New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

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By email: joanna@arfnz.org.nz

COPD Guidelines

Dear Joanna

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the draft COPD Guidelines. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our Board and Advisory Councils.

We congratulate the Asthma & Respiratory Foundation and the multidisciplinary team under the leadership of Professor Robert (Bob) Hancox on the development of these guidelines. We believe the guidelines are clear and comprehensive and will be useful for the diagnosis, assessment and management of COPD in clinical practice. We particularly welcome the non-pharmacological approaches encouraged in the guidelines. Our feedback in response to the consultation questions is relatively minor but includes several suggestions for consideration that we believe could further improve these guidelines.

Content

What, if any, clinical guidance should be changed, and why?
In the introduction, it may be useful to mention the overlap with bronchiectasis, particularly when alpha-1-antitrypsin deficiency is mentioned on page 5.

In Box 1 on page 14, it could be useful to consider adding a statement recommending the cessation of e-cigarettes and vaping. In this same box, it may be worth considering adding a recommendation for weight reduction in patients that are overweight or obese.

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In paragraph 7 on page 24, we suggest that atrial fibrillation could be added to the list of alternative diagnoses and complications that are mentioned. It would also be useful to spell out BNP in full in this paragraph or include it in the list of abbreviations at the start of the document.

On page 35 under the section on COPD in Māori, we suggest that "equity of access" be added to the first paragraph. In the recommendations in this section, we suggest that there should be a comment along the following lines: "Healthcare providers should recognise the needs of patients to receive culturally sensitive, culturally competent and culturally safe care" as is recommended in the NZMA Code of Ethics.[1]

With respect to Appendix 1, we have received feedback questioning whether pneumococcal vaccine should be recommended instead of just considered, particularly in people over 65 years.

Is there anything missing that needs to be included and why?
It would be helpful for the guidelines to provide clarification on reversibility. For example, what percentage or ml rise (for FEV1<1000 ml) would suggest that the patient's presentation isn't pure COPD?

We suggest that it would be preferable to list details of author affiliation in the same order which authors are given and commence author notation numbering at 1 (instead of 4 which is currently the case).

We suggest that it would be useful for the guideline to mention the avoidance of second-hand smoking, e-cigarettes/vaping, air pollution, and smoked cannabis. If there is no evidence of the impacts of these in patients with COPD, then it would be helpful for the guidelines to state so rather than not mention them at all.

Relevance and application

How relevant is the Guide to patients with COPD, and in particular Māori and Pacific Peoples?
We believe the guidelines are very relevant to patients with COPD, and in particular Māori and Pacific peoples.

How useful is the Guide as a tool for health professionals (e.g. is it easy to follow and apply)?
We believe the guidelines are very useful as a tool for health professionals.

How accessible and useful is the self-management plan (COPD Action Plan) and breathlessness plan (Breathing Strategies for COPD) and Breathlessness Quick Reference) for patients?
We believe these are very useful plans for patients.

To assist in your work with patients how would you prefer to access the Guide (e.g. on the web, via patient management system, hard copy handbook)?
We would like to be able to access the guidelines across a range of formats and platforms including on the web, via patient management systems and as a hard copy handbook.

Please provide any other suggestions on how the Guide can be translated into practical tools for everyday use by health professionals.

[1] NZMA. Code of Ethics for the New Zealand Medical Profession. 2020. Available from https://www.nzma.org.nz/documents/code-of-ethics-2020

We suggest that it would be useful to translate the flow charts and patient self-management plans into Māori.

We hope our feedback is helpful and look forward to publication of the final guideline.

Yours sincerely

Dr Kate Baddock
NZMA Chair