

# Translating Systems Medicine into Practice

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The Example of COPD  
from the Patient Point of View

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# **We know much about COPD - especially about Comorbidities**

**But this does not find a sufficient reflection in the existing  
care system**

The main gaps between knowledge and reality are:

- Prevention
- Early diagnosis
- Cooperation between Pneumology, Kardiology, Psychiatry, Diabetology and others
- Rehabilitation

We had no data about the situation in Europe, so we did a study: Minimum Standards of Care for COPD Patients in Europe

As a result, we pointed **8 key interrelated areas** which together provide a basis for patient-centered and minimum standards of care:

- Ensure early diagnosis of COPD by using **spirometry testing in primary care** for current and ex-smokers older than 35 years old;
- **All general practitioners should be adequately educated** to administer spirometry testing and interpret the results so as to assure early and accurate diagnosis;
- **Coordination should be increased between primary care, specialists and hospitals** to increase efficiency of treatment and quality of life for patients;
- **Smoking cessation services and pulmonary rehabilitation should be made available for all COPD patients in need, regardless of their employment status;**
- **Increase the number of centres for COPD care and rehabilitation** and ensure there are systematic plans in place for how to avoid exacerbations, consistent follow-ups with patients and intensive up-to-date training on the self-management of the condition;
- **Promote a multidisciplinary approach for the rehabilitation of COPD patients to involve all necessary medical professionals who can help improve their quality of life with comorbidity assessments so as to efficiently treat all COPD patients;**
- The participation of COPD patients should **be legally embedded** in all government decisions or processes directly affecting COPD patient care;
- **Alpha-1 Antitrypsin Deficiency, rare genetic condition that can cause COPD, testing should be available for infants and pregnant women at risk and augmentation therapy (AT) in all European countries with the possibility of reimbursement.**