

Summary of Dr. Raj Mainra's presentation on NS Resources for Asthma, COPD & Sleep Apnea (May 2013)

Importance of education so patients use inhalers/meds properly was discussed resources include

- COPD/Asthma educator in Dr. Mainra's office (Rosemary) consistently
- COPD/Asthma educator at LGH (Barb Moore)
- 45-60 minute sessions, 1:1 session

Services

- Education at LGH – Asthma/COPD - CDM Referral sheet (attached)
- **Pediatric asthma clinic** at LGH– Dr. Critchley Tel: (604) 984-3830 Fax: (604) 984-3818
 - Provides asthma education to children and their families. Service is targeted towards asthmatics having difficulty with control, those using excessive medication, newly diagnosed asthmatics and/or moderate to severe asthmatics with cultural/age/language barriers to patient education. They have a pediatrician, respiratory technician and pediatric nurse that sees clients and their families to learn to control their asthma episodes. They teach families how to recognize early warning signs of asthma and ensure their child takes medicine appropriately and in a timely manner. They monitor treatment plans and make adjustments based on symptoms and flow loop results. Patients must be referred by a physician. Restricted to age range: 0-19 operates 2-3 times per month. A referral can be made by accessing North Shore Chronic Disease Service Referral, They have a referral form which they are in the midst of redoing.
- **Respiratory rehab BREATH Program** Tues/Thurs pm @ LGH x 5-6 weeks, then maintenance
 - Lions Gate Hospital Medical Day Centre BREATH Program Tel: 604-984-5888 Fax: 604-984-3766
 - Individual self-management educational session offered to all referred participants. Group education sessions are 4 or 5 times a year (fall, winter and spring): Sessions run from 1:00 p.m. to 3:30 p.m. every Tuesday and Thursday for five weeks. Sessions include 12 – 16 participants in each session. A follow-up assessment will be provided 3 to 6 months after completing the program. Some participants will continue with the maintenance program. **The maintenance program is suitable for individuals who:** require regular supervised exercise, have a low exercise tolerance, are on supplemental oxygen **The maintenance exercise classes are held:** • Every Tuesday and Thursday from 12:30 to 2:00 p.m. in the Medical Day Centre Gym
- XOLAIR® (omalizumab) clinic – Dr. Mainra
- Smoking Cessation Clinic via VGH 604-875-4800 extension 2
- Early Support Discharge Program – for COPD, CHF < OVA
 - Short term rehab up to 3 months, use CDM ref form
 - Chronic Obstructive Pulmonary Disease (COPD) Clinic - Lions Gate Hospital
 - Provides a multi-disciplinary assessment and treatment plan for people with suspected or confirmed chronic obstructive pulmonary disease (COPD). These clinics include an appointment with a Respiriologist (lung specialist) and a team of health care professionals who will review ways to better manage at home. Physician referral required-client's doctor must fill out a referral form
- **Tel:** 604.984.5888 **Fax** 604.984.3766

(Dyspnea 7 grade 2-3 – refer to BREATHE Program)

Sleep Apnea

- 5-20% of individuals
- Can refer to Dr. Mainra for initial assessment, Consider with
 - Morning headaches
 - Resistant hypertension
 - Fatigue

Polysomnogram (PSG) still gold standard for testing available at UBC, Richmond, Surrey
12-18 months wait time

Overnight oximetry: includes info on HR and O2 Sat. – order via LGH or Private company (fee)

Level III sleep study: more detailed sleep study that can be helpful - fees apply \$50-150

HR, O2 sat., smoking, diabetes, airflow, chest mov+, measures of sleep efficiency

Done at private sleep companies

Take home testing simple/cheap but

Normal test does not mean no sleep disorder - see flow chart

High Risk patients, recommend PSG or level III to distinguish Obstructive vs. central sleep apnea

Central sleep apnea more common in patients with a history of

- CVA
- CAD
- Parkinson's
- High Dose narcotics

Compliance with CPAP is about 50-75%

Oral appliances can be tried if OSA is mild 15-20, improve index rating but not so good at improving symptoms

Atopic asthma:

- Severe asthma on meds {should be assessed for possible Xolair use}
- + RAST

Respiratory testing:

- Asthma and COPD – pre and post spirometry good enough for most diagnoses
- If symptoms despite normal spirometry then recommend the full testing

Oximetry not useful if patients less than 10-12 years old