ΠΕΡΙΣΤΑΤΙΚΟ 1

ΕΞΩΤΕΡΙΚΑ ΙΑΤΡΕΙΑ

Γυναίκα ηλικίας 58 ετων παχύσαρκη , καπνίστρια 80/ρy προσέρχεται στο τακτικό ιατρείο αναφέροντας Δύσπνοια στην κόπωση ,βήχα κ απόχρεμψη προοδευτικά επιδεινούμενα τους τελευταίους 3 μήνες. Η ασθενής ήταν υπάλληλος γραφείου κ ανέφερε ότι πηρέ βάρος περίπου 10-15 κιλά τον τελευταιο χρονο. Επίσης ανέφερε εντόνους νυχτερινούς εφιάλτες κ φοβίες καθώς κ συχνές επισκέψεις στα ΤΕΠ τις νυκτερινές ώρες . Η ασθενής ζει μονή της.

ΚΛΙΝΙΚΗ ΕΞΕΤΑΣΗ

- 75/min σφυξεις
- 160/85 mmHg Αρτ. πίεση
- 18/min αναπνοες
- BMI=34kg/m2
- Ρεχαζοντες στις βάσεις αμφ.
- Η ασθενής λαμβάνει αντιυπερτασικη , αντιλιπιδιμικη αγωγη..(fluvastatin 40mg,candesartan 16mg)

- η σπιρομετρηση εδειξε
- FEV1=55%(Pred)
- FVC=80% (pred)
- FEV1/FVC=0.65

Εργαστηριακος ελεγχος

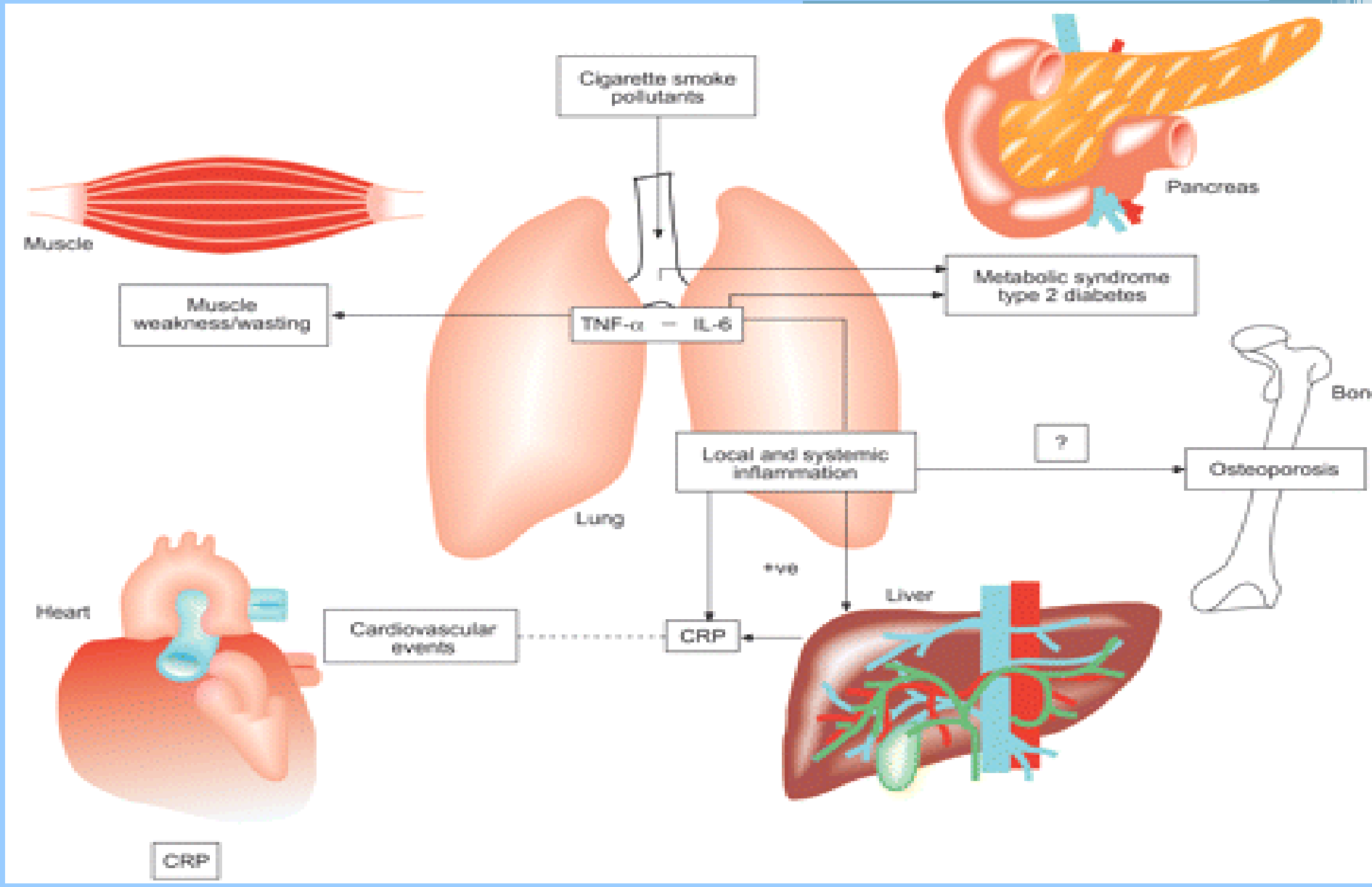
Γεν. αιματος κ .ουρων ΚΦ
ΤΚΕ 20mm
CRP 3.5
Gl=130
Cholesterol =320
Triglycerids=170
HDL=40
LDL 180

