



## Epidemiology

- #3 Cause of Death Worldwide
- Age Often >35yo.
- M ≈ F

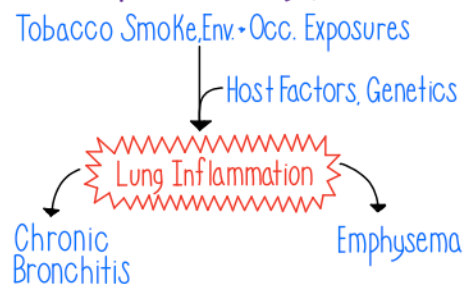
## Phenotypes

- Chronic Bronchitis:
  - Chronic Cough >3mo. Over 2yrs.
- Emphysema:
  - Alveolar Destruction

## Risk Factors

- Tobacco Smoke
- Exposures (Dust, Pollution)
- Alpha-1 Anti Trypsin Deficiency
- Host Factors, Genetics

## Pathophysiology



## Clinical Manifestations

- 3 Cardinal Features:
- Dyspnea
  - Chronic Cough
  - Chronic Sputum Production

## Physical Exam

- Early: Prolonged Expiration +/- Wheezes
- ↑ Severity: Barrel Chest, ↓ Air Mvmt., Wheezes
- End Stage: Tripoding, Pursed Lip Breathing

## Imaging

- Hyperinflation, Flattened Diaphragm, Blebs

## Exacerbations

Presentation: ↑ Dyspnea, Cough, or Sputum

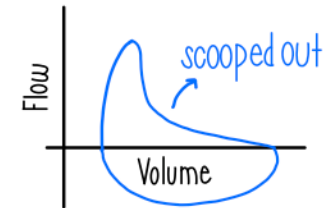
Triggers: • Viral > Bact Infxn.

• Dust, Pollution

DDx: PTX, PE, HF, MI

Complications: PTX (Double Check CXR)

Treatment: Bronchodilators, PO Steroids, Abx



## Dx

- Dx:
  - FEV1/FVC < 70%
- Staging (GOLD System):
  - FEV1% Predicted
  - Sx Burden → Exacerbation

## DDx

- Asthma
- Heart Failure
- Bronchiectasis
- ILD
- Lung Cancer

## Management

- Smoking Cessation
- Supp. O<sub>2</sub> If SaO<sub>2</sub> < 88% } ↓ Mortality
- Bronchodilators, Inh. Steroids
- Pulmonary Rehab.
- Vaccines (Flu, PCV13, PPSV23)