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The ABC of COPD provides easily accessible, reliable information outlining the aetiology, natural history, diagnosis and current evidence based management of COPD. Treatment recommendations are based on NICE guidelines published in 2004 for the management of COPD.

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VC (RVC) or VC) -- Inspired vital capacity (IVC) -- Forced  
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classification of spirograms -- Bronchodilator reversibility  
testing -- Severity of airflow obstruction in COPD

Chronic Obstructive Pulmonary Disease (COPD) is a

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progressive, largely irreversible lung condition characterised by airflow obstruction. Although cigarette smoking is the single most important risk factor in its development, other associations and risk factors are thought to have increasing relevance throughout the world. COPD is usually managed in primary care, although it is commonly under-diagnosed, and is one of the most common medical conditions necessitating admission to hospital. The second edition of the ABC of COPD provides the entire multidisciplinary team with a reliable, up-to-date and accessible account of COPD. Extensively updated by experienced clinicians - including new chapters on spirometry, inhalers, oxygen, death, dying and end of life issues - this ABC is an authoritative and practical guide for general practitioners, practice nurses, specialist



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nurses, medical students, paramedical staff, junior doctors, non-specialist doctors and all other health professionals working in both primary and secondary care.

Chronic Obstructive Pulmonary Disease Exacerbations covers the definition, diagnosis, epidemiology, mechanisms, and treatment associated with COPD exacerbations. This text also addresses imaging and how it plays a pivotal role in the diagnosis and study of exacerbations. Written by today's top experts, Chronic Obstructive Pulmonary Disease Exacerbat

In 2012 we received a grant from the Veterans Health Administration Office of Specialty Care entitled, "Patient-Centered Model for the Management of Chronic Obstructive

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Pulmonary Disease.” The grant’s goals were to enhance the recognition and diagnosis of COPD and implement a Patient-Centered Model for the Management of COPD. As the work on that proposal progressed, we realized that providers did not have an up-to-date, comprehensive, easily read, “how to” manual for the management of COPD despite all the advances in COPD care that have occurred over the past 5 years. Consensus documents such as the VA-DOD Guidelines were abbreviated summaries that were rarely used. From those discussions, the concept for this volume, a COPD Primer, developed. The goal was to develop a practical book that concisely presented COPD to providers with sufficient background and explanation of the physiologic and scientific rationale for various management strategies

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without becoming an esoteric academic work. We hope that this COPD Primer has achieved that goal and will be a useful, practical text for practitioners and medical trainees alike. The COPD Primer begins with an examination of what COPD is; it is really a syndrome, a constellation of historical features and clinical, physiologic, and radiographic findings. However, those elements come together in many different ways to create multiple different COPD phenotypes that are only now being recognized and used to define specific management strategies. COPD research has progressed beyond the simple classification of “blue bloaters” and “pink puffers.” Next, the epidemiology and economic consequences of COPD are reviewed. Bill Eschenbacher presents an approach to the patient with respiratory symptoms with detailed

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discussions of pulmonary function testing and how airflow limitation/obstruction is identified by spirometry and the use of lung imaging to identify individuals with COPD. Michael Borchers and Gregory Motz summarize current evidence implicating genetics, proteolytic imbalance, oxidative stress, inflammation, occupational and environmental exposures, and innate and adaptive immune function in the pathogenesis of COPD and the implication of these findings to future treatments. The single most important intervention in the prevention and treatment of COPD is smoking cessation. Shari Altum, Katherine Butler, and Rachel Juran present a practical approach to smoking cessation utilizing motivational interviewing in combination with pharmacologic interventions. Then, they expand upon these concepts to provide

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practitioners with convenient, realistic suggestions to encourage patient self-management in all aspects of COPD care and overall health. Ahsan Zafar reviews the natural history, recently described COPD phenotypes, and gender differences that clearly illustrate the broad spectrum of disease that comprises the term, COPD. The cover illustration highlights Dr. Zafar's creative and artistic talents. The extensive nonpulmonary aspects of COPD are reviewed by Ralph Panos in an examination of COPD's multi-organ manifestations. Next, the effect of COPD on sleep and the overlap syndrome, the concurrence of COPD and obstructive sleep apnea, and its consequences are presented. Jean Elwing examines the effect of COPD on the pulmonary vasculature with a detailed discussion of the evaluation and

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management of pulmonary hypertension associated with COPD. COPD's effects on psychosocial functioning and familial interactions are presented by Mary Panos and Ralph Panos. The focus of the Primer then shifts from manifestations to treatment with a discussion of stable COPD management. With the current plethora of devices for delivering respiratory medications, it is difficult for both patients and providers to sustain knowledge of their proper use. Aaron Mulhall presents a practical guide to correct inhaler use that reviews all the current devices. Folarin Sogbetun then reviews the management of outpatient COPD exacerbations and Nishant Gupta discusses the approach to the patient hospitalized with COPD. Because patients with COPD often see multiple subspecialty physicians in addition

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to their primary care providers, interdisciplinary communication and coordination of care is essential for their management; Sara Krzywowski-Mohn reviews the interactions between primary and specialty care for the patient with COPD with suggestions for improved communication and care coordination. Finally, advance care planning including palliative care and hospice is reviewed with a discussion of how end stage COPD affects not only the patient but also their family and social network. This COPD Primer incorporates the knowledge that we have learned over the past several years during the development and implementation of a patient-centered model for the management of COPD. It was written with the explicit goal of assisting both the practicing provider and medical trainee in

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the care of patients with COPD.