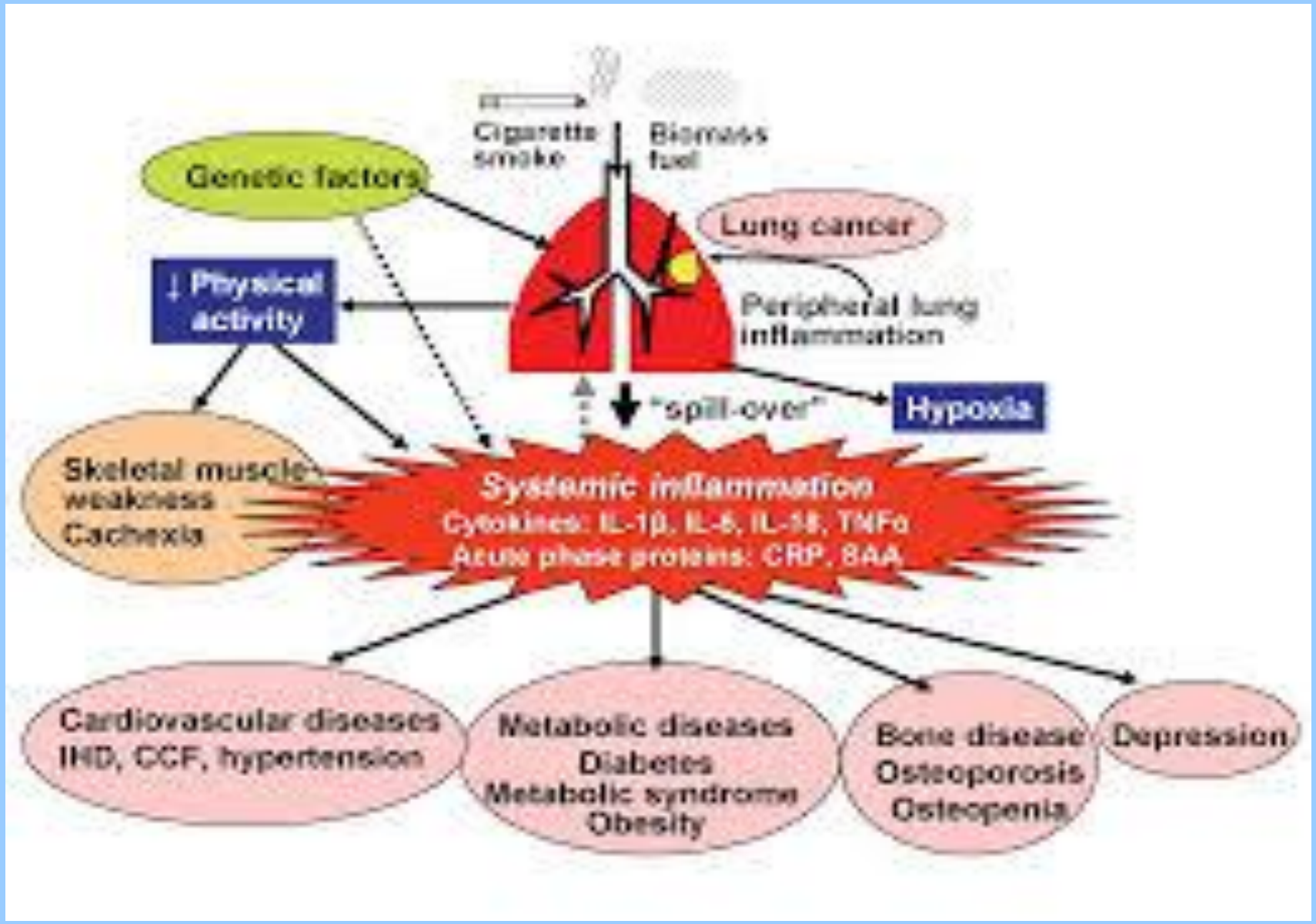
ΕΡΩΤΗΜΑΤΑ

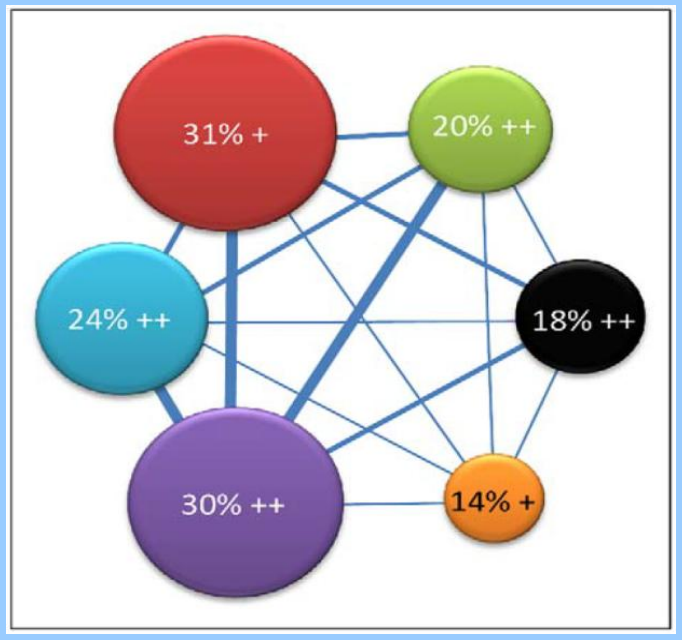
- 1)Πασχει η ασθενης από ΧΑΠ
- 2)ποιος ο φαινότυπος της νόσου
- 3)ποια η πιθανή αίτια αύξησης της δυσπνοιας
- 4)ποια η συν-νοσηρότητα
- 5) πως θα την διερευνήσετε
- 6)τι αγωγή θα δώσετε στην άρρωστη σας

ΑΝΑΠΤΥΞΗ

- 1) Ο φλεγμονώδης φαινότυπος
- 2)συνδιασμος με μεταβολικό σύνδρομο (λεπτομερές από τους συναδέλφους)
- 3) οι συχνές ψυχικές διαταραχές στη ΧΑΠ (επιδημιολογικά δεδομένα)
- 4) η διερεύνηση κ αντιμετώπιση τους


Cigarette smoke pollutants
Pancreas
Muscle
Metabolic syndrome type 2 diabetes
Muscle weakness/wasting
TNF-α
IL-6
Bon
Local and systemic inflammation
?
Osteoporosis
Lung
+ve
Liver
Heart
Cardiovascular events
CRP
CRP


Cigarette smoke
Biomass fuel
Genetic factors
Lung cancer
↓ Physical activity
Peripheral lung inflammation
"spill-over"
Hypoxia
Skeletal muscle weakness
Cachexia
Systemic inflammation
Cytokines: IL-1β, IL-6, IL-18, TNFα
Acute phase proteins: CRP, SAA
Cardiovascular diseases
IHD, CCF, hypertension
Metabolic diseases
Diabetes
Metabolic syndrome
Obesity
Bone disease
Osteoporosis
Osteopenia
Depression



16% of COPD patients have persistent systemic inflammation

Το άγχος και η κατάθλιψη είναι **μείζων νοσήματα** συνοσηρότητας στη ΧΑΠ (Anxiety and depression are major comorbidities in COPD)

- Σε μια συστηματική ανασκόπηση που επικεντρώθηκε σε ασθενείς με ΧΑΠ, η επίπτωση της κατάθλιψης κυμαινόταν από 37 έως 71%, και του άγχους από 50 σε 75%, στοιχεία που είναι συγκρίσιμα ή και μεγαλύτερα από τα ποσοστά επικράτησης σε άλλες σοβαρές ασθένειες όπως καρκίνος, AIDS, καρδιακές παθήσεις και νεφρική νόσο.
