

Patient stories

1) A 60 year old male patient with moderate COPD has called your practice and asked for medicine, due to increased coughing and shortness of breath the last week. He quit smoking a year ago. You have prescribed anticholinergics for inhalation as maintenance medication. Now he thinks a course of antibiotics might be helpful. He was treated with amoxicillin and prednisolone last winter 9 months ago, and recovered after a few weeks.

2) A 70 year old female patient, still smoking, visits your practice. She was hospitalized due to her COPD one year ago. She uses a combination of inhaled corticosteroids and long acting beta2-agonists, and short acting beta2 agonists on demand. She had a common cold a week ago. Now she has no fever, but breathes heavily and rather fast. She had to sit in her bed last night, and she feels somewhat exhausted. Although you hear wheezes all over her chest, you do not think the obstruction is very severe. You believe her illness is worsened by her anxiety, but consider admitting her to hospital.

3) A 72 year old woman visits you for a follow-up examination. She had a COPD exacerbation three weeks ago, for the second time this winter. She is now in her normal shape. FEV1/FVC ratio is 0.55 and her FEV1 % predicted is 45%. She has reduced her smoking considerably, and smokes only 5 cigarettes a day. She will continue the regular use of a long acting anticholinergic, and is encouraged to use a short-acting beta2 agonist on demand. You consider giving her inhaled corticosteroid in addition. You also consider prescribing courses of oral corticosteroids and antibiotics which she could administer herself if she develops a new exacerbation.