VITAS WEBINAR SUMMARY

# Chronic Obstructive Pulmonary Disease (COPD) and Quality of Life


**Featured VITAS Expert**

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**GOAL:** To understand the COPD disease process within the context of quality-of-life issues, including COPD's trajectory, the patient experience and factors that influence appropriateness for palliative and hospice care.

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## Key Takeaways

1. COPD involves long-term illnesses, such as emphysema or chronic bronchitis, that obstruct or block airflow to the lungs.
2. A leading cause of death in the US, COPD rarely occurs in patients under 45. Even though COPD is more common than cancer over age 65, it is less likely to trigger a hospice recommendation.
3. COPD involves the brain stem, nose, cilia, mouth, trachea, lungs, and bronchioles and alveoli in the lungs. Damage to these organs/tissues impairs the body's ability to oxygenate blood, stressing the heart and leading to respiratory failure.
4. COPD symptoms: increased mucus, wheezing, cool extremities, shortness of breath (dyspnea), anxiety, anorexia, swelling and weight loss/gain. Patients might experience fatigue, panic, loneliness, depression, isolation and spiritual distress.
5. Hospice triggers:
   - Dyspnea at rest or that responds poorly to bronchodilators
   - Hypoxemia at rest on room air
   - Increased/repeat ED or hospital visits for end-stage lung disease
   - Chest discomfort, activity intolerance, coughing, peripheral swelling, jugular distension, racing heart rate
   - Weight loss >10% over 6 months
   - Respiratory failure (confusion, fatigue, lethargy, dyspnea or sleepiness)
   - Patient's goals are for quality of life
   - **Question:** How can you advocate for patients in respiratory decline? Would hospice care improve the patient's quality of life?