- Σε εξωτερικούς ασθενείς με ΧΑΠ μελέτες δείχνουν ποσοστά κατάθλιψης που κυμαίνονται από 7% έως 80% και άγχους που κυμαίνονται από 2% έως 80%. Η επικράτηση της γενικευμένης αγχώδους διαταραχής κυμαίνεται από 10% έως 33% και της διαταραχής πανικού από 8% έως 67% .

Prevalence in Advanced Disease: Systematic Review (64 studies)		
	Depression (%)	**Anxiety (%)**
COPD	**37-71**	**51-75**
Cancer	**3-77**	**13-79**
AIDS	**10-82**	**8-34**
Heart Disease	**9-36**	**49**
Renal Disease	5-60	39-70
(Solano, J Pain sympt Manage 2006 31:58)		

Anxiety: A state of apprehension and fear resulting from the anticipation of a threatening event or situation!

Depression: a psychological state characterized by a pessimistic sense of inadequacy and despondent lack of activity

The effect of complex interventions on depression and anxiety in Chronic Obstructive Pulmonary Disease: Systematic review and meta-analysis

Conclusions

Complex psychological and/or lifestyle interventions that include an exercise component significantly improve symptoms of depression and anxiety in people with COPD. Furthermore, multi-component exercise training effectively reduces symptoms of anxiety and depression in all people with COPD regardless of severity of depression or anxiety, highlighting the importance of promoting physical activity in this population.

