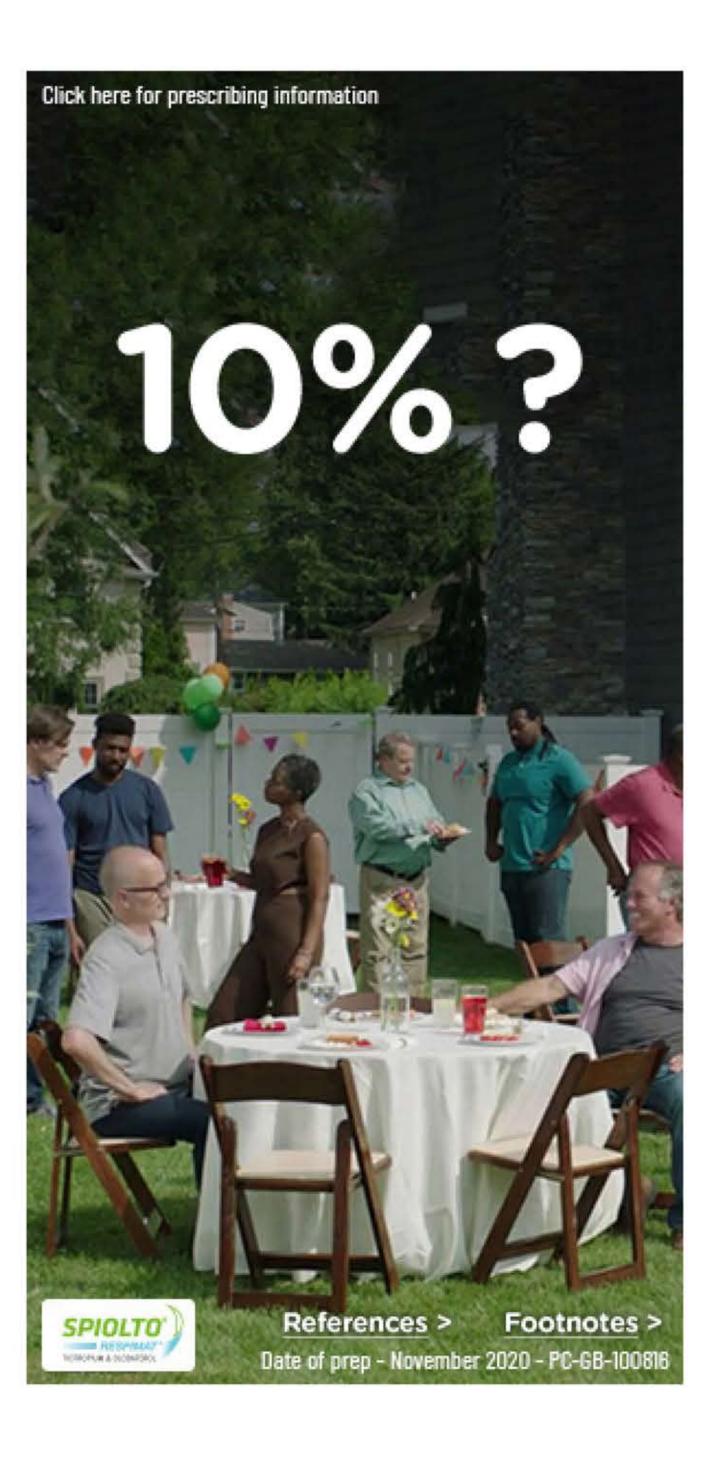
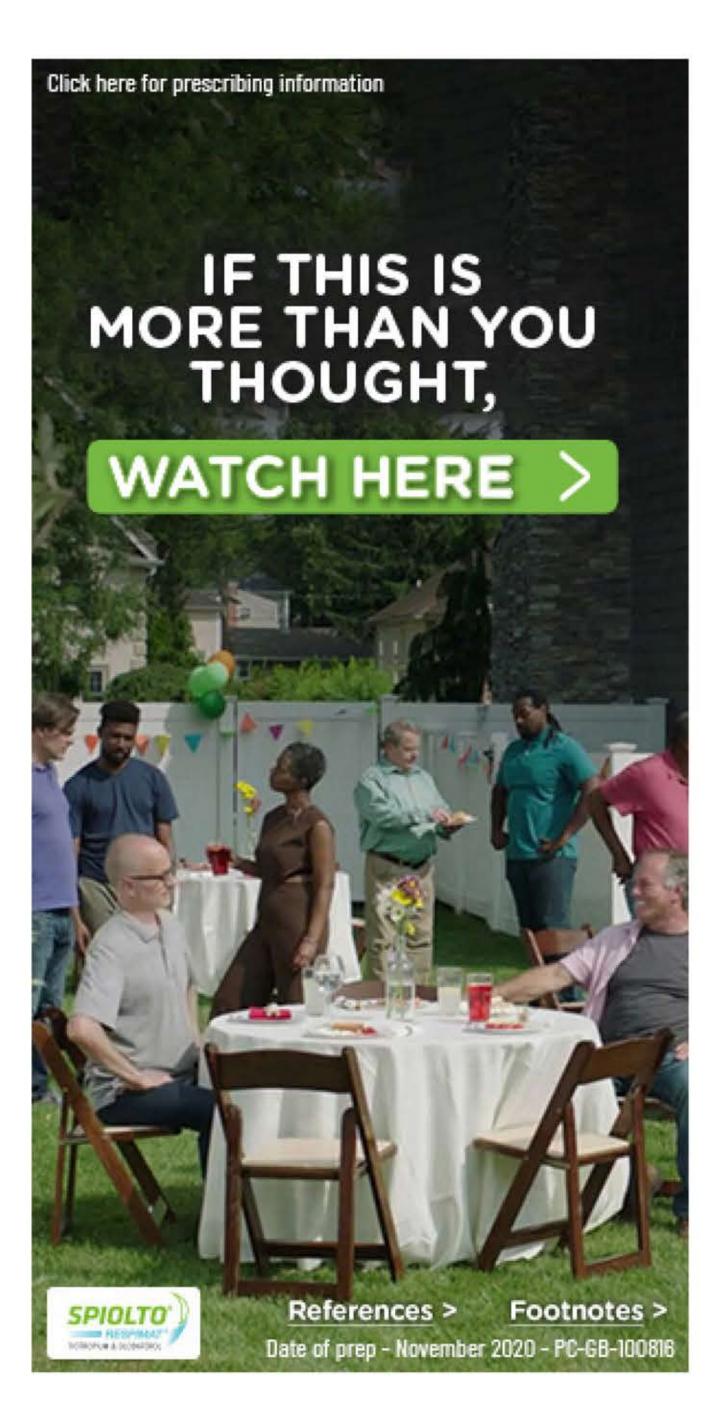
COPD Banner - 300x600 - PC-GB-100816











