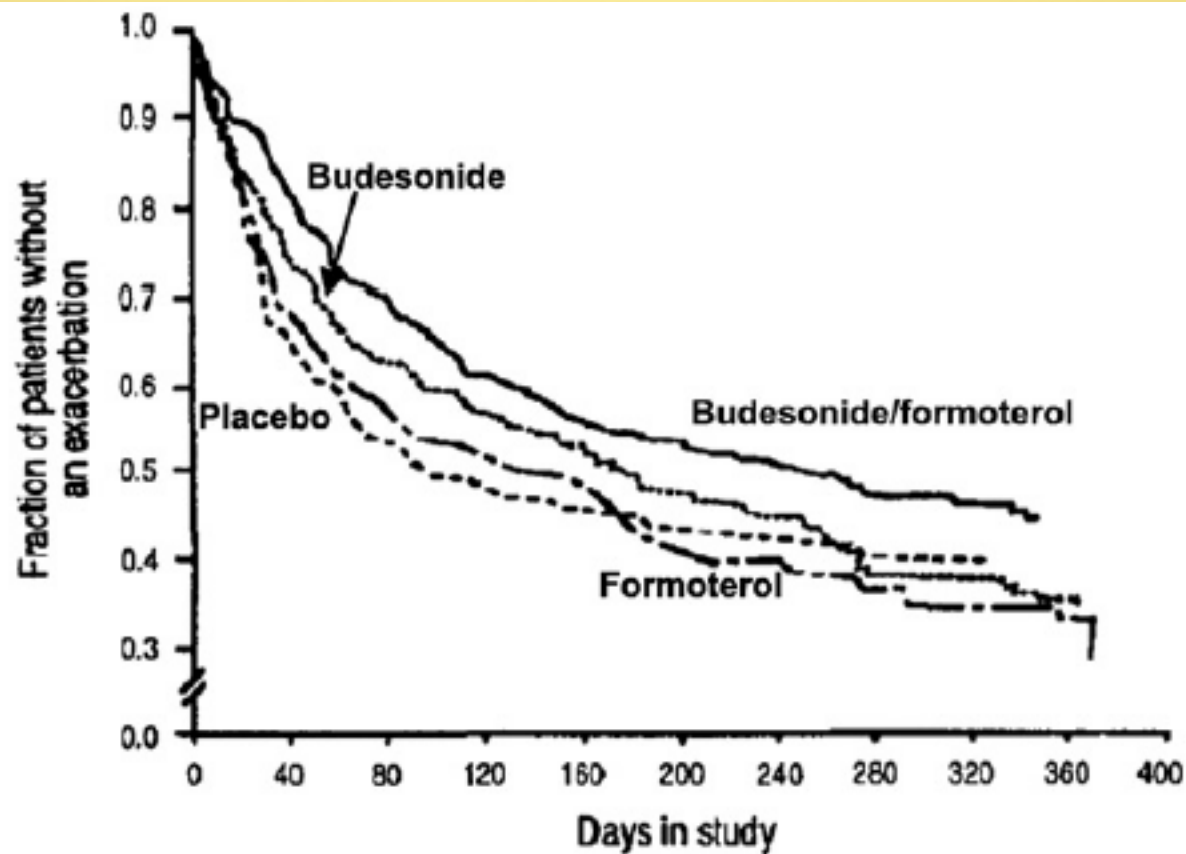


Therapeutic Options: Combination Therapy

- An inhaled corticosteroid combined with a long-acting beta₂-agonist is more effective than the individual components in improving lung function and health status and reducing exacerbations in moderate to very severe COPD.
- Combination therapy is associated with an increased risk of pneumonia.
- Addition of a long-acting beta₂-agonist/inhaled glucocorticosteroid combination to an anticholinergic (tiotropium) appears to provide additional benefits.