P A Coventry, P Bower, C Keyworth et al. April 05,2013. DOI : 1371

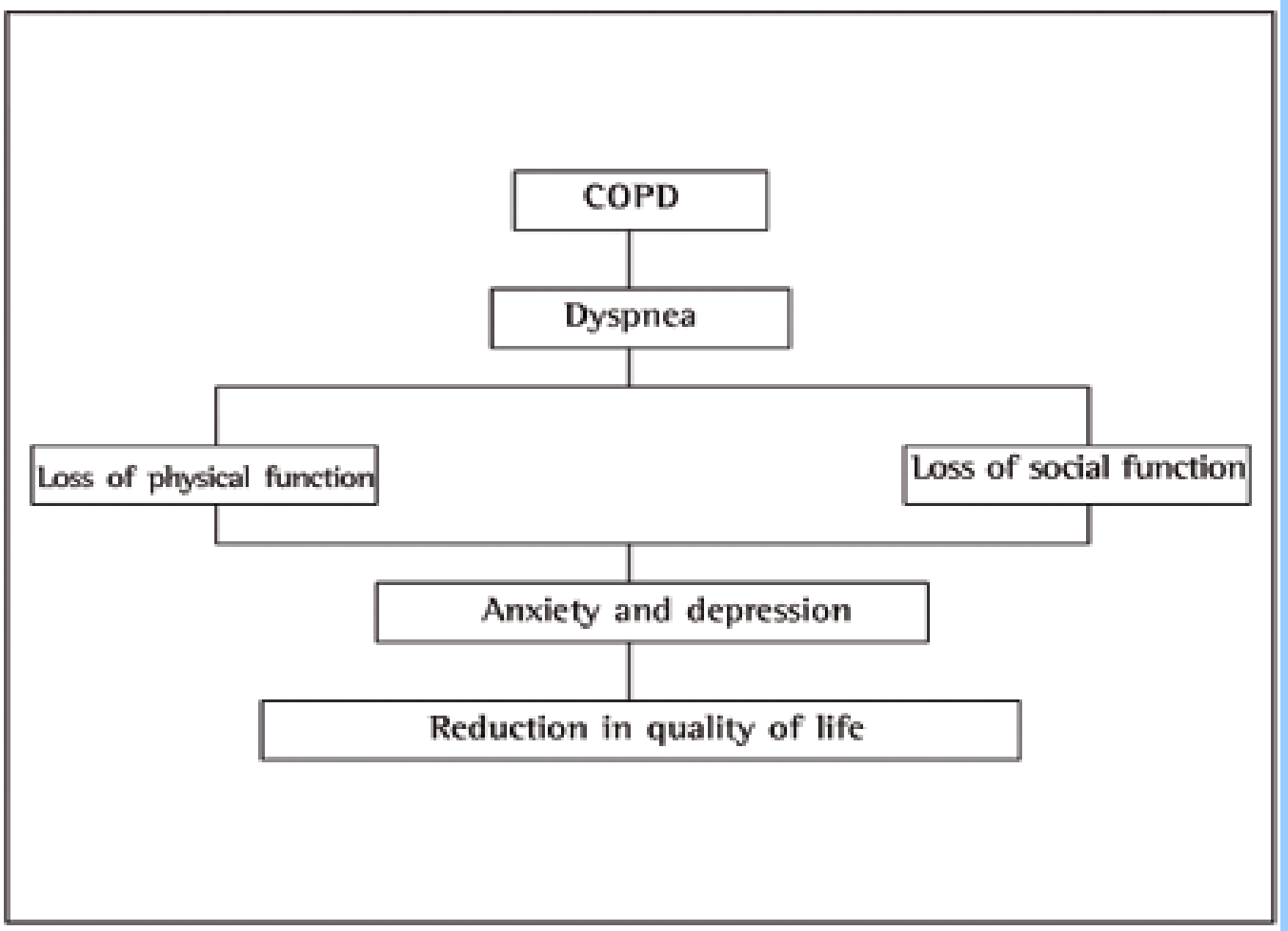
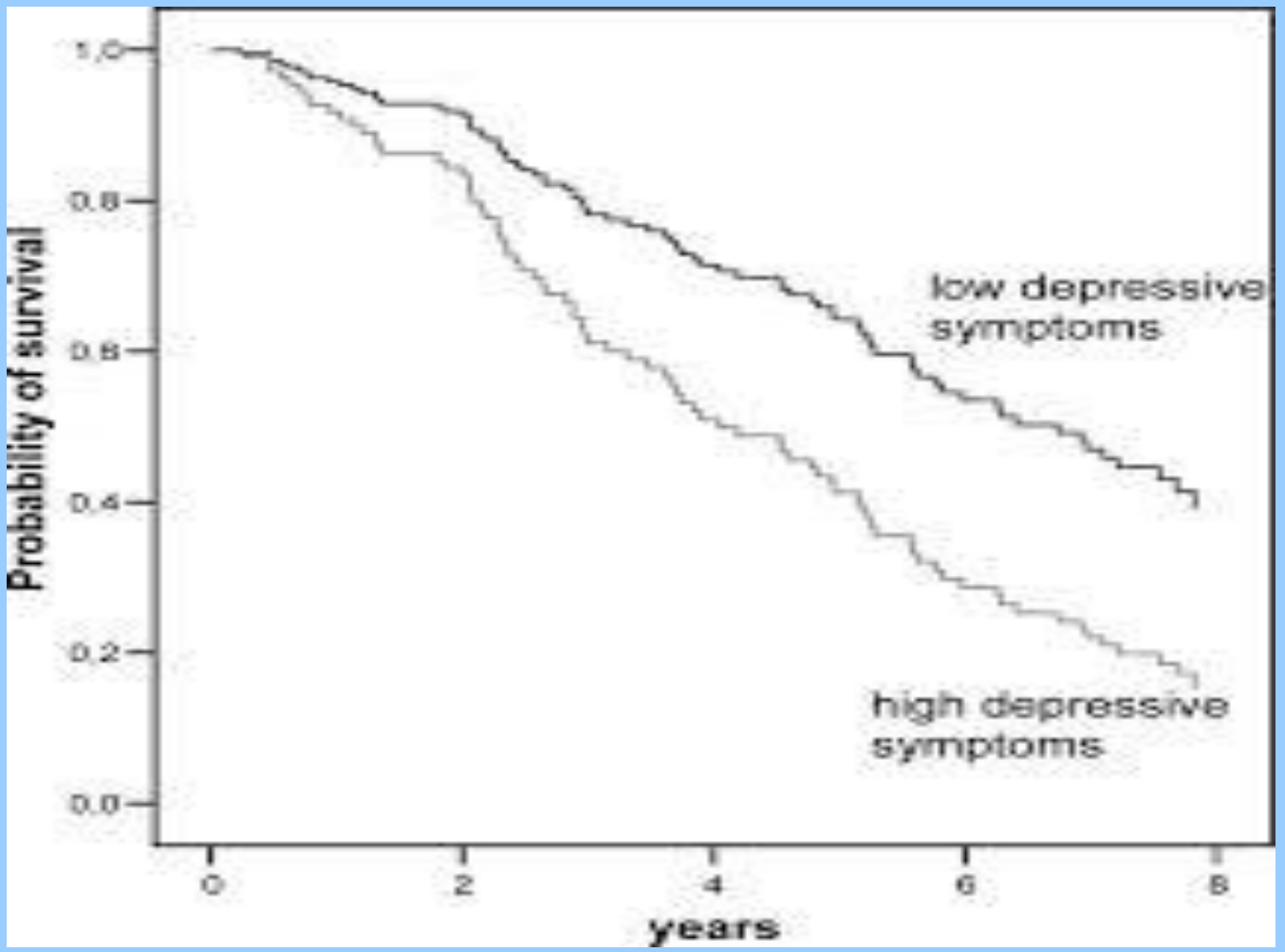


