

Transcript Details

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ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

COPD: Why Appropriate Device Selection is Important

Announcer:

You're listening to REACHMD. Welcome to this medical industry feature entitled, "COPD: Why Appropriate Device Selection is Important" sponsored by Sunovion Pharmaceuticals Inc. This promotional, non-CME program is intended for U.S. physicians treating COPD. Dr. Braman and Dr. Mahler are paid consultants of Sunovion Pharmaceuticals Inc.

Host (Dr. Setty):

Device selection for the administration of long-acting bronchodilators is an important factor for the treatment of people diagnosed with COPD. At the American Thoracic Society International Conference in Washington, D.C., we talked to some of the investigators presenting data on this subject.

I am your host, Dr. Prathima Setty and I would like to welcome my three guests to the program. Speaking with me today are Dr. Sidney Braman, a pulmonologist and Professor at Mount Sinai Health System; Dr. Donald Mahler, a pulmonologist and Emeritus Professor of Medicine at the Geisel School of Medicine at Dartmouth; and Dr. Nicola Hanania, a pulmonologist and Associate Professor of Medicine at the Baylor College of Medicine Airways Clinical Research Center.

Doctors, thank you for being here to share your insights on delivery devices for long-acting bronchodilators for COPD.

Host (Dr. Setty):

Dr. Braman, how has the treatment paradigm for COPD changed throughout your years in practice?

Dr. Braman:

Well, I have been a pulmonary physician for many, many years. And I have seen, over my span of years as a pulmonologist, tremendous, tremendous advances in the field of pulmonary medicine, and specifically, in the treatment of COPD. In years past, we actually had a very nihilistic approach to this disease. There weren't a lot of medications available. But over the decades, we've had, I think, a great explosion of not only research into understanding COPD, but a number of treatments. We approach COPD with what we call a step-up approach. We start with some simpler medications, and then increase often the number of medications, as the disease becomes more severe. The disease, sadly enough, does become more severe because it is a progressive disease with a decline of lung function.

Host (Dr. Setty):

Why is individualized device selection an important consideration for COPD patients? Dr. Mahler, let's begin with you.

Dr. Mahler:

We see patients who are in their 50s as well as in the 80s with different impairments, so the goal would be like any treatment for any condition, is to individualize and personalize our treatment strategies. So, that applies to device selection as well as to the type of bronchodilator we're going to select.

Host (Dr. Setty):

Dr. Braman?

Dr. Braman:

The problem lately that has been identified, is that very often because of the number of delivery devices that we use for these medications for COPD, and often patients either have a difficult time with the instructions on how to use the medicines or really are

unable to use the medications. And I think there's been a recent highlight of these issues, that it's not only the medication that we need to consider but also the delivery device.

Host (Dr. Setty):
Dr. Hanania?

Dr. Hanania:

So, there are several drugs that come through different delivery systems, but often physicians and clinicians don't think about the delivery system, that they think about the drug itself. But, at the same time, if a patient is going to use the delivery system, he or she needs to be: 1) Comfortable using that system. 2) Able to use it and not having problems using it and mastering the technique. We often also forget the fact that many patients have comorbidities. And then, finally, adherence is another thing that affects the whole issue of treatment. So, even if the patient knows how to use their inhaler device, taking it every day is something that we see a big problem, because many patients are not adherent or are not compliant with therapy. So, all these should be taken into consideration for a good personalized approach.

Host (Dr. Setty):

What are the GOLD, or Global Initiative for Chronic Obstructive Lung Disease, strategies for device selection in COPD?

Dr. Hanania:

The most recent GOLD, which are international guidelines for COPD, they actually have a big section in their recommendations to emphasize the need for individualizing therapy, and not only what we pick for these patients regarding medications, but also considering the inhaler delivery system. What they advise is, it's a two-way highway with patients. So, we need to know what the patient is comfortable with regarding their delivery system.

Dr. Mahler:

Some people can use metered-dose inhalers, some people can use dry-powder inhalers, others find both of these common devices difficult to use for a variety of reasons, and then we have to consider alternative options.

Host (Dr. Setty):

So, in your practice, what patient, or caregiver, considerations do you evaluate when determining device selection? Dr. Braman, let me start with you.

