

ACT NOW

Make Early Action Your Best Defense Against COPD Exacerbations

An exacerbation is an important event in the progression of COPD.¹ A survey showed a **misalignment between patients and physicians** about identifying and reporting exacerbation events.² **Proactive discussions** about exacerbation prevention are critical to protecting COPD patients.¹

COPD exacerbations can be devastating events¹...

A single event[†] may result in

- Permanent loss of lung function³
- Increased susceptibility for future events^{1,4}

Frequent events[†] may also lead to⁵

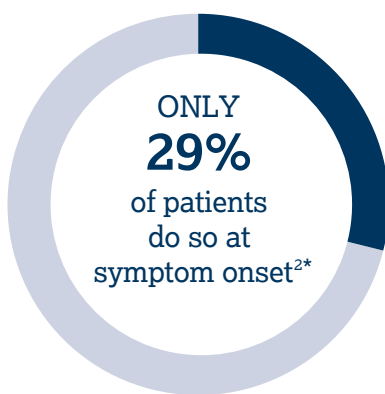
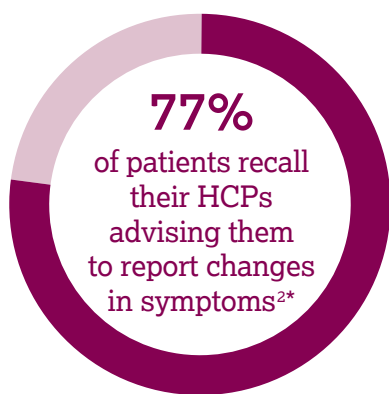
- Lower quality of life^{6,7}
- Faster disease progression^{8,9}
- Increased risk of death^{10,11}

[†]Effects may be seen across exacerbations of any severity, with higher impact/risk observed with more severe events

Following the first hospitalization for a severe event, half of all COPD patients died within **3.6 years**¹²



...but exacerbations are undertreated because they are underreported^{2*,13}



CONTRIBUTING FACTORS

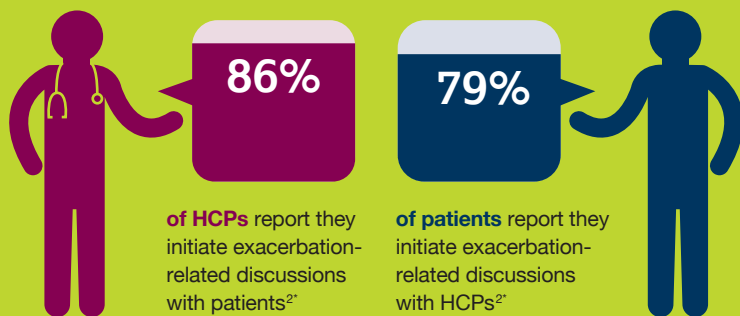
60% 
of patients attribute underreporting to **underestimating symptom severity**^{2*}

28% 
of patients recall talking with their HCPs about the **risk of future events**^{2*}

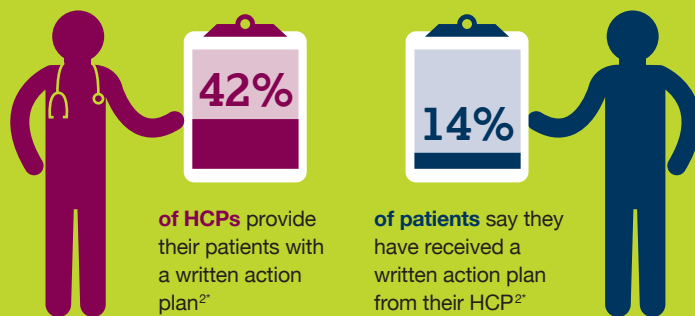
Preventing exacerbations is pivotal to patient care^{1,5}

Effective communication is required for early detection of exacerbation symptoms but there appears to be a gap between patients and physicians^{2*,5}

INITIATE DISCUSSION



MAKE A WRITTEN ACTION PLAN



COPD management should be aimed not only at relieving COPD symptoms but also early exacerbation prevention¹

*Based on 2019-2020 CHEST online quantitative survey of 401 HCPs (189 PCPs and 212 pulmonologists) and a 2020 COPD Foundation online quantitative survey of 428 people with a diagnosis of COPD.

References: 1. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease: 2020 report. <https://goldcopd.org/>. Accessed: May 2020. 2. DoFP REF-80328. 3. Dransfield MT, et al. *Am J Respir Crit Care Med*. 2017;195(3):324-330. 4. Hurst JR, et al. *N Engl J Med*. 2010;363(12):1128-1138. 5. Qureshi H, et al. *Ther Adv Chronic Dis*. 2014;5(5):212-227. 6. Solem CT, et al. *Int J Chron Obstruct Pulmon Dis*. 2013;8:641-652. 7. Bourbeau J, et al. *Eur Respir J*. 2007;30(5):907-913. 8. Donaldson GC, et al. *Thorax*. 2002;57(10):847-852. 9. Niewoehner DE. *Am J Med*. 2006;119(10 Suppl 1):38-45. 10. Soler-Cataluña JJ, et al. *Thorax*. 2005;60(11):925-931. 11. Rothnie KJ, et al. *Am J Respir Crit Care Med*. 2018;198(4):464-471. 12. Suissa S, et al. *Thorax*. 2012;67(11):957-963. 13. Leidy NK, et al. *Ann Am Thorac Soc*. 2014;11(3):316-325.

Abbreviations: COPD=chronic obstructive pulmonary disease; HCP=health care providers; PCP=primary care physicians

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