**Dec 2020 Respiratory Newsletter**

**KM Respiratory Expert Group [KMREG] Edited by: Dr N.Banik** [**a.banik@nhs.net**](mailto:a.banik@nhs.net)

**Dear Colleagues**

As we move through winter of 2020 and into the New Year we are facing prolonged waves of Covid accompanied with the annual surge in winter illness. This includes the usual chest infections and COPD exacerbations along with COVID chest symptoms - due to the fall in temperature and circulation of both COVID-19 and winter viruses. The rollout of Covid vaccines is a ray of sunshine in a year that has tested NHS teams to the limit.

**Impact of cold weather on health**: Cold temperatures below eight degrees Celsius cause several biological changes in our body including depressing immunity; increasing bronchial secretions and airway narrowing. Cold also increases blood pressure, heart rate and clotting. Many of these changes happen rapidly within hours. In a cold spell asthma attacks and heart attacks peak within 24-48 hours and strokes in 3-4 days and chest infections and COPD flare-ups in 7-14 days.

Some people are more vulnerable to the effects of cold weather. This includes:

* people aged 65 and older
* babies and children under the age of 5
* people on a low income (so cannot afford heating)
* people who have a long-term health condition
* people with a disability
* pregnant women
* people who have a mental health condition

A fall in outside temperature from 8\*c to 4\*c increases GP clinic consultations by up-to 80%.

**Maintaining Long Term condition care:** While many high risk groups struggle with health in winter optimising healthy lifestyle measures and following good compliance with medication plans leads to better outcomes – especially when patients fall ill with Covid or any infection. This is true for all long term conditions whether respiratory; cardiac or metabolic e.g. diabetes and highlights the importance of continuing with long term condition regular reviews and aiming for good health targets. Many are now being done quite successfully through telephone/video calls utilising digital technology and excellent asthma/COPD questionnaires for annual reviews can also be sent via SMS services like accurx which is free to NHS clinics. Several areas of England are now using group virtual consultations for annual reviews with good effect and our local CCG education leads can help with this. [Sharonlee2@nhs.net](mailto:Sharonlee2@nhs.net). 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>

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

**Pneumonia and COPD:** If 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. If patients are Covid positive with COPD - home pulse oximetry would be useful to detect a dangerous fall in finger oxygen levels which can happen with little warning. The CCG project of Covid virtual ward will rollout pulse oximeters to high risk patients and over 65’s along with care/residential home patients with specific instructions on implementation.

**COPD and Co-morbidities**

It is now recognised that COPD patients are significantly frailer than biological age because of a clustering of multiple co-morbidities; on average 4-5 per patient. High blood pressure, Ischemic heart disease; heart failure and atrial fibrillation are common co-morbidities showing the close link between heart and lung damage. Also osteoporosis and diabetes are more common. The three main causes of mortality in COPD are heart disease, lung problems and cancer. {TORCH study UK}

All COPD assessments should include a review of co-morbidities and if disease control is poor or frequent flare-ups consider Chest x-ray, ECG, routine bloods including pro-BNP and also pulse oximetry. Look for finger clubbing and ankle swelling. If excessive phlegm production on a daily basis bronchiectasis may be the cause and best investigation is High resolution/HRCT thorax.

**For people who have frequent exacerbations:**

* 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.
* Suggest gentle exercises like Tai Chi and online pulmonary rehab: with a guided video: <https://resphealth.org/pulmonary-rehabilitation-at-home/>
* COPD Singing programs : <https://www.blf.org.uk/support-for-you/singing-for-lung-health>
* Cisco salt pipe helps in many airway diseases. <https://www.ciscasaltpipe.co.uk/> based on Eastern European salt mines therapeutic properties of breathing salty air in lung disease.
* High sputum producers may respond to mucolytic: acetylcysteine is NICE approved and only one 600mg tab once a day is required; carbocisteine needs 4-6 cap/day; each of 375mg strength.

**Post Covid support program:** Recovery from Covid can be slow and difficult with a myriad of symptoms; along with intense fatigue and high anxiety with chest pains, breathlessness and loss of smell/taste. To support patients Your-Covid-recovery website has the most up-to date information and ideas on what to expect.[**https://www.yourcovidrecovery.nhs.uk/**](https://www.yourcovidrecovery.nhs.uk/)Also for patients needing expert help and rehab particularly if not doing well at 12 weeks four MDT style virtual clinics are being set up in the next few weeks under the acute trusts linked to the pulmonary rehab teams across Kent &Medway.

**Covid care Health Navigator: support team**

Across Kent &Medway a team of specialist nurses and Occupational therapists are in place to help both post-Covid and non-Covid patients who are struggling to cope at home due to multi-morbidities; social isolation or after coming home from hospital. For adults who are not end of life and do not have dementia this team is in place to help over winter months until March 31st 2021.

<https://www.hn-company.co.uk/covid-19-support/covid-patient/>

Patient name with NHS number and a short summary from notes can be emailed to the team which is funded and approved by the CCG.

**Appendix and Useful links**

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 COPD <https://www.nice.org.uk/guidance/ng114/resources/guide-to-resources-pdf-6602624893>
2. Managing your COPD a patient guide <https://www.blf.org.uk/support-for-you/copd/managing-my-copd>
3. 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>
4. Patients with possible Covid should use online checker: <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>