NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS
Respiratory Disease

Marlin C. Hoover, PhD, MSCP, ABPP-CL
Southern New Mexico Family Medicine Residency Program
Clinical Director, Hoover and Associates
Respiratory

- Types of COPD: Emphysema, Chronic Bronchitis & Chronic Obstructive Asthma
- Primary Presenting Medical Symptoms
  - Dysnea (Breathlessness)
  - Cough
  - + Sputum Production
  - Wheezing and Other Abnormal Breath Sounds
Tools for Assessment and Tracking

- EMR (Electronic Medical Record) Based
  - Vital Signs – BP, RR, BMI, PO2
  - PQRS (Physician Quality Reporting System) CMS
    - Depression
    - Smoking Status
Initial Medical Assessment – Pulmonary Function Tests

• Spirometry
  • FEV$_1$/FVC (Forced Expiratory Volume in 1 Second/Forced Vital Capacity)
  • FEV$_6$
  • Peak Expiratory Flow
  • Pulse Oximetry
  • Lung Volume Measurement
  • ABGs (Arterial Blood Gases)
Medical Management of Stable COPD

- **Medications**
  - **Inhaled Bronchodilators** – Beta Agonists & Anticholinergics
  - **Inhaled Glucocorticoids**

- **Monitor**
  - Dyspnea
  - Activity Tolerance
  - Amount of “As-Needed” Medication Use
  - Lung Function

- **Other Measures** – Pulmonary Rehabilitation and Nutritional Support
Behavioral Adverse Effects of Medications

- **Short-Acting Beta Agonists** -> Anxiety, Tremor, Dizziness, Palpitations & Tachycardia

- **Inhaled Anticholinergics** -> Anxiety, Nausea, Dizziness

- **Chronic Use of Longer-Acting Corticosteroids** -> Reversible Cognitive Decline in the Elderly, Increased Risk of Osteoporosis, Increased Risk of Fracture During Exercise
Common Behavioral Symptoms Driven, Caused, or Exacerbated by COPD

- Weight Gain
- Skeletal Muscle Weakness
- Social Withdrawal
- Activity Limitation
- “Light Headedness” while Coughing
- Anxiety and Depression
Behavioral Treatment Goals—Guided Self-Help

- Improve adherence to **medical treatment plan**
- **Support program** leading to **increased exercise** and **activity tolerance**
- Assist patient as needed in **managing anxiety** complicated by COPD
- Assist patient as needed in **managing depressed mood** complicated by COPD
- Assist patient in identifying and **eliminating exacerbating causes** such as smoking
NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS