A TRANSCRIPT OF THE SECOND WEBINAR HOSTED BY THE ASTHMA AWARENESS AND CARE GROUP (AACG) ON SUNDAY, 9TH JUNE, 2019

PREPARED BY: PHARM. NNEAMAKA JENNIFER AKANKALI & DR. KOSISOCHI CHINWENDU AMORHA

ASTHMA AWARENESS AND CARE GROUP (AACG)
HEALTHCARE PROFESSIONALS' WEBINAR 2.0

TOPIC: THE OVERLAP

Chronic Obstructive Pulmonary Disease (COPD) and it's overlap with Asthma

Dr. Oluwafemi Tunde Ojo

CONSULTANT PHYSICIAN AND PULMUNOLOGIST (LASUCOM)

(FACILITATOR)

SUNDAY
9TH JUNE
2019
8pm - 10pm

AACG WHATSAPP GROUP

http://www.asthmacaregroup.org.ng

Asthma Awareness and Care Group – Breathe well...lead a normal life

INTRODUCTION

Hello,

You are welcome to the 2019 Asthma Awareness and Care Group (AACG) Health Professionals' Webinar 2.0.

We are a group of enthusiasts working to improve asthma awareness and care in Nigeria.

To know more about us, our activities, and to download the PDF document of our previous webinar held in May, please visit our website www.asthmacaregroup.org.ng

If you are a registered member, you can access this document by logging into the Health professionals' forum.

However, if you are not a registered member and you are interested in becoming one, ensure you register. It is free and should take less than 3 minutes to do so.

This WhatsApp group is currently closed to comments.

This means that only the admins will be able to post updates here.

However, the group will be re-opened to comments tomorrow, Sunday 9th June 2019, in time for individual introductions.

A schedule of activities will be posted shortly.

In the meantime, feel free to share the link and e-flyer with your various healthcare professional communities.

To both our new and returning participants, we say,

'Welcome aboard'!

Pharm. Nneamaka Akankali (B.Pharm, MPSN)

(Moderator)

RULES OF ENGAGEMENT

Here are a few guidelines to ensure that we have a good experience:

(1) Sharing of broadcast messages, adverts, private messages, links and media are not permitted on this group. However, if you feel that you have important information to share, please forward to any of the admins and the necessary actions would be taken.

(2) English is the recognized language of this group. Due to our diversity, we are advised to refrain from the use of indigenous languages and inappropriate words.

(3) It is advisable to use **lower case** letters when typing your comments, questions and contributions, as the use of **UPPER CASE** letters is considered '*shouting*'.

(4) WhatsApp has added a feature which allows you to respond to selected messages privately. To access this, just highlight the desired message by long pressing on it, then click on the three dots at the top right corner of your phone. A drop-down menu will appear. Click on reply privately. This will take you to a private chat with the sender of the selected message. Do take advantage of this feature for private discussions.

Generally, we ask that you maintain decorum and a high sense of professionalism in this group.

Please note that defaulters will be cautioned and subsequently removed if warning is not heeded.

SCHEDULE OF ACTIVITIES/ TIPS FOR AN EFFECTIVE WEBINAR

Hi!

Please read through this message for a schedule of today's activities.

We have also included few tips to help you have a smooth webinar experience.

SCHEDULE OF ACTIVITIES

2 pm - 7:30 pm: Personal introductions

7:30 pm - 8:00 pm: Introduction of facilitator and preamble

8:00 pm: The overlap: Chronic Obstructive Pulmonary Disease (COPD) and its overlap with asthma - Dr. Oluwafemi Tunde Ojo (Consultant Physician and Pulmonologist, LASUCOM)

9:45 pm – 10 pm: Questions, comments, and contributions

N.B. Please follow this format for personal introductions:
Name
Sex
Profession (If you are a student, please indicate your course of study and School)
Email address

Here are a few tips to ensure a smooth webinar experience:

- ✓ Ensure that the battery of your device is fully charged and you have enough data to participate, as well as download the media/files that would be shared

- ✓ Taking down notes is an efficient way to keep your attention on the discussion. Please keep writing materials handy.

- ✓ Get involved! Respond to questions that would be asked by the facilitator.

- ✓ Avoid distractions and please be punctual.

Powered by:
The Asthma Awareness and Care Group (AACG)

Breathe well ... lead a normal life.

REASONS FOR THE WEBINAR

What is the Asthma Awareness and Care Group (AACG)?

The Asthma Awareness and Care Group (AACG) is a group of enthusiasts working to improve asthma awareness and care in Nigeria. According to a report by the International Pharmaceutical Federation (FIP), asthma is one of the top four non-communicable diseases with a high rate of mortality.

This is sad, because with prompt treatment and proper management, many asthma-related deaths are preventable.

That is why the AACG has risen up to the task of playing a role in reducing the rate of mortality, by spreading awareness and improving management of this disease and its co-morbidities.

You are encouraged to explore the site www.asthmacaregroup.org.ng to know more about what we do, see our past projects, and register as a volunteer and/or health professional. You can also register under asthma caregiver and/or asthma patient, if you fall into the categories.

Next up, I will be introducing our Moderator, Convener and Facilitator.

PHARM. NNEAMAKA JENNIFER AKANKALI
(THE MODERATOR)

BRIEF PROFILE OF PHARM. NNEAMAKA AKANKALI
Nneamaka is a pharmacist who is passionate about public health with an interest in research.

She offers Pharmaceutical Care services at the Rivers State University Teaching Hospital, Port Harcourt, where she was deployed to serve as a Youth Corp member under the National Youth Service Corps (NYSC) scheme.

Graduating with a Bachelor of Pharmacy (B.Pharm) Degree from the University of Nigeria, Nsukka (UNN), and being inducted into the Pharmacists Council of Nigeria (PCN), can be marked as one of her great achievements in life. However, Nneamaka counts the impact she has made in the lives of people, an even greater achievement.

Asides her various certifications in Leadership and Management in Health from the University of Washington, and Procurement and Supply Chain Management of Pharmaceuticals from United Nations Development Programme, Nneamaka intends to further pursue postgraduate degrees in Public Health.

Her desire to make the world a better place through knowledge sharing is the reason she lends her voice in advocacy for improved awareness and care of asthma under the aegis of the Asthma Awareness and Care Group (AACG). She also volunteers as a counsellor for Mentally Aware Nigeria Initiative (MANI).

Nneamaka is also passionate about Global health solutions to improve accessibility to quality and affordable medicines and healthcare for the underserved. She believes that professional and volunteering opportunities should be seized to learn, improve and add value to the world around her.

DR. KOSISOCHI CHINWENDU AMORHA
(THE CONVENER)

BRIEF PROFILE OF DR. KOSI AMORHA
Kosi is a pharmacist with bias for clinical pharmacy practice, academics and research.

