

MANAGEMENTUL BPOC STABILE ÎN ASISTENȚA PRIMARĂ

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Chronic obstructive pulmonary disease (COPD) is a common problem in primary care. This condition has multiple combined treatment regimens. The goals of treatment are: to improve quality of life, exercise tolerance, sleep quality; to reduce dyspnoea, nocturnal symptoms, exacerbations, use of rescue medications, and hospitalizations. All patients benefit from bronchodilator medications as needed. Long-acting inhaled anticholinergics are probably more beneficial than short-acting formulations. Use of inhaled corticosteroids might benefit patients with mild COPD who have an inflammatory component or significant reversibility on spirometry. Patients with moderate to severe disease benefit from the use of long-acting inhaled anticholinergics, inhaled corticosteroids, and possibly a long-acting beta₂ agonist or mucolytics. For rescue therapy, short-acting beta₂ agonists or combination anticholinergics with a short-acting beta₂ agonist should be used. Inhaled corticosteroids should be considered before initiating a long-acting beta₂ agonist. Evidence to support the use of mucolytics, oral theophylline, and oral corticosteroids is limited. Patient information: quit smoking, exercise, weight control, twice a year control are important in primary care COPD management.