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**Purpose:** The purpose of this project is to provide self-management education at each appointment to patients diagnosed with COPD to improve health related quality of life and medication adherence.

**Background:** It is estimated that there are 16 million people in the United States currently diagnosed with COPD. The prevalence and mortality rates for COPD increase with age. COPD is the fourth leading cause of death in the world and it accounts for more than 120,000 deaths annually in the United States. COPD primarily affects both men and women aged 45-75 years of age. Non-adherence to medication therapy is very common in patients diagnosed with COPD. Self-management education regarding adherence to inhaled agents is required in order to manage and control COPD symptoms properly and to prevent or delay complications, including exacerbations.

**Methods:** Eligible participants were patients with a diagnosis of COPD. Eligible participants were patients with a diagnosis of COPD. Question 3 Question 4 Question 5 References age 45 years or older, and seen in a primary care office located in the Phoenix metropolitan area. The St. George’s Respiratory Questionnaire for COPD patients (SGRQ-C) was used to measure quality of life, the Borg scale measured dyspnea and the Morisky scale measured medication adherence. Significance was preset at p< .10. The intervention consisted of an initial visit (T1) during which patients were given self-management education regarding when and how to properly take medications, when to seek medical attention, exercise and smoking cessation. The patients were also asked to complete the instruments. An action plan, based on GOLD criteria, was developed. A telephone follow-up (T2) was performed two to four weeks after the initial visit. Information from T1 was reinforced. No data was collected at T2. The final visit (T3), two to three months after T1 instruments were re-administered and information was reinforced. Statistical analysis was performed using SPSS.

**Results:** Seven participants completed the project. Mean age was 69.6 years (Range 59-82) Participants showed an improved health related quality of life as measured by SGRQ-C (z= -2.36 ; p= .018), decreased levels of dyspnea measured by the BORG scale (z= -2.07 ; p= .038) and increased medication adherence measured by the Morisky scale (z= -2.33 ; p=.02). Both challenges and facilitators were met while implementing the intervention. There was resistance from the staff initially regarding the amount of time they perceived this intervention would require. The quality control liaison was a facilitator of this project. Clear communication between practitioners and clinical staff was necessary to successfully implement the project.

**Implications for Practice Change:** Self-management education requires 5-8 minutes of the patient’s regular scheduled appointment, the same amount of time that should be allotted for traditional education. Self-management education is feasible in a family practice setting and should be reinforced at each appointment. Self-management education can improve adherence, reduce the need for hospital care in patients with COPD and improve aspects of their health related quality of life.

**References**