He lectures at the Department of Clinical Pharmacy and Pharmacy Management, Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka where he obtained his Ph.D with distinction. He is a Fellow of the West African Postgraduate College of Pharmacists, WAPCP (FPCPharm). He also supervises pharmacists in the Faculty of Clinical Pharmacy, WAPCP. He completed his Masters in Clinical Pharmacy (M.Pharm) with distinction at the University of Lagos after obtaining his Bachelor of Pharmacy (B.Pharm) degree from the University of Nigeria, Nsukka (UNN). He is also a graduate of the Nigerian Institute of Management (GNIM) with a Proficiency Certificate in Management, NIM (Chartered).

Kosi passionately advocates for asthma self-management in Nigeria. For his Ph.D, he researched on, "Pharmacist-led interventions in asthma self-management programmes and the effect on health outcomes in Nigeria." In 2018, his thesis was nominated for the prestigious UNN Vice-Chancellor's award. He proactively educates asthmatic patients and the public on asthma, asthma medications and devices.

Kosi is the initiator and coordinator of the Asthma Awareness and Care Group (AACG) (www.asthmacaregroup.org.ng), a group of enthusiasts that proactively promote asthma awareness and care in communities.

He also equips emerging pharmacists with the knowledge, skills, and abilities to excel in the pharmacy profession. He is involved with public speaking and gets invites to speak to different Clubs/Societies on health and drug-related issues, career, etiquette etc. He mentors many students.

Kosi is very open to volunteerism and teaches others to do same. He strongly believes that there is no success without successors.

DR. OLUWAFEMI TUNDE OJO
(THE FACILITATOR)

BRIEF PROFILE OF DR. OLUWAFEMI TUNDE OJO
Oluwafemi Ojo had his MBBS degree from Ladoke Akintola University of Technology Ogbomoso, Osun State.

He had his Postgraduate training at Ladoke Akintola University Teaching Hospital Osogbo, Lagos University Teaching Hospital (LUTH), Derriford Hospital Plymouth, UK and Mountain View Regional Medical Hospital Las Cruces, USA.

He is a Consultant Physician and Pulmonologist. He currently works as a lecturer at the Medicine Department of Lagos State University College of Medicine, Ikeja (LASUCOM).

Oluwafemi Ojo has a number of research works in the respiratory field with interest in Asthma, Chronic Obstructive Pulmonary Disease (COPD), Tuberculosis, and Sleep Medicine. He is a member of thoracic societies, locally and internationally.

Oluwafemi Ojo holds teamwork, diplomacy and hardwork as core values and believes that the keyword to success is to keep moving.

6/9/19, 1:51 PM – Dr. Kosi Amorha:

COORDINATOR'S ADDRESS

Hello Colleagues!

Thank you for joining as participants in the Asthma Awareness and Care Group (AACG) webinar series.

The Asthma Awareness and Care Group (AACG) is a group of enthusiasts working to reduce the morbidity and mortality from asthma in Nigeria, and the global burden of asthma.

As health professionals, we have vast roles to play in preventing asthma-related deaths and ensuring our patients lead normal lives.

To achieve these efficiently, health professionals need to collaborate.

We are glad that this provides one of the many platforms for health professionals to share ideas that promote asthma awareness and care.

Thank you **Dr. Oluwafemi Ojo** for accepting to be our guest facilitator for the AACG Webinar 2.0. We look forward to an educating experience.

Thank you **Pharm. Nneamaka Akankali** for your efforts in ensuring that this online seminar comes out successful.

Thank you dearest Colleagues for taking time out of your busy schedules to participate in this webinar.

Together we can achieve more.

Breathe well ... lead a normal life.

Kind regards,

Dr. Kosi Amorha

B.Pharm, Pharm.D, M.Pharm, Ph.D, FPCPharm

kosisochi.amorha@unn.edu.ng

Department of Clinical Pharmacy and Pharmacy Management,

Faculty of Pharmaceutical Sciences,

University of Nigeria Nsukka,

PMB 410001,

Enugu State.

6/9/19, 2:04 PM – Pharm. Akankali: Thank you Dr. Kosi Amorha for this detailed address. It has definitely answered some of our questions

6/9/19, 8:02 PM – Pharm. Akankali: Esteemed participants, it is with great honour and ovation that I present to you, Dr. Oluwafemi Tunde Ojo, our facilitator for tonight

6/9/19, 8:02 PM - Pharm. Akankali: You have the floor, sir

6/9/19, 8:02 PM - Dr. Oluwafemi Ojo: Good evening dear colleagues.
I want to appreciate the privilege given to me by Dr. Kosi Amorha and Pharm. Nneamaka Akankali to facilitate this session.
Special greetings to all the participants today.
Today's topic for discussion is coming at the right time especially now that we are living in world of serious environmental pollution with increased cases of Asthma and COPD.
I am hoping for a fruitful and rewarding interactive session today.

6/9/19, 8:03 PM – Dr. Kosi Amorha: Thank you dearest Colleagues for participating in the AACG Webinar 2.0.
We encourage us to adhere to the *Rules of Engagement* and follow the lead of the moderator, Pharm. Nneamaka Akankali, for a smooth webinar experience.
We appreciate our facilitator, Dr. Oluwafemi Ojo and look forward to a robust online seminar.
Dr. Ojo, we are so pleased to have you.

6/9/19, 8:04 PM - Dr. Oluwafemi Ojo: CHRONIC OBSTRUCTIVE PULMONARY AIRWAY DISEASE (COPD) AND ITS OVERLAP WITH ASTHMA (ASTHMA/COPD OVERLAP SYNDROME - ACOS)

6/9/19, 8:05 PM - Dr. Oluwafemi Ojo:
OUTLINE;
1. Definition of COPD
2. Epidemiology of COPD

3. Risk factors of COPD
4. Pathogenesis of COPD
5. Clinical features of COPD
6. Diagnosis of COPD
7. Management of COPD
8. COPD Exacerbation
9. Definition of ACOS
10. Epidemiology of ACOS
11. Risk factors for ACOS
12. How to recognize ACOS
13. Clinical features of ACOS
14. How to differentiate ACOS from asthma and COPD
15. Treatment of ACOS
16. Summary
17. Test
18. Questions

6/9/19, 8:08 PM - Dr. Oluwafemi Ojo:

DEFINITIONS OF COPD

It is a preventable and treatable disease state characterized by an airflow limitation that is not fully reversible.

This definition has been adopted by the global body in charge of COPD: Global Initiative for Chronic Obstructive Lung Disease (GOLD).

COPD has two (2) entities: Chronic Bronchitis and Emphysema

CHRONIC BRONCHITIS - refers to presence of a cough productive of sputum not attributable to other causes on most days for at least three months over two consecutive years

EMPHYSEMA - refers to permanent and destructive enlargement of air spaces distal to the terminal bronchioles without obvious fibrosis and with loss of normal architecture.

