What COPD Patients Can Expect From Respiratory Therapy

by RUSSELL WINWOOD

What You Need to Know About Respiratory Therapy for COPD

For many chronic obstructive pulmonary disease (COPD) patients, our diagnosis and first response to our disease can often determine our future pathway.

Too many times I hear about patients being written off with “it’s too late for them” because of low pulmonary function tests. The reality is many patients with poor pulmonary function test results could lead to a better quality of life if they were directed to a patient’s best friend — a respiratory therapist.

Respiratory Therapy for COPD and the Important Link Between Patient and Doctor

Not a day goes by where I do not hear a story from a respiratory patient about how their doctor has told them to go home and make themselves comfortable; there’s nothing that can be done for them, so they should go home and rest. The tragedy is many patients are not given a chance to improve their health outcomes through changing their lifestyle.

Many people with COPD can better their quality of life with guidance, especially when first diagnosed. I cannot enlighten you as to why every patient is not referred to pulmonary rehabilitation classes or to a respiratory therapist, but what I can say is if your doctor has not advised you about these options, you need to ask why.

If you are diagnosed with a progressive disease that has no cure, wouldn’t you like to think your doctor would exhaust all options for you? There are many good doctors out there doing great work for their patients, but from my experience, some doctors are still hesitant to prescribe education, nutrition and exercise as part of a holistic approach to a COPD management plan.

Instead, they prescribe medication and rest.

Doctors working in conjunction with respiratory therapists should be a major part of how a patient’s disease should be managed. Instead, a patient’s pathway is too often determined by a set of numbers that not always determines a patient’s ability to function as best they can.

I call it being defined by your disease. A patient should always have the option to define how they can deal with their disease.

My first pulmonary function test showed my lung function (fev1) was 22% — many would say I was in the category of “it’s too late.” Fast forward five years and structurally my disease has not changed, but if COPD was measured by quality of life, then my disease has improved dramatically.

Terms like “end stage COPD” and staging COPD by numbers is outdated and not helpful to a patient, as there is far more to our disease than a stack of numbers. Yes, these numbers are important as an overview of our

condition, but surely those numbers cannot determine our destiny.

Single dimension patient treatment is also outdated. With advances in what we know about respiratory diseases, as well as the expertise we have in a range of respiratory healthcare professionals, having one person managing a patient should not be acceptable.

What Can a Respiratory Therapist Do?

A respiratory therapist (RT) can be found working in hospitals and private practice specializing in the care of patients with a range of cardiopulmonary diseases.

A good RT can perform a multitude of tasks that can make your quality of life much better. From the initial consultation where they can get a better picture of your disease, to liaising with your doctor on various issues of disease management, an RT can be your guiding light and a source of information.

For the purpose of this discussion, I would like to focus on how we get the most out of our RTs and the importance of this relationship.

Next page: what to expect from respiratory therapy for COPD.

What Can a Respiratory Therapist Do?

As I have talked about in previous articles, pulmonary rehabilitation is a crucial part of our management plan. For a patient, it means a long-term commitment to ensure better health outcomes and this means your RT will become an important part of your life.

They can cover a wide range of topics that will affect your quality of life, including education about your disease and how to manage it, the correct way to take your medication, nutrition advice, exercise programs, breathing techniques, psychological counseling, and locations of support groups.

An experienced RT has the advantage of spending thousands of hours with patients who have a variety of respiratory diseases. Don’t be afraid to ask questions or have them explain anything you do not understand.

What to Expect from Respiratory Therapy for COPD

Through consultation and developing a relationship with you, your RT will quickly build an overall picture of your health status and what areas you need to work on.

This could be anything from improving your knowledge of how to manage your disease, to explaining how you can build your exercise capacity. Personally I never stop learning about my disease, and with the knowledge I gain, I continually reassess my management plan to make sure it is working for me.

In day-to-day life, it is a good idea to write down any questions or concerns you have with managing your disease so you can discuss them with your RT upon your next visit.

Many respiratory therapists are adopting a “push yourself” attitude when it comes to exercise, and as a patient this is an attitude I completely endorse. Trust your doctor and RT to develop an exercise program that will push your exercise limits safely and without risk of injury.

If your COPD is severe and you require the use of supplementary oxygen, your RT can not only help with using your oxygen equipment, they can introduce you to exercising while using supplementary oxygen. You should aim to continually improve your exercise output, as this will translate into better outcomes for your daily routine.

When looking for an RT to help coordinate your respiratory requirements, it is important to find a professional you

are not only comfortable with, but confident in their abilities. A good RT should not be a dictator but should be willing to work with you and your doctor in a cooperative manner. They should be abreast of the latest treatment options and always treat you with an open mind.

Availability

One of the major problems we face as patients is access to the health professionals we need. The first question you should ask your doctor when diagnosed is what's available for you in your area.

Factors such as insurance and a lack of programs are major hurdles. In the U.S., you cannot make an appointment with an RT under Medicare insurance guidelines, which often means more cost for the patient.

In Australia, respiratory therapy for COPD is carried out by physiotherapists, exercise physiologists, and specialist nurses. Initial pulmonary rehabilitation classes are subsidized with extended programs provided at the patient's expense.

While this system is certainly better than others, it has its own problems with pulmonary rehabilitation classes not always operating and a lack of patient follow-up.

After talking to experts in their fields in the U.S., Australia, Europe and the U.K., the consensus seems to be that progress is being made in the areas of access to programs and health care professionals. For patients who don't have access to any respiratory programs in their area, I would suggest you go online as many countries have foundations and associations with online resources that can be of great benefit.