



## Optimal Care: Pulmonary



New treatment option for mild persistent asthma<sup>1</sup>

Use a LABA/ICS combination on an "as needed" basis to reduce ICS use by over 75%<sup>1</sup>

### Obstructive Sleep Apnea (OSA)<sup>2</sup>

- OSA treatment is directed at symptom improvement, data does not support improved CV outcomes with OSA treatment
- Home sleep study is preferred over facility study with improved patient acceptance, improved OSA outcomes, and 67% cost reduction
- Mandibular advancement devices may be helpful up to Apnea-Hypopnea Index (AHI) of 30
- Auto-titrating CPAP is preferred over facility CPAP titration

### Management and Treatment Recommendations



#### Lung Cancer Screening

Not indicated outside the parameter of the National Lung Screening Trial (NLST)<sup>3</sup>

Overall mortality reduction with screening 0.4%

False positive rate of screening exceeds 96%<sup>4</sup>

Shared decision making is essential

Use Fleischner nodule algorithm for follow-up guideline<sup>5</sup>



#### COPD Management

Treatment is predominately for symptom control and not preservation of lung function

LAMA\* therapy is superior to LABA\*\* as a single agent

ICS use is for the asthmatic subtype or severe COPD with frequent exacerbations

Mortality is predicted better by degree of dyspnea than degree of lung function impairment<sup>6</sup>

\* Long-acting antimuscarinic agent

\*\* Long-acting beta-agonists



#### Pulmonary Embolus (PE)

61% of CTA's are inappropriate due to low risk

Use Dichotomized Wells Score and D-dimer for low risk patients

Provoked DVT\*/PE should be treated for 3 months<sup>7</sup>

Consider lifelong therapy in unprovoked DVT/PE<sup>7</sup>

Subsegmental PE may not need treatment if no ongoing PE risk

\*Deep Venous Thrombosis

### COPD Best Practices

- ✓ Pulmonary rehabilitation is of benefit in GOLD stages 3 and 4
- ✓ Daytime oxygen is not of benefit with mild to moderate daytime hypoxia
- ✓ Advanced care planning is essential when COPD is advanced

<sup>1</sup>NEJM, 378, 1865-1876. doi:10.1056/NEJMoa1715274

<sup>2</sup>Annals of Internal Medicine, 166(5), 332-340. doi:10.7326/M16-1301

<sup>3</sup>NEJM, 365, 395-409. doi:10.1056/NEJMoa1102873

<sup>4</sup>JAMA Internal Medicine, 178(3), 326-327. doi:10.1001/jamainternmed.2017.8217

<sup>5</sup><https://pubs.rsna.org/doi/pdf/10.1148/radiol.2017161659>

<sup>6</sup>Chest. 2002 May;121(5):1434-40

<sup>7</sup>Chest, 149(2), 315-352. doi:10.1016/j.chest.2015.12.005