Figure 5 – Flowchart representing the cycle of loss of physical function of the patient with COPD
COPD: chronic obstructive pulmonary disease


Probability of survival
1.0
0.8
0.6
0.4
0.2
0.0
0
2
4
6
8
years
low depressive symptoms
high depressive symptoms

Depression Predicts Mortality After COPD Hospitalization

- 135 consecutive COPD patients admitted for AE
- Independent predictors:
  - Depression
  - Comorbidities
  - Activity level
  - Marital status

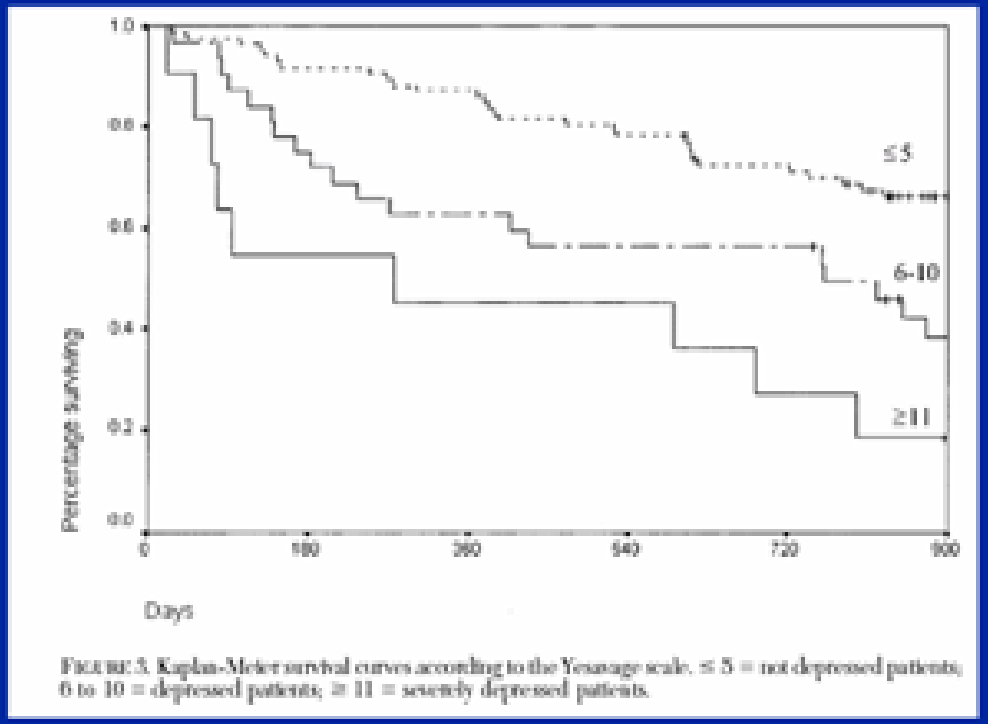
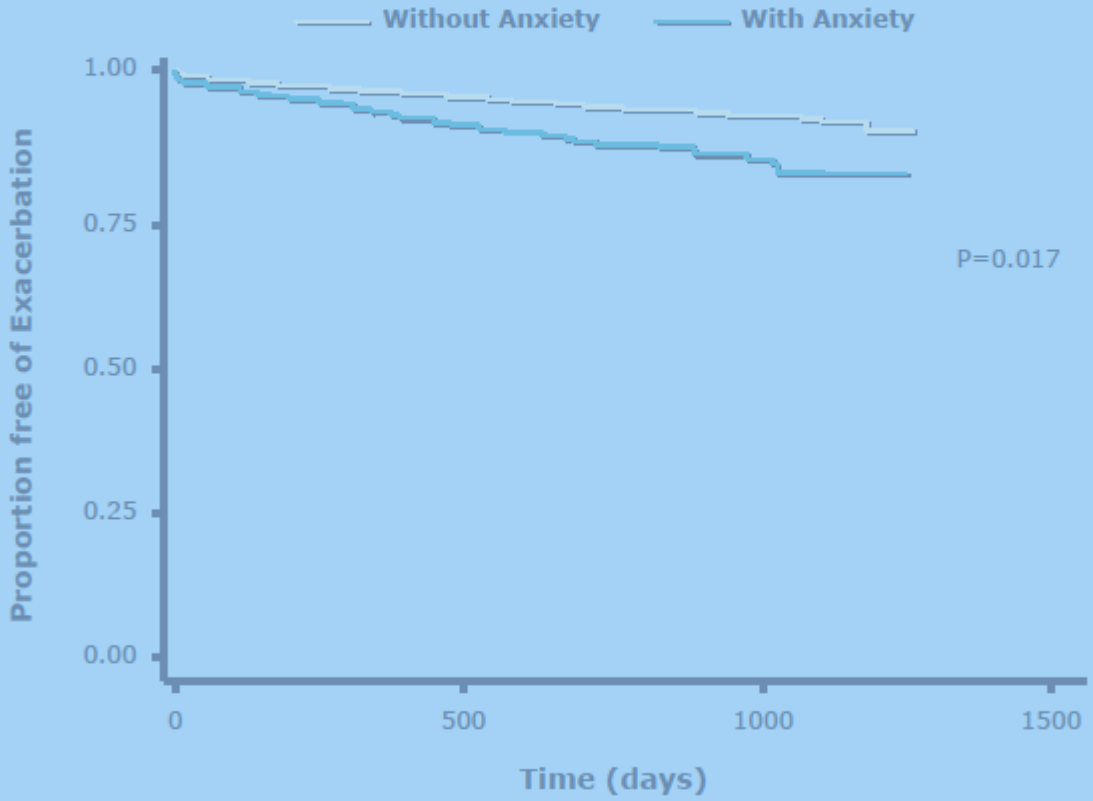


