PREVALENCE OF BRONCHIECTASIS in Chronic Obstructive Pulmonary Disease

OVERVIEW
Bronchiectasis is prevalent among patients with Chronic Obstructive Pulmonary Disease (COPD).

KOSMAS, ET AL. STUDY
Presented at the CHEST 2016 Annual Meeting, this study discussed the prevalence of bronchiectasis in 855 stable COPD patients and found bronchiectatic lesions in 362 patients.

362 In 855 stable COPD patients, 362 patients had bronchiectasis.

The study’s intent was to determine whether a relationship existed between bronchiectasis and:
- The prevalence of bronchiectasis in stable COPD patients
- COPD severity
- Frequent exacerbator phenotype
- Incidence of pneumonia as an adverse event of treatment with a combination of longacting adrenergics and inhaled steroids (LABA/ICS)

CLINICAL IMPLICATIONS
COPD patients should undergo a high-resolution CT scan in order to recognize the bronchiectatic phenotype, which is associated with a greater frequency of exacerbations and carries a greater risk of developing pneumonia following LABA/ICS treatment.
MEDICARE COVERAGE CRITERIA FOR HFCWO AIRWAY CLEARANCE THERAPY

BRONCHIECTASIS

PATIENT DIAGNOSED WITH BRONCHIECTASIS:
Confirmed by a standard CT scan, which is characterized by:

a) Daily productive cough for at least six continuous months.

OR

b) Frequent (i.e., three or more in a year) exacerbations requiring antibiotic therapy.

AND

There must be well-documented failure of standard treatments to adequately mobilize retained secretions.

EXAMPLES OF STANDARD TREATMENTS:

- Manual chest percussion therapy (CPT)
- Positive expiratory pressure (PEP) device
- Postural drainage
- Nebulized medication with mucolytic

References