Dr. Braman:

Well, I think that, obviously, most patients when they initially have the disease, they're being treated for the disease, don't have a lot of information about it, so the physician can't ask them about choices. But what I think a physician can, and really must do, is observe the patient using the device. Can the patient be taught to use the device? Very often, I've tried many times on certain devices to show the patient, have the patient use it, and sometimes, the patient is unable to do so. So, I think watching the patient use these devices, I think, is important.

Dr. Mahler:

I guess, first I talk to the patient. If he or she has used inhalers in the past, if they are comfortable with a particular delivery device? Secondly, talk about how coordinated they are. Can they use a metered-dose inhaler, the actuation of it, and coordinating the breathing with it, or could they use a breath-actuated dry-powder inhaler? These days, if I'm considering prescribing a dry-powder inhaler bronchodilator, I will ask our respiratory therapist to measure peak inspiratory flow rate, and that's a simple test in the PFT laboratory or in the hospital that measures whether the person or patient has enough inspiratory flow to pull the powder out of the device and inhale it deep into the lungs.

Host (Dr. Setty):

The American Thoracic Society conducted a pair of surveys to describe pulmonologists' and patients' knowledge, attitudes, behaviors and beliefs about inhalation devices for COPD, with the aim to identify areas of concordance and discordance. What findings were presented from these surveys?

Dr. Braman:

One of the things that has been recognized by the survey is that physicians need to assess a patient's ability to use these hand-held devices. The physician, in the office setting, can easily assess muscle strength, muscle coordination. And I like to, myself, ask a patient to show me how they're using their metered-dose device and other devices, making sure that they have the physical ability to use the device, and they're using them properly. Also, sadly enough, in the aging population, very often, forgetfulness, dementia, other things, may inhibit or impair a patient's ability to use the device and remember what they're taught. And this is something that a clinician can observe during a second and third visit, whether the patient does have that cognitive ability. I think this is a great opportunity.

What this survey sort of highlighted for us is that we all need to make this kind of an assessment on our patients, make sure that it's not the fact that the patient's not using the delivery device, and I think, overall, this will improve patient outcomes.

Host (Dr. Setty):

Dr. Mahler, what did the ATS survey tell us about the communication gaps between patients and pulmonologists?

Dr. Mahler:

In these paired surveys between pulmonologists and patients with COPD, we found a communication gap between these two different groups. For example, fewer patients than pulmonologists recall discussion topics shared at the first visit. In other words, pulmonologists remember talking about a variety of topics, where sometimes, less than half of the percentage of patients don't remember having those conversations.

Another communication issue is that 25% of the patients stated their discussions during COPD treatment during their office visit, just wasn't long enough. It didn't cover the various aspects that they were interested in. So, that's some of the simple but key communication gaps that exist between patients and pulmonologists. And then, there were some differences in preference between patients and pulmonologists regarding inhalation devices.

Host (Dr. Setty):

In addition to the ATS Survey, findings from the American College of Chest Physicians' "Delivery Makes a Difference" initiative were also presented. The initiative surveyed physicians and patients to assess drug and device prescription habits and perception disparities between the two. What did those findings show?

Dr. Hanania:

We specifically asked the healthcare provider about where do they put the priority for COPD medication? Is it the device or is it the medication? And the majority of clinicians, including pulmonologists, said they put the medication first. Surprisingly, when we asked the patient, hypothetically, where do you put the importance, they also said that the most important is the medication and less important is the device, showing similar trends to where they put their priorities. Both patients and physicians and clinicians put the device as the second priority. We also asked pulmonologists and primary care physicians whether they check inhaler technique for new patients with the diagnosis of COPD, which is something that they guidelines recommend, as I mentioned earlier. And surprisingly, even among pulmonologists, only 55% of pulmonologists who were surveyed, and there were about 500 clinicians that were surveyed in this study, only 55% checked the inhaler technique on every patient who was newly diagnosed with COPD when they first see him or her. So, that's half, that's almost half of all pulmonologists we surveyed. And that really reflects a big need for, again, emphasizing the real need for education of these clinicians on inhaler devices. You know, we are in the era of personalized medicine, and even though people talk about personalized medicine using sophisticated biomarkers and others, but actually it comes down to really something very simple. I believe that choosing the right device to the right person, right patient, is very important, and that, actually, is the key for a personalized approach for COPD.

Host (Dr. Setty):

Well with that I want to thank all of our guests for joining me today in discussing the importance of device selection for our ReachMD audience.

Announcer:

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