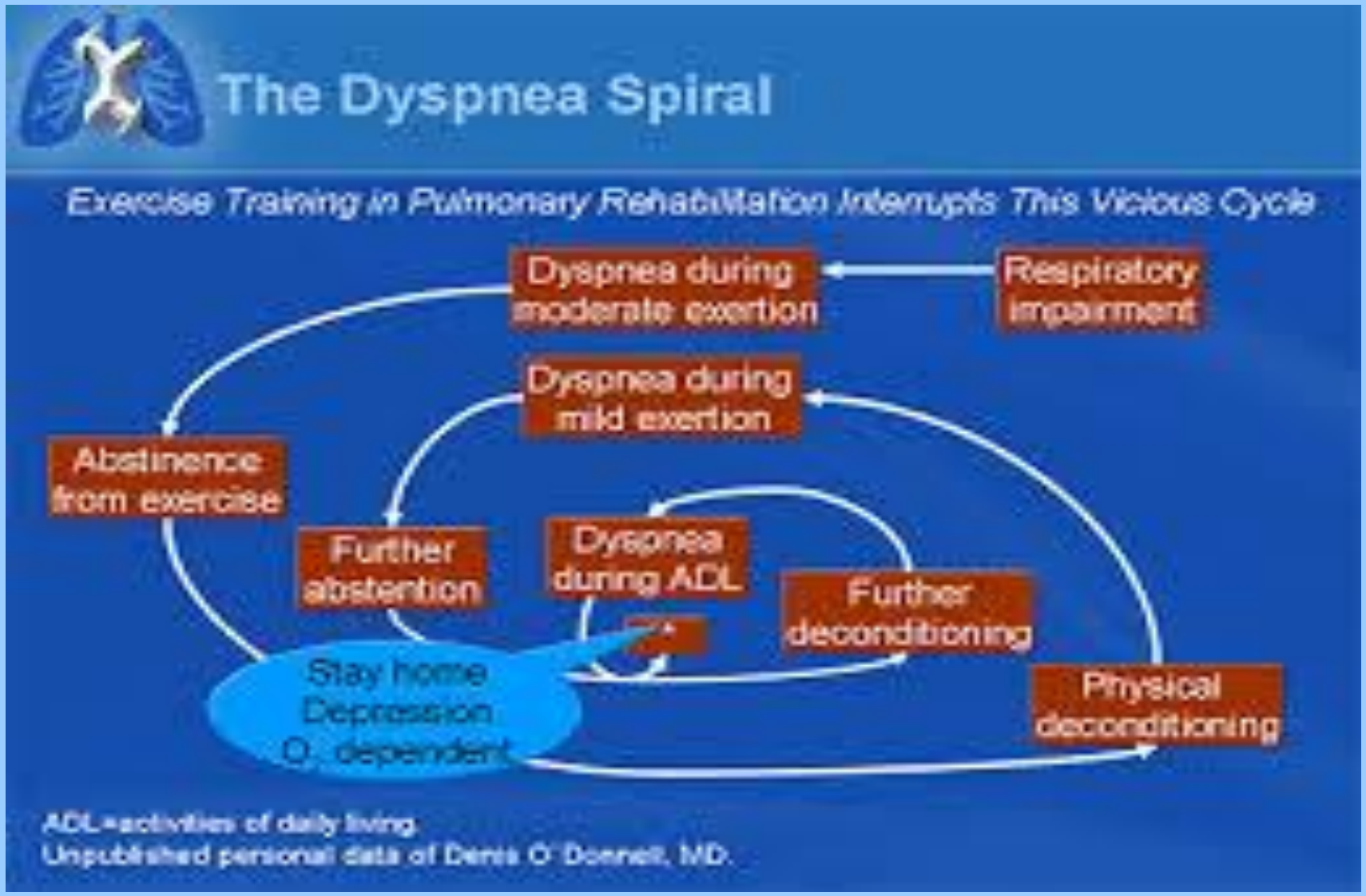
FIGURE 3. Kaplan-Meier survival curves according to the Yesavage scale. ≤ 5 = not depressed patients; 6 to 10 = depressed patients; ≥ 11 = severely depressed patients.