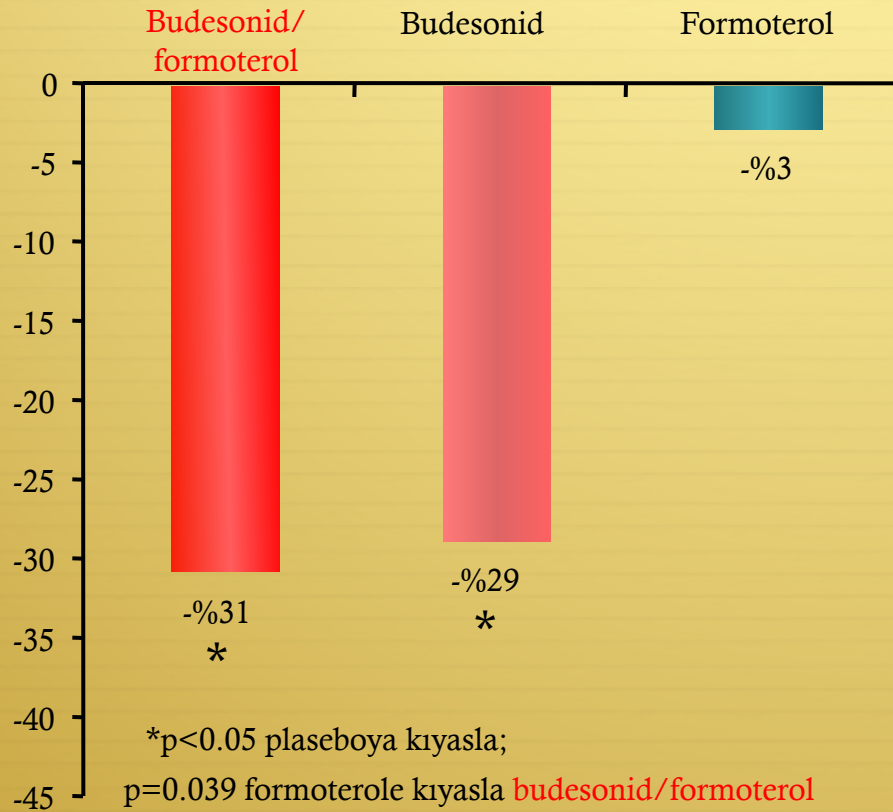
The use of long acting β_2 -agonists, alone or in combination with inhaled corticosteroids, in Chronic Obstructive Pulmonary Disease (COPD)
A risk–benefit analysis

Alison C. Cave*, Martin M. Hurst

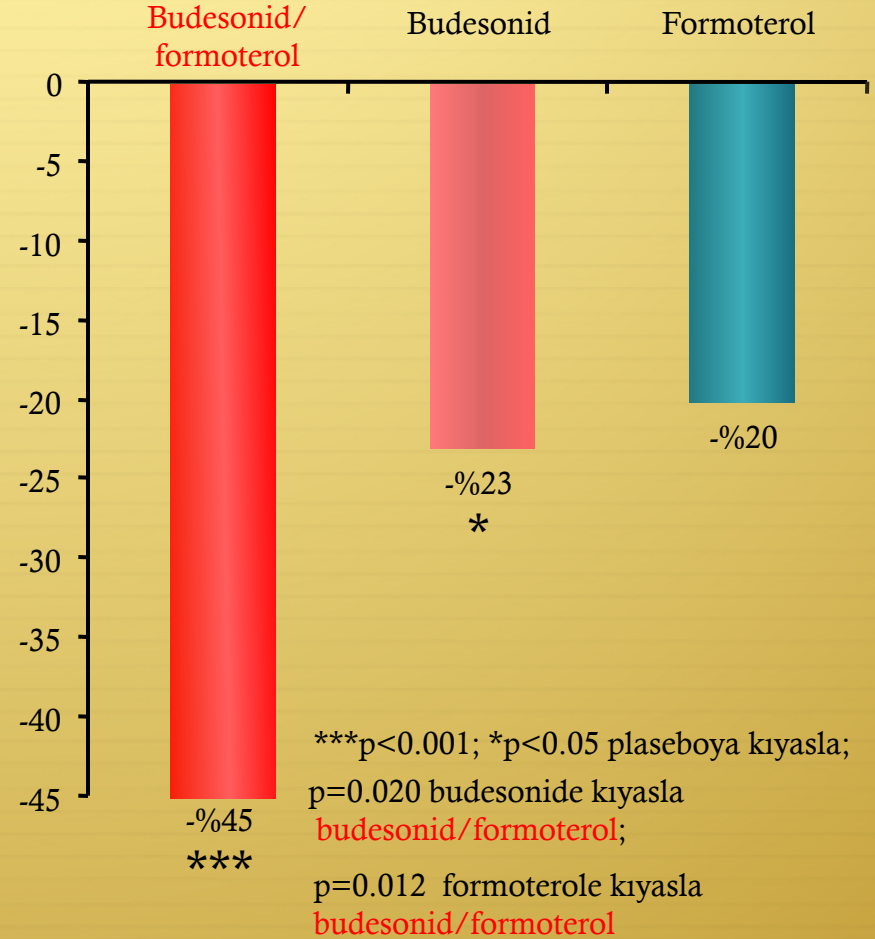


Plaseboya
kiyasla oral steroid
kürlerinin oranı (%)