A new, case-oriented and practical guide to one of the core techniques in respiratory medicine and critical care. Concise, practical reference designed for use in the critical care setting  
Case-oriented content is organised according to commonly encountered clinical scenarios  
Flow charts and algorithms delineate appropriate treatment protocols

Chronic Obstructive Pulmonary Disease (COPD) represents an important public health challenge and is a major cause of chronic morbidity and mortality throughout the world. COPD is currently the fourth leading cause of death in the world<sup>1</sup> but is projected to be the 3rd leading cause of death by 2020. More



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than 3 million people died of COPD in 2012 accounting for 6% of all deaths globally. Globally, the COPD burden is projected to increase in coming decades because of continued exposure to COPD risk factors and aging of the population.<sup>2</sup> This Pocket Guide has been developed from the Global Strategy for the Diagnosis, Management, and Prevention of COPD (2018 Report), which aims to provide a non-biased review of the current evidence for the assessment, diagnosis and treatment of patients with COPD that can aid the clinician. Discussions of COPD and COPD management, evidence levels, and specific citations from the scientific literature are included in that source document, which is available from [www.goldcopd.org](http://www.goldcopd.org). The tables and figures in this Pocket Guide follow the numbering of the 2018

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Global Strategy Report for reference consistency.

Chronic obstructive pulmonary disease or COPD affects many lives from various communities and different nations. COPD is a disabling condition affecting the lungs and involving irreversible lung damage, so that the lungs can no longer function at full capacity. More and more people are being diagnosed with the condition each day. COPD is very disabling and many people find it hard to cope with the restrictions that it brings. People with COPD can suffer greatly and many do so in silence. There are medications that are available that will help to improve symptoms. Practical support is also at hand from various sources ranging from education about COPD to advice on coping with COPD. This

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book tries to provide the reader with a better understanding of COPD, giving an insight into the management of the condition. Living with COPD is no doubt difficult, understanding it will hopefully make the journey easier.

From 1962 to 1971, the U.S. military sprayed herbicides over Vietnam to strip the thick jungle canopy that could conceal opposition forces, to destroy crops that those forces might depend on, and to clear tall grasses and bushes from the perimeters of US base camps and outlying fire-support bases. Mixtures of 2,4-dichlorophenoxyacetic acid (2,4-D), 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), picloram, and cacodylic acid made up the bulk of the herbicides sprayed. The main chemical mixture sprayed was Agent Orange, a

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50:50 mixture of 2,4-D and 2,4,5-T. At the time of the spraying, 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD), the most toxic form of dioxin, was an unintended contaminant generated during the production of 2,4,5-T and so was present in Agent Orange and some other formulations sprayed in Vietnam. Because of complaints from returning Vietnam veterans about their own health and that of their children combined with emerging toxicologic evidence of adverse effects of phenoxy herbicides and TCDD, the National Academies of Sciences, Engineering, and Medicine was asked to perform a comprehensive evaluation of scientific and medical information regarding the health effects of exposure to Agent Orange, other herbicides used in Vietnam, and the various components of those herbicides,

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including TCDD. Updated evaluations were conducted every two years to review newly available literature and draw conclusions from the overall evidence. Veterans and Agent Orange: Update 11 (2018) examines peer-reviewed scientific reports concerning associations between various health outcomes and exposure to TCDD and other chemicals in the herbicides used in Vietnam that were published between September 30, 2014, and December 31, 2017, and integrates this information with the previously established evidence database.

Severe asthma is a form of asthma that responds poorly to currently available medication, and its patients represent those with greatest unmet needs. In the last 10 years,

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substantial progress has been made in terms of understanding some of the mechanisms that drive severe asthma; there have also been concomitant advances in the recognition of specific molecular phenotypes. This ERS Monograph covers all aspects of severe asthma – epidemiology, diagnosis, mechanisms, treatment and management – but has a particular focus on recent understanding of mechanistic heterogeneity based on an analytic approach using various ‘omics platforms applied to clinically well-defined asthma cohorts. How these advances have led to improved management targets is also emphasised. This book brings together the clinical and scientific expertise of those from around the world who are collaborating to solve the problem of severe asthma.

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The Respiratory System at a Glance has been thoroughly updated in line with current practice guidelines and new techniques to provide a highly illustrated and comprehensive guide to normal lung structure and function, as well as associated pathophysiology. Each topic has been fully revised and is accompanied by clear diagrams to encapsulate essential knowledge. Reflecting changes to the content, teaching and assessment methods used in medical education, this new edition now includes more information on acid base and its clinical ramifications, further detail on defence mechanisms and immunology, and also features online access to clinical cases and flashcards. The Respiratory System at a Glance: • Integrates basic and

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clinical science – ideal for integrated and systems-based courses • Includes both the pathophysiology and clinical aspects of the respiratory system • Is fully revised and updated to reflect current practice guidelines and new therapies • Provides online clinical cases, brand new flashcards, and MCQs • Includes a companion website at [www.ataglanceseries.com/respiratory](http://www.ataglanceseries.com/respiratory) featuring interactive multiple choice questions and digital flashcards

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