Almagro, Chest 2002 121:1441

Anxiety and Risk of an AECOPD



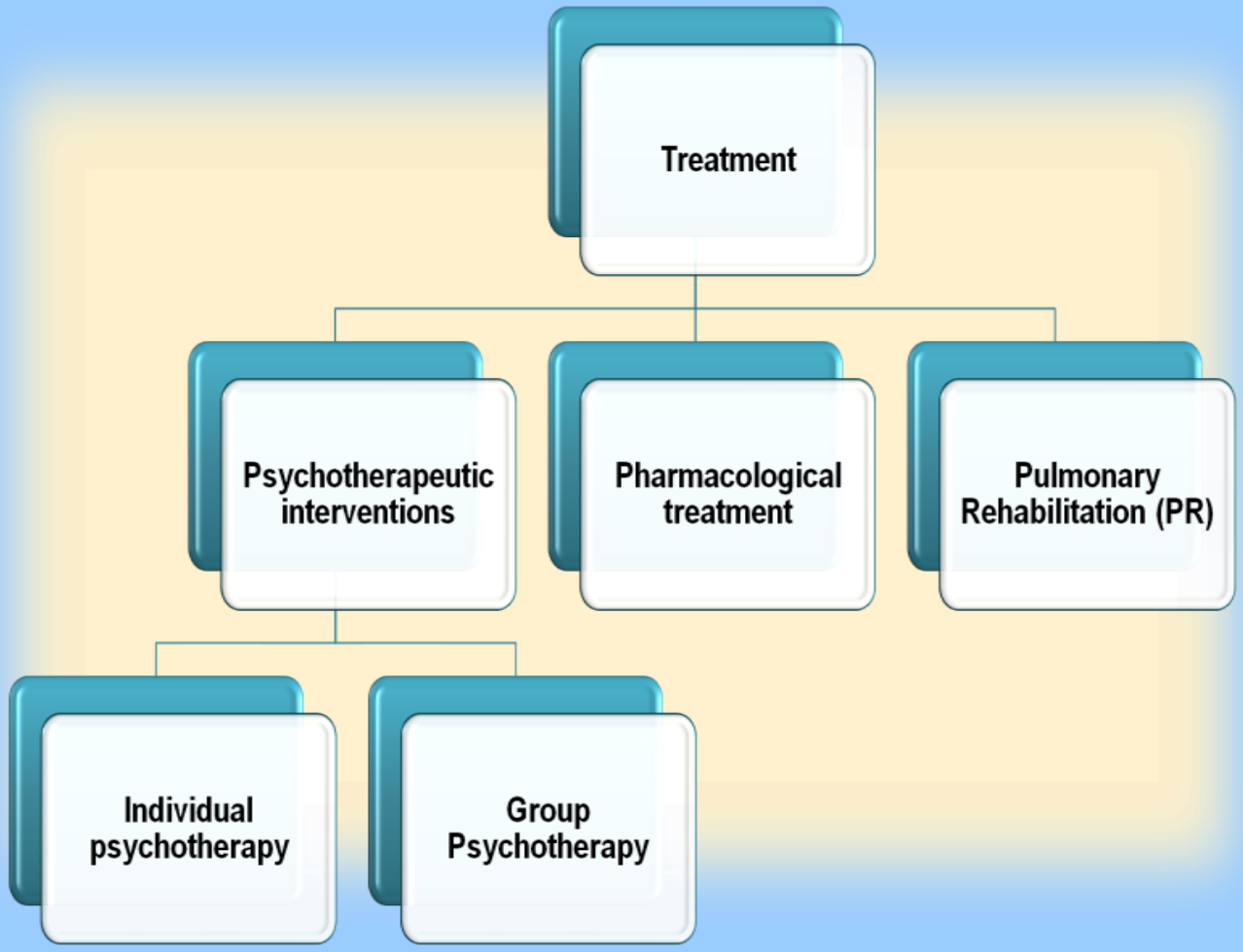
Eisner M, Thorax 2010;65:229


The Dyspnea Spiral
Exercise Training in Pulmonary Rehabilitation Interrupts This Vicious Cycle
Dyspnea during moderate exertion
Respiratory impairment
Dyspnea during mild exertion
Abstinence from exercise
Further abstention
Dyspnea during ADL
Further deconditioning
Stay home
Depression
O dependent
Physical deconditioning
ADL=activities of daily living
Unpublished personal data of Denis O' Donnell, MD.

Anxiety and Depression in COPD

- Recognize the presence of psychological co-morbidities of anxiety and depression

Treatment of anxiety and depression in patients with COPD:



THERAPY

- Drugs

1. Tricyclins
2. Monoamine Oxidase Inhibitors (MAOIs)
3. Selective Serotonin Reuptake inhibitors (SSRFs)
4. New Antidepressants'

Anxiety: Screening and Diagnosis

ATS-ERS Statement on PR. AJRCCM 2006;173:1390

- Scales exclusively for anxiety: Hamilton Anxiety Rating Scale, Beck Anxiety Inventory, State-Trait Anxiety Inventory
- Scales with multiple dimensions and an anxiety sub scale: Hospital Anxiety and Depression Scale, Hopkins Symptom Check List, Patient Health Questionnaire 9

Depression: Screening and Diagnosis

ATS-ERS Statement on PR. AJRCCM 2006;173:1390

- Scales exclusively for depression: Beck Depression Inventory, Geriatric Depression Scale
- Scales with multiple dimensions and a depression subscale: Hospital Anxiety and Depression Scale, Patient Health Questionnaire 9

Hospital Anxiety and Depression Scale

Anxiety Questions

- I feel tense or wound up
  - ◻ Most of the time ◻ A lot of the time ◻ Occasionally ◻ Not at all
- I get a frightened feeling as if something awful will happen
  - ◻ Very definitely, badly ◻ Yes, not too badly ◻ A little, doesn't worry me ◻ Not at all
- Worrying thoughts go through my mind
  - ◻ A great deal of the time ◻ A lot of the time ◻ From time to time ◻ Only occasionally
- I can sit at ease and feel relaxed
  - ◻ Definitely ◻ Usually ◻ Not often ◻ Not at all
- I get a feeling of "butterflies" in my stomach
  - ◻ Not at all ◻ Occasionally ◻ Quite often ◻ Very often
- I feel restless as I have to be on the move