Szafranski



Calverley



CLINICAL REVIEW

Risk-to-benefit ratio of inhaled corticosteroids in patients with COPD

*David Price¹, Barbara Yawn², Guy Brusselle³, Andrea Rossi⁴

Figure 1. Effect of treatment on the annual rate of exacerbations in the TORCH Study. *** $p < 0.001$ vs. placebo, * $p < 0.05$ vs. placebo. RR = rate ratio. Data from Calverley *et al.*²⁴

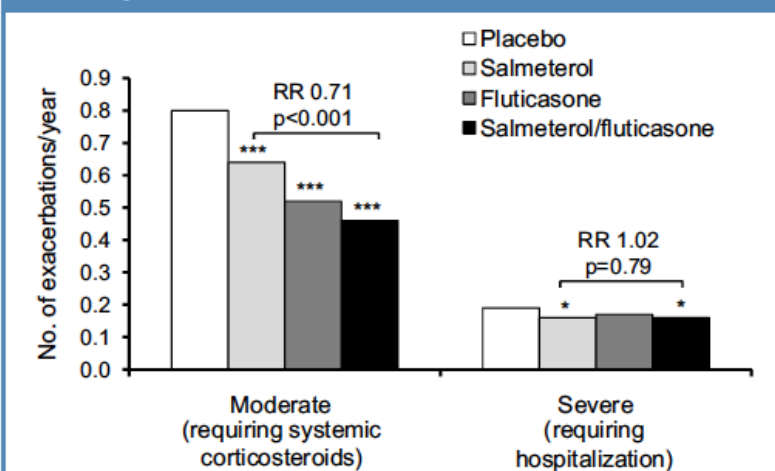
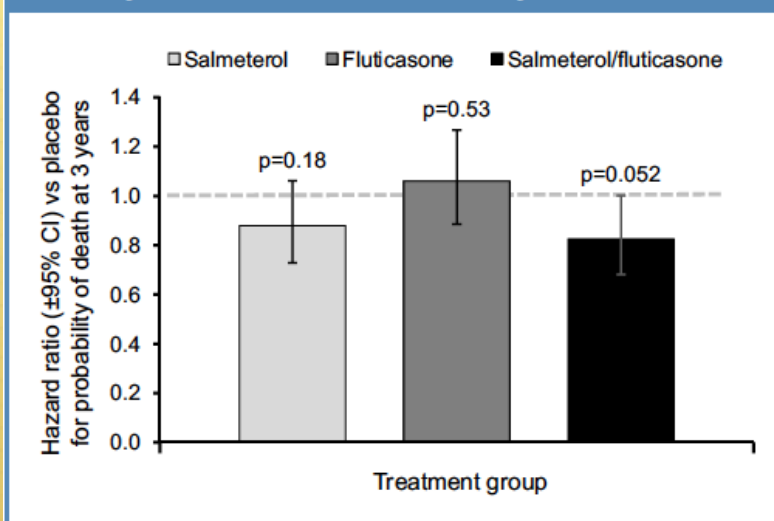


Figure 2. Effect of treatment on probability of 3-year mortality. Data from the TORCH Study.²⁴



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**Salmeterol and Fluticasone Propionate and Survival
in Chronic Obstructive Pulmonary Disease**

eter M.A. Calverley, M.D., Julie A. Anderson, M.A., Bartolome Celli, M.D., Gary T. Ferguson, M.D., Christine Jenkins, M.D.,
Paul W. Jones, M.D., Julie C. Yates, B.S., and Jørgen Vestbo, M.D., for the TORCH investigators*

There was no difference in the incidence of ocular or bone side effects. The probability of having pneumonia reported as an adverse event was higher among patients receiving medications containing fluticasone propionate (19.6% in the combination-therapy group and 18.3% in the fluticasone group) than in the placebo group (12.3%, $P < 0.001$ for comparisons between these treatments and placebo).

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IKS Pnömoni

Epidemiology



OPEN ACCESS

ORIGINAL ARTICLE

Inhaled corticosteroids in COPD and the risk of serious pneumonia

Samy Suissa, Valérie Patenaude, Francesco Lapi, Pierre Ernst



Inhaled corticosteroids and risk of pneumonia in newly diagnosed COPD

Min J. Joo^{a,b,c,d,*}, David H. Au^{e,f}, Marian L. Fitzgibbon^{c,d},
Todd A. Lee^{b,g}

Summary

Introduction: The use of inhaled corticosteroids (ICS) in COPD may be associated with an increased risk of pneumonia. Little is known of this risk in newly diagnosed COPD patients. The objective of this study was to determine if the use of ICS among newly diagnosed COPD patients is associated with an increased risk of pneumonia hospitalizations.

