

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-copd/asthma-copd-overlap-management-integrating-dual-treatment-pathways/35544/>

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Asthma-COPD Overlap Management: Integrating Dual Treatment Pathways

Announcer:

Welcome to *On the Frontlines of COPD* on ReachMD. On this episode, we'll learn about the treatment of asthma-COPD overlap syndrome from Mr. Brian Bizik. He's a physician assistant who serves as the Respiratory Care Coordinator for Terry Reilly Health Centers in Boise and Nampa, Idaho. Here's Mr. Bizik now.

Mr. Bizik:

Treatment becomes a great place to start with these patients because all of the treatments we have are fair game. For a patient with asthma, we think about starting inhaled corticosteroids early and adding a bronchodilator. With COPD, now we're thinking the same thing, that maybe a steroid—which might not have been part of my initial treatment algorithm with just COPD—for that patient who has asthma-COPD overlap, I'm now considering it. All those treatments for asthma are now fair game and vice versa; when it comes to treating a patient with asthma that now has COPD features, we need to be thinking about some of those things we would do with COPD, like pulmonary rehab. We know patients with asthma don't get referred to rehabilitation as much as COPD. Now we need to start thinking about that.

What about vaccinations and providing them with vaccinations? We're very good with COPD. Patients with COPD, we screen them for vaccines. We're trying to prevent exacerbations. But we know that patients that come in with asthma, they're less likely to get some of those vaccinations, so we've got to take that away and start treating those asthma-COPD overlap patients in a way with all of the options for both. Everything I would do for asthma is now fair game. All the things I would do with COPD are fair game, and I need to consider all of those because now my patient has characteristics of both conditions, and all—at least potentially—should be considered as treatment options.

The next few years for asthma-COPD overlap are going to be exciting. We're getting treatments that are more specific. We're getting biologic therapies that target the specific cells and interleukins that can drive inflammation. Keeping in mind that for asthma-COPD overlap, those patients do tend to do worse. They tend to have more exacerbations. They tend to do poorer and have a greater rate of decline of FEV-1, so they have these features, and we need to be aggressive.

The next few years are going to show us that as more biologic therapies are approved, we can do a better job of tailoring medications for patients with asthma-COPD overlap, providing them with inhalers that target what they have specifically. And in the future, I think we'll have more options to provide patients with reduction in exacerbations and help them live higher-quality lives.

Announcer:

That was Mr. Brian Bizik sharing treatment strategies for asthma-COPD overlap syndrome. To access this and other episodes in our series, visit *On the Frontlines of COPD* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!