References:

- 1. Loh CH et al. Ann Am Thorac Soc. 2017;14(8): 1305-1311.
- 2. Barnes CN et al. Chest. 2020 [Epub ahead of print] doi: 10.1016/j. chest.2020.03.072.

Footnotes:

* Denotes patients with suboptimal peak inspiratory flow (sPIF), which is a measure of a patient's inspiratory effort, or ability to inhale. In this study, suboptimal PIF was defined as ≤60 L/min.¹ Retrospective chart review of 123 patients hospitalised for acute exacerbation of COPD. Disease severity based upon GOLD classification; patients across all ranges of severity were included.¹ A retrospective analysis of hospitalised patients enrolled in an AECOPD care plan was performed. Data analysed included PIF, race, age, sex, length of stay, Charlson Comorbidity Index, COPD Assessment Test Score, Modified Medical Research Council Score, percent predicted FEV₁, FVC, and inspiratory capacity. A PIF ≤60 L/min was defined as suboptimal (sPIF). Outcome measures included 30- and 90- day COPD and all-cause readmissions, and days to next COPD and allcause readmission. Of the 123 subjects, 52% had sPIF. PIF was the only variable (p=0.041) that predicted days to COPD readmission in a multivariate model incorporating age, sex, percent predicted FEV₁, Charlson Comorbidity Index, and inspiratory flow group.¹

* sPIF has been observed in 19–78% of stable outpatients and 32–52% of inpatients before discharge from the hospital after treatment for COPD exacerbation.²