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**Sept 2020 Respiratory Newsletter**

**From Kent & Medway Respiratory Expert Group**

**Dear Colleagues**

As we move through autumn of 2020 and into winter we are expecting a much higher than usual pneumonia and COPD exacerbations; due to the circulation of both COVID-19 and influenza viruses.

This is why it is especially important to maximise flu vaccine uptake for all high risk groups and over 65’s as early as possible and before end of November. We are also hoping for positive news on the corona virus vaccine trials in the next few months.

Patients with respiratory conditions should also carefully follow national guidance on minimising risk from COVID-19; details can be seen via this link:

<https://www.blf.org.uk/support-for-you/coronavirus/people-living-with-lung-condition>

For our COPD patients make sure they get both this year’s flu vaccine and also check whether they have received the adult pneumonia vaccine in the past. Please also consider ***rescue packs*** of antibiotics and steroids as part of their self-management plan; to enable patients to self-initiate treatment or initiate following contact with a healthcare professional. This is particularly important for the more severe COPD patients; especially those who have had 2 or more exacerbations in the past 12 months or one hospitalisation from COPD flare-up in the past.

When the COPD exacerbations are severe or not responding to the first 5 days of antibiotics/oral steroids one should also consider the possibility of progression to pneumonia. UK Hospital data show that around 50% of COPD exacerbations needing admission had evidence of pneumonia and the average length of stay for COPD exacerbations was more than doubled from the usual 4 days to 10 days or more if pneumonia was present.

**Please see below for more details of self-management plans and rescue packs for known COPD patients which has been adapted from British Lung Foundation.**

[**https://cdn.shopify.com/s/files/1/0221/4446/files/flare-up\_plan.pdf?3858084738803025030**](https://cdn.shopify.com/s/files/1/0221/4446/files/flare-up_plan.pdf?3858084738803025030)

**COPD Self-management plan**

Provide a self-management plan that provides personalized advice on:

* Lifestyle, including diet, exercise, and smoking cessation (if necessary).
* How to prevent exacerbations, including information on treatments.
* Recognizing early signs of an exacerbations such as:
* Increased breathlessness.
* Increased sputum.
* Discoloured sputum.
* Persistent Fever, pleuritic chest pain with cough and breathlessness suggest pneumonia

And CRB-65 assessment can help in deciding if patient is safe to treat at home or not.

<http://www.pulsetoday.co.uk/clinical/toolbox-crb65/20002660.article>

**For people who have frequent exacerbations:**

* Provide a structured, written action plan on how to initially increase the use of short-acting bronchodilators, and if there is no response, when to contact a primary healthcare professional.
* Consider prescribing a supply of rescue medication (oral corticosteroids and antibiotics to keep at home) and provide written information advising them:
* To start oral corticosteroid therapy if sustained and breathlessness interferes with activities of daily living.
* To start antibiotics if sputum becomes discoloured or increases in volume and is not just temporary.
* To contact a primary healthcare professional if they start treatment, are uncertain about whether to start treatment, or become more unwell.
* Provide advice about sources of information and support for people with chronic obstructive pulmonary disease (COPD), such as the British Lung Foundation which has patient guides on COPD.

**Acute exacerbation/ flare-ups of COPD**

* Many COPD flare-ups/exacerbations are caused by viral infections so may not benefit from antibiotics; Oral steroids however are important to reduce inflammation in the airways at this time. 30mg/day prednisolone for five days is the current recommendation. Antibiotics are of less benefit if there is no change to sputum volume/colour and consistency i.e. Absence of green sticky phlegm with increased sputum volume.
* Consider an antibiotic, but only after taking into account severity of symptoms; co-morbidities, previous exacerbations, past hospitalisations and risk of complications. If available previous sputum culture and susceptibility results can be useful but there is risk of bacterial resistance with repeated courses [NICE 2019 COPD guidelines].

***First Line***

1. Amoxicillin capsules 500mg TDS for 5 days
2. Doxycycline capsules 100 mg twice a day (total duration of treatment 5 days)
3. Clarithromycin tablets 500mg BD for 5 days

***Second Line (if resistance)***

Change to an alternative first line antibiotic above

**Note:** If the response is poor to the above antibiotic regimes consider 5 days of Azithromycin at 500mg/day but always do a chest x-ray as well. Do NOT use quinolones (ciprofloxacin, ofloxacin) first/second line due to poor pneumococcal activity. Reserve all quinolones (including levofloxacin) for proven resistant organisms.

**Vaccines and Prevention**

Encourage those patients who are at risk to have both the Pneumococcal and Flu vaccine.

<https://www.nhs.uk/conditions/vaccinations/when-is-pneumococcal-vaccine-needed/>

**Pharmacological therapy (Pneumonia)**

* Antibiotic therapy
* Offer antibiotic therapy as soon as possible after diagnosis.
* Low-severity community-acquired pneumonia
	+ Offer a 5-day course of a single antibiotic to patients with low-severity community-acquired pneumonia.
	+ Consider amoxicillin in preference to a macrolide or a tetracycline for patients with low-severity community-acquired pneumonia. Consider a macrolide or a tetracycline for patients who are allergic to penicillin.
	+ Consider extending the course of the antibiotic for longer than 5 days as a possible management strategy for patients with low-severity community-acquired pneumonia whose symptoms do not improve as expected after 3 days.
	+ Explain to patients with low-severity community-acquired pneumonia treated in the community, and when appropriate their families or carers that they should seek further medical advice if their symptoms do not begin to improve within 3 days of starting the antibiotic, or earlier if their symptoms are worsening.
* Do not routinely offer patients with low-severity community-acquired pneumonia:
	+ a fluoroquinolone
	+ dual antibiotic therapy.

**Further Action**

Consider posting the following on your Practice website:

"Respiratory disease experts are predicting a surge in the number of people who will get pneumonia and COPD flare-ups over the coming winter months. It is important that if you have COPD please ensure you have sufficient supply of inhalers and your other medications (including your rescue pack of antibiotics and steroids) and that you also try and avoid mixing with people who already have coughs and colds over this time.

It is especially important to have your flu vaccine early this year and that you have also have the pneumococcal vaccine if you have not had it in the past. Finally if you are still smoking we would encourage you to consider stopping to help your chest and lung immunity, discuss this with your pharmacist or GP surgery when you next attend.

For those who don't have COPD please use COVID online checker or contact NHS 111 if you have a persistent cough and fever, particularly if you are getting short of breath”

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

You may also find the following links helpful for further advice and guidance on COPD best practice management; plus antibiotic prescribing in community acquired pneumonia and COPD;

1. Visual summary Community Acquired Pneumonia <https://www.nice.org.uk/guidance/ng138/resources/visual-summary-pdf-6903410941>
2. Visual summary COPD <https://www.nice.org.uk/guidance/ng114/resources/guide-to-resources-pdf-6602624893>
3. Managing your COPD a patient guide <https://www.blf.org.uk/support-for-you/copd/managing-my-copd>
4. A four page summary from NICE on managing stable COPD and also flare-ups <https://www.sps.nhs.uk/wp-content/uploads/2019/02/NICE-Bites-115-COPD.pdf>

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