6/9/19, 8:10 PM - Dr. Oluwafemi Ojo:

EPIDEMIOLOGY

It is said to be the **4th leading cause of death** in the USA

In 2000, **2.74 million** deaths occurred from COPD according to the World Health Organization (WHO)

6/9/19, 8:13 PM - +234 803 * ***4 joined using this group's invite link**

6/9/19, 8:13 PM - Dr. Oluwafemi Ojo:

RISK FACTORS

1. Cigarette Smoking (most important)
2. Use of pipes and cigars
3. Passive/second hand smoking
4. Occupational exposure (mines, quarries, coal, oil, cement, silica, saw mill, cotton, and grain workers, etc.)
5. Indoor pollution from biomass fuel for cooking (wood, stoves, etc.)
6. Seasonal/weather variations
7. Genetic factor - alpha 1 deficiency
8. Sex (more in males)
9. Socioeconomic factor- common with poor housing
10. Patients with Atopy and asthma
11. Age (occurs between 50 - 70 years)
13. Pulmonary TB - due to endo-bronchial collapse and sub-mucosal inflammation
14. Childhood illnesses
15. Dietary influences (Vitamin C & E deficiencies)

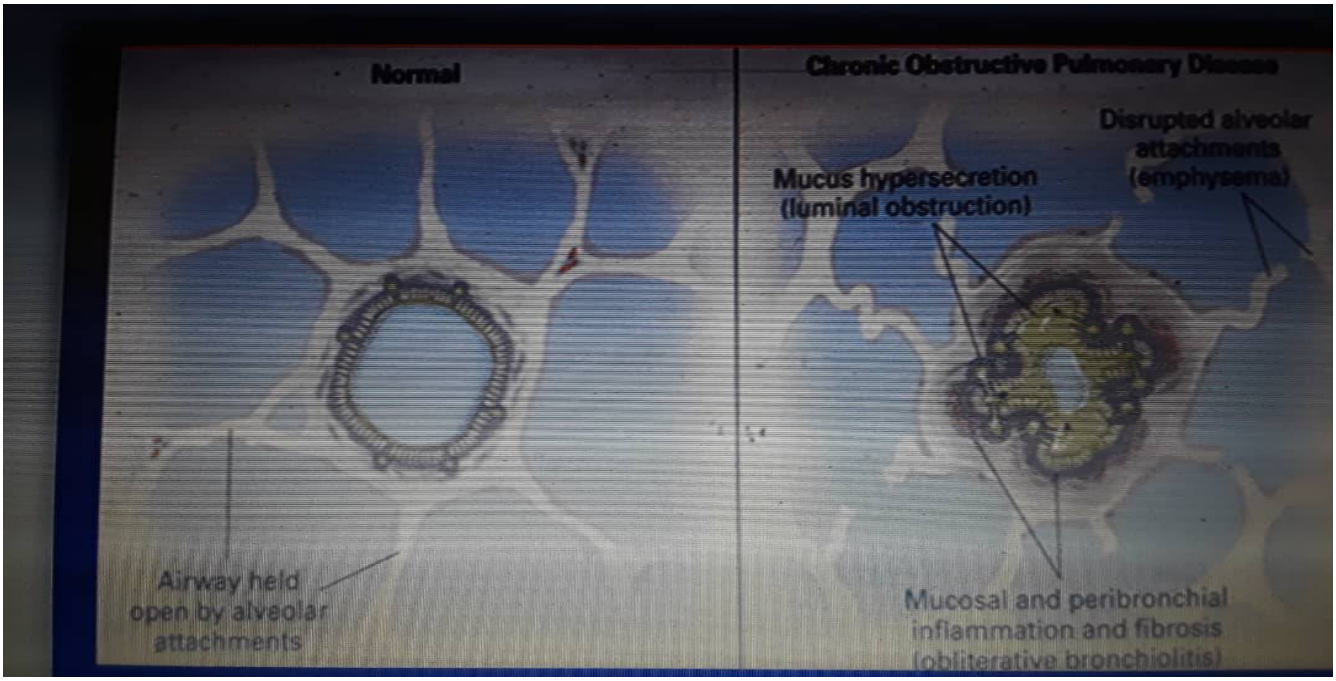
6/9/19, 8:19 PM - Dr. Oluwafemi Ojo:

PATHOGENESIS/PATHOPHYSIOLOGY

- Exposure to noxious agents like smoke increases the chances of developing COPD
- Role of genetic interplay with noxious substances exposure

- Increase in production and activation of inflammatory enzymes - like elastase, proteinase and cathepsins.
- There is also decrease in anti- inflammatory enzymes- e.g. Alpha 1 antitrypsin, protease and tissue inhibitor
- There is resultant imbalance between proteases and anti-proteases
- This causes mucus hypersecretion
- Also, ciliary dysfunction
- Repeated inflammation
- Then, hyperinflation of the lungs
- Also, we have gas exchange abnormality

6/9/19, 8:24 PM - Dr. Oluwafemi Ojo:



The left side shows the normal airway, the right side shows the disease airway with COPD

6/9/19, 8:26 PM - Dr. Oluwafemi Ojo:

SYSTEMIC EFFECTS OF COPD

- Systemic inflammation
- Endocrine abnormalities
- Muscle wasting

- Bone metabolism abnormality
- Cardiovascular effect

6/9/19, 8:27 PM - Dr. Oluwafemi Ojo:

SYMPTOMS

1. Cough
2. Sputum production
3. Difficulty with breathing on exertion

PHYSICAL SIGNS

- Nicotine staining of digits
- Odour of smoke
- Pot belly appearance
- Barrel-shaped chest
- Decreased chest expansion
- Use of accessory respiratory muscles to breathe
- Reduced breath sound
- Cyanosis
- Expiratory wheeze
- Basal crepitation

6/9/19, 8:32 PM - Dr. Oluwafemi Ojo:

DIAGNOSTIC PROCEDURES

- CXR (Features of hyperinflation)
- CT scan- may show bullae
- Pre- & Post-spirometry (Shows obstruction that is irreversible)
- Blood gas may show acidosis/respiratory failure
- FBC may show polycythemia
- Alpha 1 antitrypsin assay may be deficient in emphysema
- Carbon monoxide diffusing capacity

6/9/19, 8:36 PM - Dr. Oluwafemi Ojo:

DIAGNOSIS

- Symptomatic presentations
- Exposure to risk factors
- Spirometry confirming irreversible airway obstruction

6/9/19, 8:40 PM - Dr. Oluwafemi Ojo:

DIFFERENTIAL DIAGNOSIS OF COPD

1. Asthma
2. Congestive heart failure
3. Bronchiectasis
4. Tuberculosis
5. Bronchiolitis

6/9/19, 8:40 PM - +234 818 * ***1 joined using this group's invite link**

6/9/19, 8:40 PM - Pharm. Akankali: Quite interesting points made so far, sir.
To those just joining in, you are welcome. Please stay tuned. You will be updated on what you've missed after the seminar.
You can forward your questions privately to the admins if you have any.