Methods: Using data from the Department of Veterans Affairs and Centers for Medicare and Medicaid Services, a nested case–control study was performed. We identified patients 65 years of age or older with a new diagnosis of COPD from 1998 to 2002. A total of 145,586 patients were identified. Cases were defined based on hospitalization for pneumonia and exposure was prior use of ICS. Up to 10 controls were matched for each case based on age, sex, month and year of the case. The association between ICS use and pneumonia was evaluated with conditional logistic regression controlling for age, comorbidities, medication classes associated with the risk of pneumonia, and markers of COPD severity.

Results: There were 13,995 cases of pneumonia. The cohort was predominantly male with an average age of 75.1 (SD = 5.4) years. The rate of pneumonia was 6.4 per 100 person-years. After adjustment for covariates, patients with current use of ICS were 1.38 (95% CI, 1.31–1.45) times more likely to have a hospitalization for pneumonia than those without current use of ICS.

Doz-Pnömoni İlişkisi

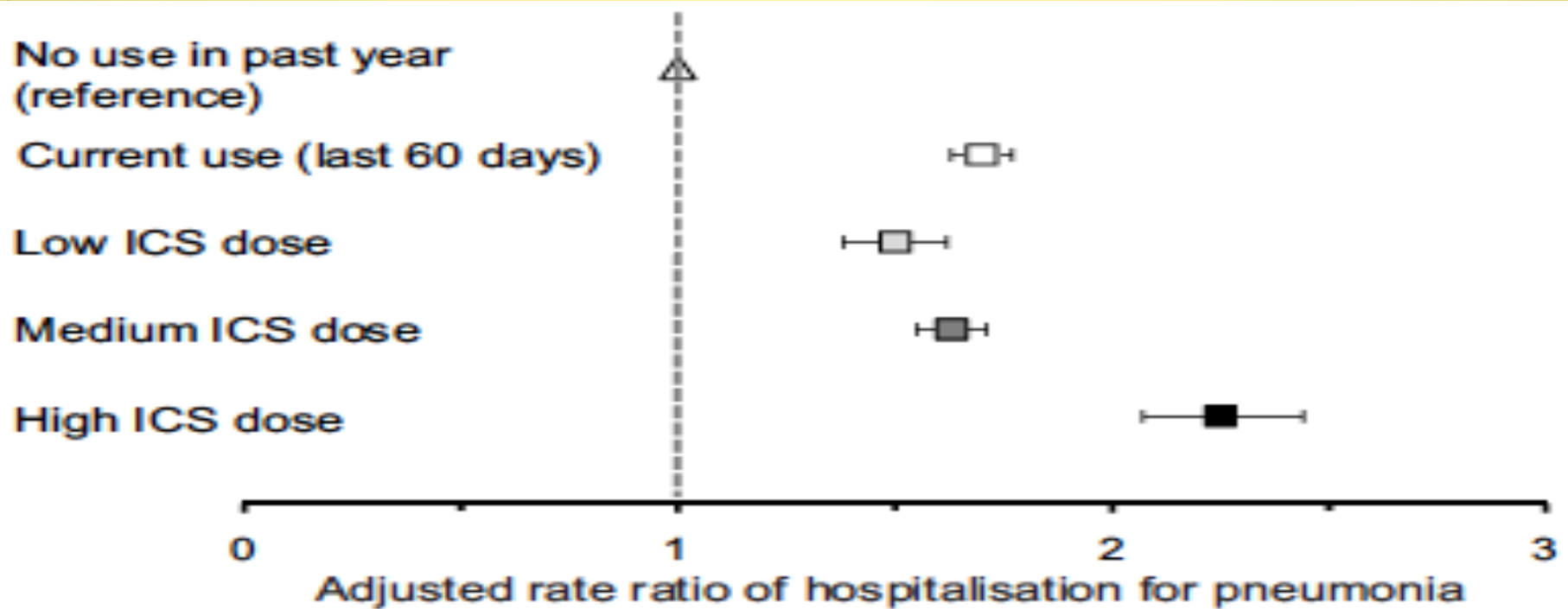


Table 2. Side-effects of inhaled corticosteroids in COPD and type of evidence

	Randomised controlled trial	Observational study	Systematic review
Pneumonia	✓	✓	✓
Tuberculosis		✓	
Bone fracture	(No effect on fracture risk)	✓	✓
Skin thinning/ easy bruising	✓		
Cataract		✓	
Diabetes		✓	
Oropharyngeal candidiasis	✓	✓	✓

Sonuç

- ✦ Atak sayısında azalma
- ✦ Morbidite ve mortalite de azalma
- ✦ Yüksek doz/pnömoni
- ✦ KOAH'lı hastaların iyi değerlendirilmesi
- ✦ Hastaya göre uygun tedavi kombinasyonu
- ✦ GOLD