  - ◻ Very much indeed ◻ Quite a lot ◻ Not very much ◻ Not at all
- I get sudden feelings of panic
  - ◻ Very often ◻ Quite often ◻ Not very often ◻ Not at all

Anxiety Total Score ☐

◻ 0-7 = Normal ◻ 8-10 = Borderline Abnormal ◻ 11-21 = Abnormal

Zigmond & Snaith, Acta Psych Scand 1983;67

Hospital Anxiety and Depression Scale

Depression Questions

- I still enjoy the things I used to enjoy
  - ◻ Definitely as much ◻ Not quite so much ◻ Only a little ◻ Hardly at all
- I can laugh and see the funny side of things
  - ◻ As much as I always could ◻ Not quite so much now ◻ Definitely no so much now ◻ Not at all
- I feel cheerful
  - ◻ Not at all ◻ Not often ◻ Sometimes ◻ Most of the time
- I feel as if I am slowed down
  - ◻ Nearly all of the time ◻ Very often ◻ Sometimes ◻ Not at all
- I have lost interest in my appearance
  - ◻ Definitely ◻ I don't take as much care as I should ◻ I may not take quite as much care ◻ I take as much care as ever
- I look forward with enjoyment to things
  - ◻ As much as I ever did ◻ Rather less than I used to ◻ Definitely less than I used to ◻ Hardly at all
- I can enjoy a good book or radio or TV program
  - ◻ Often ◻ Sometimes ◻ Not often ◻ Very seldom

Depression Total Score ☐

◻ 0-7 = Normal ◻ 8-10 = Borderline Abnormal ◻ 11-21 = Abnormal

Zigmond & Snaith, Acta Psych Scand 1983;67

When to Refer to Mental Health Professional?

1. Highly positive symptoms on screening
2. Refractory to pharmacologic and non pharmacologic therapy
3. Choice of anxiolytic or antidepressant is complicated by concurrent medications
4. Patient presents with suicidal ideation

Parting Comments

- Anxiety and depression are common in COPD
- They adversely affect HRQL, physical disability and economic burden of disease
- Include simple screening at baseline assessment
- Those screening positive may require referral to mental health professional
- Pulmonary rehabilitation impacts positively on symptoms

CONCLUSION (1)

- Anxiety and depression are very common
- comorbidities in COPD patients
- Usually are under diagnosed
- Those mental disorders are associated with poor prognosis
- Treat according to usual recommendations
- Rehabilitation is an additional very effective mode of treatment.