6/9/19, 8:41 PM - +234 803 * ***7 joined using this group's invite link**

6/9/19, 8:42 PM - Dr. Oluwafemi Ojo: Thank you

6/9/19, 8:42 PM - +234 703 * ***0 joined using this group's invite link**

6/9/19, 8:42 PM - Dr. Oluwafemi Ojo:

MANAGEMENT

***GOALS*:**

- Educate the patient

- Minimize airflow limitation
- Eliminate and prevent infection
- Correction of complications like Hypoxemia and Cor Pulmonale (Right sided heart failure from lung disease)
- Rehabilitation

COMPONENT OF MANAGEMENT

- Assess and monitor the disease
- Reduce risk factors
- Manage stable COPD
- Manage exacerbations

6/9/19, 8:48 PM - Dr. Oluwafemi Ojo:

TREATMENT

- Engage the patient in smoking cessation programme

THERAPIES:

- Short-acting bronchodilators (Beta 2 agonists like salbutamol, anticholinergic like ipratropium bromide)
- Long-acting bronchodilators (Beta 2 agonists like salmeterol, anticholinergic like tiotropium
- Other bronchodilators (e.g. Theophylline)
- Systemic Corticosteroids like fluticasone and budesonide
- Mucolytics like N-acetylcysteine
- Antibiotics
- Alpha 1 antitrypsin therapy
- Pulmonary vasodilators in patients with pulmonary hypertension
- PDE-4 inhibitors (Roflumilast)

6/9/19, 8:51 PM - Dr. Oluwafemi Ojo:

OTHER THERAPIES:

- Antioxidants

- Immunization
- Oxygen therapy
- Nutritional support
- Pulmonary rehabilitation
- Non-invasive positive pressure ventilation
- Surgery for patients with emphysema/bullae

6/9/19, 8:52 PM - Dr. Oluwafemi Ojo:

COPD EXACERBATION

- Defined as variation in symptoms above the normal day-to-day variation which causes a change in a patient's medication

CAUSES OF EXACERBATION

- Infection

INFECTION

- Air pollution
- Current smoking

6/9/19, 8:53 PM - +234 812 * ***6 joined using this group's invite link**

6/9/19, 8:53 PM - +234 703 * ***0 joined using this group's invite link**

6/9/19, 8:54 PM - Dr. Oluwafemi Ojo:

OUTCOME OF COPD DEPENDS ON THE FOLLOWING PARAMETERS (BODE)

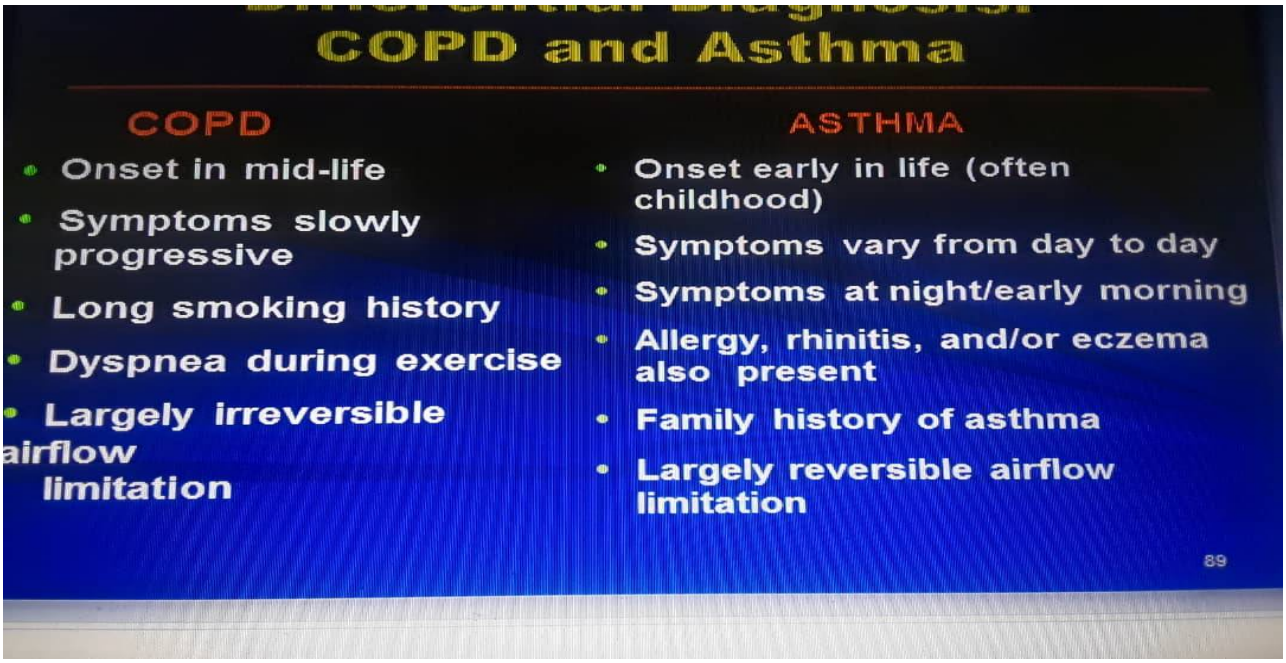
B - BMI (Low BMI confers poor outcome)

O - Degree of airway Obstruction/ Severe Obstruction gives poor outcome

D - Degree of dyspnoea

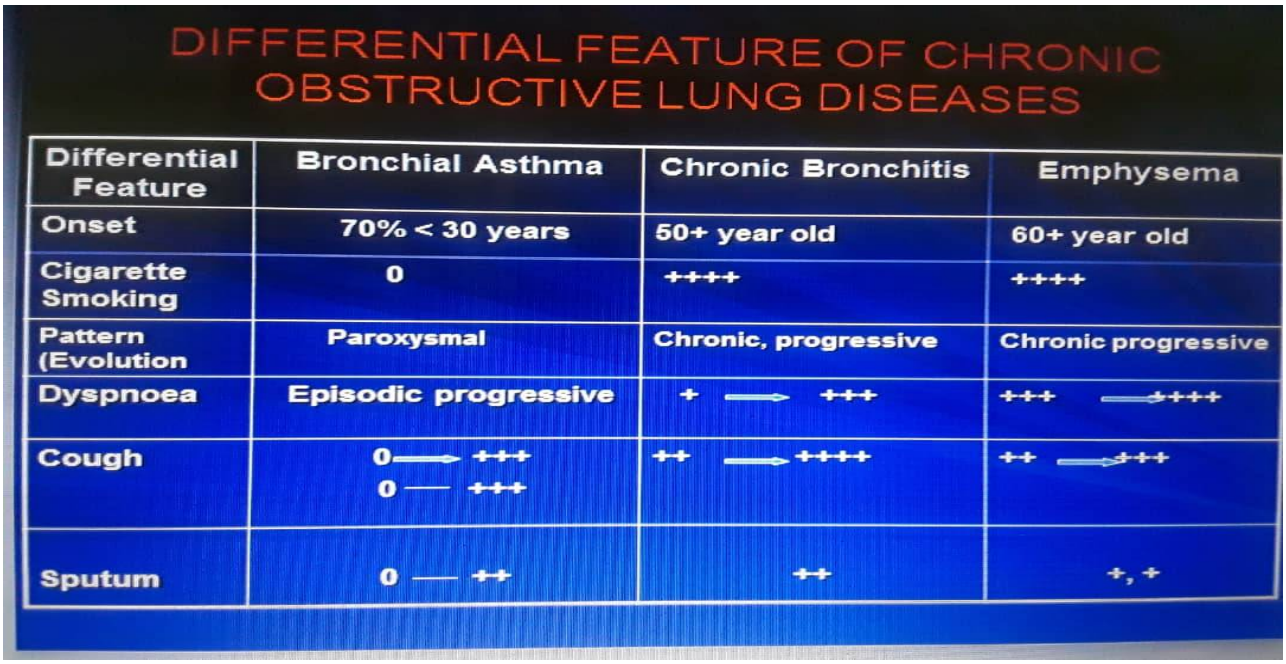
E - Level of exercise tolerance in 6 minutes

