Time to rename COPD exacerbations

Holverda, Sebastiaan; Rutgers, Michael R; Kerstjens, Huib A M

Published in:
The Lancet. Respiratory Medicine

DOI:
10.1016/S2213-2600(20)30123-5

Publication date:
2020

Time to rename exacerbations of COPD: implementing the term lung attack in the Netherlands

To the editor:

Bafadhel et al. make a compelling case for renaming the term exacerbation in COPD.[1] The most important reason is that less than 2% of patients with COPD know what the term exacerbation means, and hence do not feel the urgency of the event. Many physicians too lack this sense of urgency, and for instance are ignorant that 2-year mortality after a hospitalization for COPD exacerbation is higher than that for a heart attack.[2]

We would like to share the experience we have in the Netherlands with renaming exacerbations. A nation-wide Patient Empowerment (2012) project focused on improving self-management skills of patients with COPD, particularly exacerbation management. The broadly constituted working group represented pulmonary physicians and specialized nurses, family physicians, and patients (Lung Foundation Netherlands). In order to better understand the poor sense of urgency, and what to do about it, among others a national survey was performed. Knowledge of the term was indeed low. Next, patients were offered several alternatives from which they preferred “lung attack”. Any term can be debated, but all project members agreed that renaming exacerbation to lung attack would help to emphasize the urgency, especially since it runs parallel with existing terminology such as heart attack.

Whatever new term introduced for any disease, it needs broad support for implementation and framing. This is what happened in the Netherlands. First, a COPD “lung attack” action plan was made available on a national scale (Lung Foundation Netherlands). Second, the strong position of the Netherlands Lung Alliance allowed, as part of a National Action programme,[3] the successful piloting of an integrated care pathway for COPD, aimed specifically at reducing hospitalization days for “lung attacks”.[4] Third, a specific national guideline ‘Diagnosis and treatment of a COPD lung attack in hospital’ was developed, again adopting the term lung attack. Fourth, the recent update of the COPD guideline from the general practitioners followed suit.

To our opinion, lung attack sounds less alarmistic than crisis which might be the case in hospital, but in the majority of cases is probably overstated.

Regardless of the term chosen, a joint effort between patients and the respiratory health community is needed to rename exacerbations and effectively implement the new term. Our experience on a small but national scale has proven successful. We applaud the authors’ appeal to rename exacerbations, and share their belief that it will contribute to the health of COPD patients.

Sebastiaan Holverda, Lung Foundation Netherlands
Michael R. Rutgers, Lung Foundation Netherlands
Huib A.M. Kerstjens, University Medical Center Groningen

REFERENCES

1. Bafadhel M, Criner G, Dransfield MT, et al. Exacerbations of chronic obstructive pulmonary disease: time to rename. Lancet Respiratory Medicine 2020; **8**: 133-135
2. Connors Jr. AF, Dawson, NV, Thomas C, et al. Outcomes following acute exacerbation of severe chronic obstructive lung disease. The SUPPORT investigators (study to understand prognoses and preferences for outcomes and risks of treatments). American Journal of Respiratory and Critical Care Medicine 1996; **154:**. 959-967
3. Biewenga, J, Kerstjens, HAM, Rutgers, MR, et al. Fighting chronic lung diseases on a national level: The Dutch national action programme. International Journal of Care Coordination 2016; **19**: 65-72
4. http://www.longalliantie.nl/files/8615/7287/5481/Zorgpad_COPD_longaanval_DV_DEF.pdf

Address for correspondence:
S. Holverda, PhD
Lung Foundation Netherlands
Postbus 627

3800 AP Amersfoort
Phone number: +31 33 434 1230
E-mail address: basholverda@longfonds.nl

Authors'contribution
All authors contributed equally to the writing of this letter for the Correspondence section in The Lancet Respiratory Medicine.