6/9/19, 8:56 PM - Dr. Oluwafemi Ojo:



Differences between asthma and COPD

6/9/19, 8:56 PM - Dr. Oluwafemi Ojo:



Differential Feature	Bronchial Asthma	Chronic Bronchitis	Emphysema
Onset	70% < 30 years	50+ year old	60+ year old
Cigarette Smoking	0	++++	++++
Pattern (Evolution	Paroxysmal	Chronic, progressive	Chronic progressive
Dyspnoea	Episodic progressive	+ → +++	+++ → ++++
Cough	0 → +++ 0 — +++	++ → ++++	++ → +++
Sputum	0 — ++	++	+, +

6/9/19, 8:58 PM - Dr. Oluwafemi Ojo:

ASTHMA AND COPD OVERLAP SYNDROME (ACOS)

6/9/19, 8:59 PM - Dr. Oluwafemi Ojo:

INTRODUCTION

This is a clinical condition characterized by persistent airflow limitation with several features associated with both asthma and COPD

People with ACOS usually have *worse outcomes* than asthma and COPD alone.

6/9/19, 9:00 PM - Dr. Oluwafemi Ojo:

WHEN TO SUSPECT ACOS IN THREE DIFFERENT SCENARIOS

A. COPD with one or more of the following:

1. Past or current diagnosis of asthma
2. Features of asthma (episodic symptoms from triggers and co-morbidities)
3. Variable airflow obstruction
4. Evidence of eosinophilic airway inflammation

B. Late onset asthma with partially reversible airway obstruction

C. Asthma with current or past history of heavy smoking.

6/9/19, 9:01 PM - +234 703 * ***7 joined using this group's invite link**

6/9/19, 9:01 PM - +234 803 * ***2 joined using this group's invite link**

6/9/19, 9:03 PM - Dr. Oluwafemi Ojo:

RISK FACTORS FOR ACOS

1. Smoking
2. Ageing
3. Atopy/Allergy
4. Long standing asthma

6/9/19, 9:05 PM - Dr. Oluwafemi Ojo:

SYMPTOMS OF ACOS

1. Chronic cough or wheezing with or without sputum (early symptoms)
2. Dyspnea or exercise intolerance (late onset)
3. Reduced physical activities
4. Frequent need for rescue inhaler
5. Frequent crisis or exacerbation despite adherence
6. Symptoms are persistent but there could be period of variability

6/9/19, 9:05 PM - +380 63 * ***1 joined using this group's invite link**

6/9/19, 9:06 PM - +380 73 * ***4 joined using this group's invite link**

6/9/19, 9:09 PM - Dr. Oluwafemi Ojo:

OTHER CARDINAL FEATURES OF ACOS

1. Age of onset (around 45 years)
2. They could have history of atopy
3. Previous history of smoking or currently smoking
4. Presence of wheezing
5. Incomplete reversibility
6. Presence of bronchial hyper-responsiveness

6/9/19, 9:12 PM - Dr. Oluwafemi Ojo:

TREATMENT OF ACOS

GOALS OF TREATMENT OF ACOS

1. Reduce symptoms
2. Reduce impairment
3. Reduce exacerbation
4. Reduce decline in lung function

6/9/19, 9:14 PM - +234 703 * ***1 joined using this group's invite link**

6/9/19, 9:15 PM - Dr. Oluwafemi Ojo:

TREATMENT

1. Long-term inhaled corticosteroid
2. Addition of long-acting bronchodilator
3. Smoking cessation
4. Vaccinations
5. Treatment of comorbidities
6. Allergen avoidance
7. Pulmonary rehabilitation

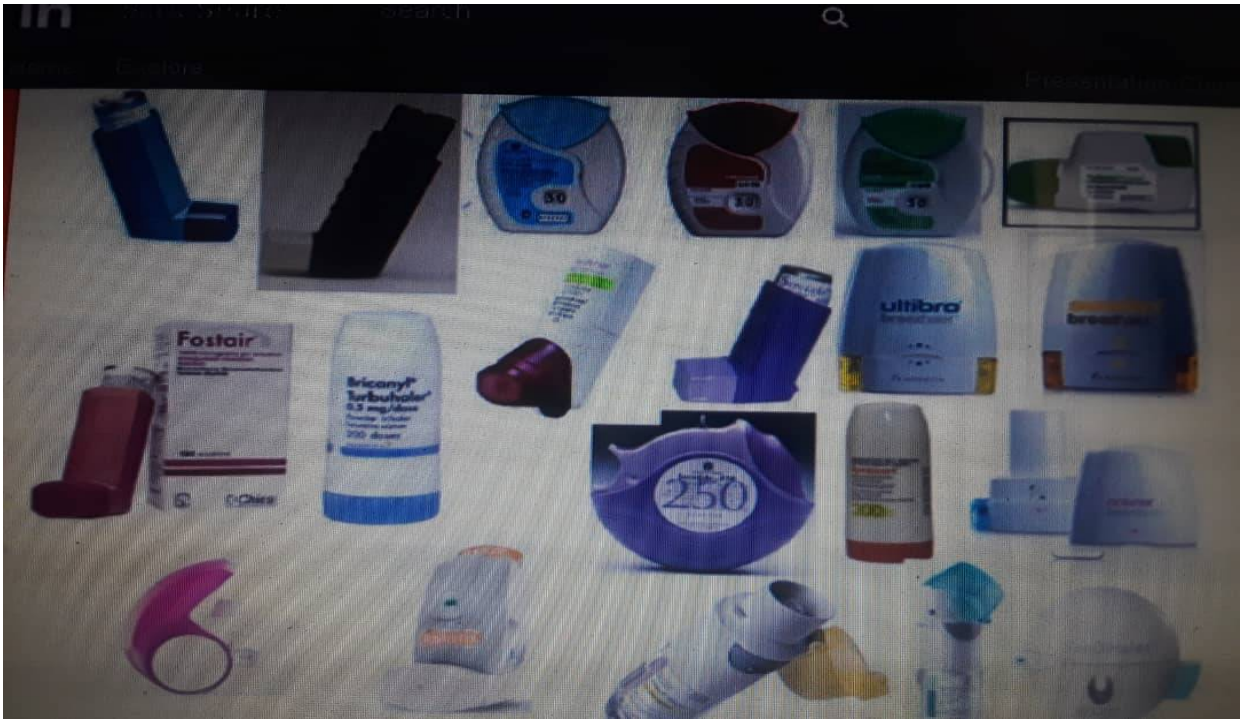
6/9/19, 9:15 PM - Pharm. Akankali: To those just joining in, you are welcome. Please stay tuned. You will be updated on what you've missed after the session.

Quite a number of questions have come in. Do forward your questions privately to the admins if you have any.

6/9/19, 9:16 PM - +234 703 * ***1 joined using this group's invite link**

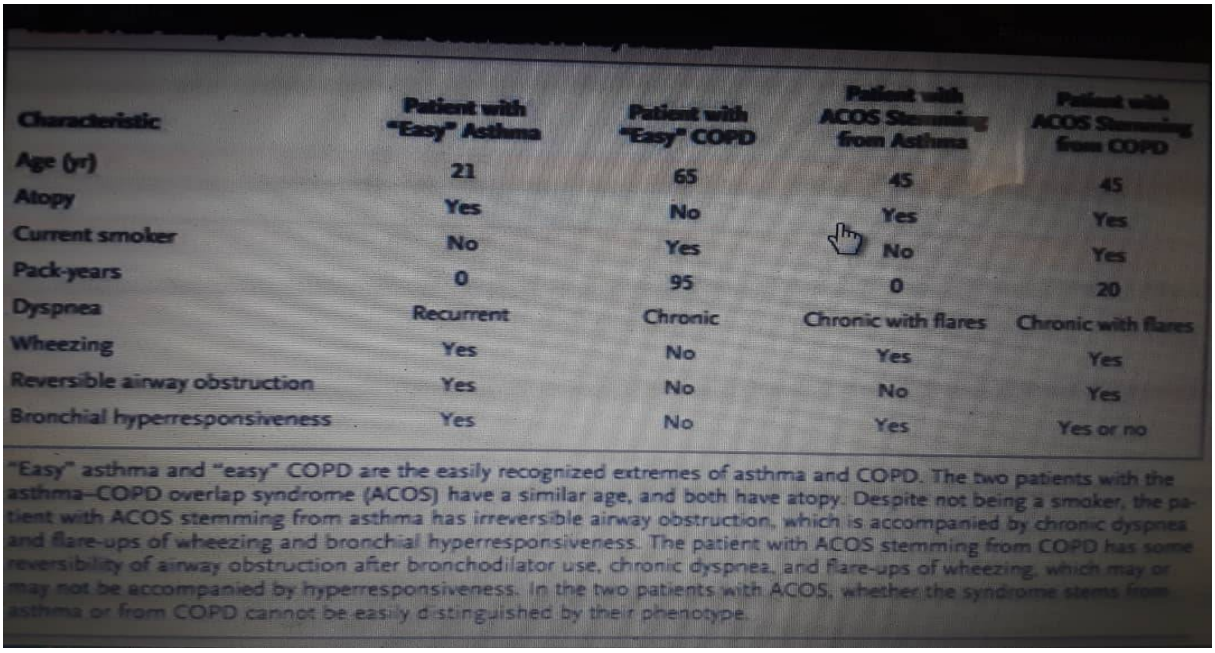
6/9/19, 9:16 PM - Dr. Oluwafemi Ojo: Thank you

6/9/19, 9:16 PM - Dr. Oluwafemi Ojo:



6/9/19, 9:17 PM - Dr. Oluwafemi Ojo: Above shows various types of inhalers available

6/9/19, 9:18PM - Dr. Oluwafemi Ojo:



Characteristic	Patient with "Easy" Asthma	Patient with "Easy" COPD	Patient with ACOS Stemming from Asthma	Patient with ACOS Stemming from COPD
Age (yr)	21	65	45	45
Atopy	Yes	No	Yes	Yes
Current smoker	No	Yes	No	Yes
Pack-years	0	95	0	20
Dyspnea	Recurrent	Chronic	Chronic with flares	Chronic with flares
Wheezing	Yes	No	Yes	Yes
Reversible airway obstruction	Yes	No	No	Yes
Bronchial hyperresponsiveness	Yes	No	Yes	Yes or no

"Easy" asthma and "easy" COPD are the easily recognized extremes of asthma and COPD. The two patients with the asthma–COPD overlap syndrome (ACOS) have a similar age, and both have atopy. Despite not being a smoker, the patient with ACOS stemming from asthma has irreversible airway obstruction, which is accompanied by chronic dyspnea and flare-ups of wheezing and bronchial hyperresponsiveness. The patient with ACOS stemming from COPD has some reversibility of airway obstruction after bronchodilator use, chronic dyspnea, and flare-ups of wheezing, which may or may not be accompanied by hyperresponsiveness. In the two patients with ACOS, whether the syndrome stems from asthma or from COPD cannot be easily distinguished by their phenotype.

The table shows the differences between Asthma, COPD and ACOS

6/9/19, 9:22 PM - Dr. Oluwafemi Ojo:

SUMMARY

- The prevalence of COPD is increasing globally
- Majority are due to smoking and pollution
- Recognizing the disease and early treatment - is important
- Prevention of the disease through smoking abstinence and reduction of air pollution is important

6/9/19, 9:25 PM - Dr. Oluwafemi Ojo: Please can we answer the following questions?

6/9/19, 9:25 PM - +234 703 * ***0 joined using this group's invite link**

6/9/19, 9:26 PM - Dr. Oluwafemi Ojo:

QUESTIONS

1. ACOS CAN BE DIAGNOSED IN:

a) Adults under 20 who have asthma

b) Adults over 40 who have asthma and smoke

c) Adults with emphysema

6/9/19, 9:26 PM - Dr. Oluwafemi Ojo: What is the answer?

6/9/19, 9:27 PM - +234 703 * ***0:** I'm in

6/9/19, 9:28 PM - Dr. Oluwafemi Ojo: Please can you go ahead

6/9/19, 9:28 PM - +234 812 * ***7:** B

6/9/19, 9:28 PM - +234 706 * ***1:** B

6/9/19, 9:28 PM - Dr. Oluwafemi Ojo: Any other answer

6/9/19, 9:29 PM - Dr. Oluwafemi Ojo: *Great!*

6/9/19, 9:29 PM – Pharm. Akankali: *Applause!*

6/9/19, 9:29 PM - Dr. Kosi Amorha: *Applause!*

6/9/19, 9:29 PM - Dr. Oluwafemi Ojo:
2) PATIENTS WITH A DIAGNOSIS OF ACOS SHOULD BE TREATED WITH:
a) Inhaled bronchodilator therapy (SABA) alone
b) Combined inhaled LABA and ICS
c) Inhaled LAMA alone
d) Oral steroids

6/9/19, 9:30 PM - +234 706 * ***1:** B

6/9/19, 9:30 PM - Dr. Oluwafemi Ojo: *Great!*

6/9/19, 9:30 PM – Pharm. Akankali: *Applause!*

6/9/19, 9:30 PM - Dr. Kosi Amorha: *Applause!*

6/9/19, 9:31 PM - Dr. Oluwafemi Ojo: Last question

6/9/19, 9:31 PM - Dr. Oluwafemi Ojo: Might not be easy though

6/9/19, 9:31 PM - +234 812 * ***7:** B

6/9/19, 9:31 PM – Pharm. Akankali: Bring it on sir, we are capable

6/9/19, 9:32 PM - Dr. Oluwafemi Ojo:
3. IN ACOS, ON SPIROMETRY TESTING, THE FEV1/FVC RATIO WILL BE:

a) >80%

b) 100%

c) <70% pre bronchodilator

d) <70% post bronchodilator

6/9/19, 9:33 PM - +234 806 * ***4:** C

6/9/19, 9:35 PM - Dr. Oluwafemi Ojo: *Thumbs up*

6/9/19, 9:36 PM - Dr. Oluwafemi Ojo: Thank you all for giving me the opportunity to have this discussion with you.

6/9/19, 9:37 PM - Dr. Kosi Amorha: Applause!

6/9/19, 9:38 PM - Dr. Kosi Amorha: That's 100%!

6/9/19, 9:38 PM - +234 806 * ***0:** Thank you Sir. It was dope.

6/9/19, 9:38 PM – Pharm. Akankali: Thank you so much sir for sparing time out of your busy schedule to share your knowledge with us

6/9/19, 9:39 PM - Dr. Kosi Amorha: Thank you very much Dr. Ojo! We are grateful.

6/9/19, 9:39 PM - Dr. Oluwafemi Ojo: You are welcome

6/9/19, 9:41 PM - +234 806 * ***2:** Thank you

6/9/19, 9:42 PM - Dr. Kosi Amorha: We have a couple of questions from participants.
They would be posted shortly.

6/9/19, 9:42 PM - +380 63 * ***6:** I thought it was partially reversible after SABA

6/9/19, 9:42 PM - +234 812 * ***7:** Thank you sir

6/9/19, 9:44 PM - Dr. Oluwafemi Ojo: Reversibility is measured by the percentage change in FEV1

6/9/19, 9:45 PM - Dr. Oluwafemi Ojo: FEV1 ratio defines presence of obstruction

6/9/19, 9:45 PM - +234 813 * ***3 joined using this group's invite link**

6/9/19, 9:46 PM - Dr. Kosi Amorha: Thank you for the clarifications, Dr. Ojo.

6/9/19, 9:47 PM - +234 706 * ***1:** Thank you sir

6/9/19, 9:47 PM - +234 703 * ***1 joined using this group's invite link**

6/9/19, 9:48 PM - +380 63 * ***6:** Thank you

6/9/19, 9:49 PM – Pharm. Akankali: Thank you Dr. Ojo. We have a few questions for you

6/9/19, 9:49 PM - +234 803 * ***1 joined using this group's invite link**

6/9/19, 9:49 PM - Dr. Oluwafemi Ojo: Alright

6/9/19, 9:50 PM - Pharm. Akankali:
QUESTIONS
1. Please what is the mechanism through which COPD causes polycythemia vera?

2. Please sir, I need more information on muscle wasting. Is it pathognomonic for COPD? I would like to know the pathognomonic signs and symptoms of COPD. As in specific and non-specific signs and symptoms.

*3. Please what does **differential diagnosis** mean? Especially with respect to COPD and below*

- *Asthma*
- *Congestive heart failure*
- *Bronchiectasis*
- *Tuberculosis*
- *Bronchiolitis*

4. Is there a relationship between reactive airway disease and ACOS? If there is, what is the relationship?

5. How does immunization tackle COPD, and which vaccines can be used to treat ACOS?

6/9/19, 9:52 PM - Dr. Oluwafemi Ojo: Question 2

6/9/19, 9:53 PM - Dr. Oluwafemi Ojo: Muscle wasting gives a poor outcome in patients with COPD.

6/9/19, 9:54 PM - Dr. Oluwafemi Ojo: Non-specific symptoms will be symptoms from other systems because it is a multi-systemic disease.

6/9/19, 9:55 PM - Dr. Oluwafemi Ojo: Question 3
Differential diagnosis refers to other diseases that could present the same way like COPD or mimic COPD.

6/9/19, 9:57 PM - Dr. Oluwafemi Ojo: Question 4
Reactive airway disease is a non-specific term and not really considered as a diagnosis. Sometimes, they use it for Allergic Airway Disease or Asthma.

6/9/19, 9:59 PM - Dr. Oluwafemi Ojo: Question 5
Immunization prevents recurrent chest infections that can lead to COPD or ACOS exacerbations.

Pneumococcal conjugate 13 vaccine (Prevenar) is given as well as influenza vaccine

6/9/19, 10:00 PM - +234 803 * ***4 joined using this group's invite link**

6/9/19, 10:00 PM - Dr. Oluwafemi Ojo: Question 1
It is a cause of secondary polycythemia.

6/9/19, 10:00 PM - Dr. Oluwafemi Ojo: Thank you once again.

6/9/19, 10:01 PM - Pharm. Akankali: More Questions
6. Does family history of COPD increase one's risk of COPD?

7. From the definition of COPD it was stated that it's a treatable condition, when do we say one's COPD has been treated (does this imply being COPD-free)?

8. By long standing asthma as a risk factor for COPD, what does long-standing asthma mean?

6/9/19, 10:02 PM - +234 806 * ***7 joined using this group's invite link**

6/9/19, 10:03 PM - Dr. Oluwafemi Ojo: Question 6
Not really … except if there is genetic deficiency that confers alpha 1 antitrypsin deficiency that causes emphysema.

6/9/19, 10:03 PM - Dr. Oluwafemi Ojo: Question 7
COPD cannot be cured but can be managed.

6/9/19, 10:04 PM - +234 813 * ***6 joined using this group's invite link**

6/9/19, 10:05 PM - +234 816 * ***4 joined using this group's invite link**

6/9/19, 10:05 PM - Dr. Oluwafemi Ojo: Question 8

With asthma for a long time, there is chronic inflammation which eventually leads to airway remodeling. This later presents as irreversible airway disease which you see typically in COPD.

6/9/19, 10:06 PM - Pharm. Akankali: Questions
9. Why does ACOS stemming from asthma have irreversible airway obstruction whereas ACOS from COPD is somewhat reversible?
I thought asthma alone has reversible obstruction whereas that for COPD is irreversible.

10. Is there a relationship between GERD and COPD?

6/9/19, 10:08 PM - +380 63 * ***6:** Sir these symptoms can also account in a wide range of diseases. Or is this like a triad for COPD?

6/9/19, 10:10 PM - +380 63 * ***6:** Or these symptoms combined with a certain examination result will convince one to put COPD as final diagnosis, because one cannot see all these in most patients and they end up having COPD! It's very confusing sir.

6/9/19, 10:10 PM - +380 63 * ***6:** I meant, what is obligatory to see before making diagnosis

6/9/19, 10:11 PM - +380 63 * ***6:** Thank you for this

6/9/19, 10:11 PM - Pharm. Akankali: Final question
11. Are spirometers readily available in most Nigerian hospitals? Are spirometric tests pocket-friendly?

6/9/19, 10:11 PM - +380 63 * ***6:** Please the mechanism is what we may like to know sir

6/9/19, 10:12 PM - Dr. Kosi Amorha: Please send your questions to the admin so it could be added to the other questions. Thank you.

6/9/19, 10:13 PM - Dr. Oluwafemi Ojo: Yes. You are right. That is why you have to confirm your diagnosis with spirometry.

6/9/19, 10:14 PM - +380 63 * ***6:** Thank you sir

6/9/19, 10:18 PM - Dr. Oluwafemi Ojo: Question 9
Like I mentioned earlier with prolonged inflammation in asthma, the airway obstruction later becomes irreversible.

6/9/19, 10:19 PM - Pharm. Akankali: An addition to question 11:
Can spirometry be done for paediatric patients? Say children 3 years and below?

6/9/19, 10:19 PM - Dr. Oluwafemi Ojo: Question 10
GERD is not directly related to COPD but it is a known cause of asthma exacerbation.

6/9/19, 10:20 PM - Dr. Oluwafemi Ojo: So, GERD can worsen ACOS by causing more exacerbations.

6/9/19, 10:21 PM - Dr. Oluwafemi Ojo: Question 11: More appropriate for children above 5 years because of ability to follow instructions to perform the test.

6/9/19, 10:24 PM - Dr. Oluwafemi Ojo: A study done few years back in Nigeria shows that the availability of spirometer in government facilities is less than 50% but I guess things have changed recently.

6/9/19, 10:26 PM - +234 809 * ***9 joined using this group's invite link**

6/9/19, 10:26 PM - Dr. Oluwafemi Ojo: Spirometry in government facilities 3 - 5,000 Naira
Private facilities:5 - 25,000 Naira

6/9/19, 10:26 PM - Dr. Oluwafemi Ojo: I want to sincerely appreciate your patience with me.

I hope we have learnt at least one thing.
My special appreciation goes to the AACG Coordinator and the moderator of this webinar.
Thank you all for having me.

6/9/19, 10:29 PM - Pharm. Akankali: Thank you so much sir. Please permit me to ask a late entry question. This will be the last.

6/9/19, 10:30 PM - Pharm. Akankali: Low BMI being a poor prognosis of COPD, what do we define as low BMI. Does weight loss in obese patients help in improving symptoms?

6/9/19, 10:31 PM - +234 803 * ***5 joined using this group's invite link**

6/9/19, 10:32 PM - Dr. Oluwafemi Ojo: Below 18.5 Kg/m^2

6/9/19, 10:35 PM - Dr. Kosi Amorha: Thank you Dr. Ojo for the time and patience with the lecture and in providing answers to our questions.
We cannot thank you enough.

6/9/19, 10:36 PM - Dr. Oluwafemi Ojo: Weight loss helps obese COPD patients particularly with obstructive sleep apnea and obesity hypo-ventilation syndrome.

6/9/19, 10:36 PM - +234 803 * ***1 joined using this group's invite link**

6/9/19, 10:36 PM - **Dr. Oluwafemi Ojo:** You are welcome

6/9/19, 10:39 PM - Pharm. Akankali: Thank you very much Dr. Ojo for patiently answering all our questions.

6/9/19, 10:39 PM - Dr. Kosi Amorha: We also thank all of us that have participated. We urge us to go through the posts later on. We might find that the points made would be better appreciated.

The WhatsApp group would be open for about 48 hours.

6/9/19, 10:41 PM - Dr. Kosi Amorha: We thank you, Pharm. Nneamaka Akankali, for your moderation.
We appreciate you.

6/9/19, 10:43 PM - Pharm. Akankali: It's been a pleasure, sincerely.

6/9/19, 10:43 PM - Pharm. Akankali: Thank you for the opportunity.

6/9/19, 10:47 PM - Dr. Kosi Amorha: We expect that the knowledge gathered and experiences shared have made us better informed.
Please do not hesitate to join the Asthma Awareness and Care Group (AACG), if you have not. We already see you as asthma advocates.
We have loads of responsibilities but as a team we can achieve more.
Let us keep collaborating as health professionals for the best for our patients who are at the centre of it all.

Breathe well ... lead a normal life.

Thank you and good night!

6/9/19, 10:48 PM - Pharm. Akankali: Thank you Dr. Kosi Amorha

6/9/19, 10:48 PM - Pharm. Akankali: With this, Ladies and Gentlemen, we call it a day.
We apologize for overshooting beyond the estimated time.

6/9/19, 10:50 PM - +234 706 * ***0 joined using this group's invite link**

6/9/19, 10:51 PM - Pharm. Akankali: Thank you for your participation in this webinar. We trust it was worth your time.

If you still have questions, please feel free to share. We assure you that all your questions will be answered.

A PDF document containing the salient points communicated in this seminar will be uploaded on the AACG website. You will be informed as soon as this is done.

Please do not exit the group yet.

We would love to know your thoughts. A link to our feedback form will be made available to you shortly. Please take your time to fill it carefully. Every response will be taken into consideration to help us plan a better experience in the future.

Having said all this, we cannot say thank you enough for participating in this webinar. All 204 of us have contributed to the making of this success story.

Your participation means a lot to us.

Please don't forget to explore our website at www.asthmacaregroup.org.ng
Click on the *Inhaler Technique bar*, to get access to our video resources.
Click on the *AACG Registration bar* to register as a new user/volunteer.
On behalf of the Asthma Awareness and Care Group and my humble self, I wish you a good night's rest.

REFERENCES

References are available upon request. Please send an email to:
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Ojofemi911@yahoo.com