**SAMPLE TEXT FOR COPD SHARED DECISION MAKING**

**EMR TEMPLATE**

**\*\*\* this information is not medical or legal advice, it is just a suggestion that you may choose to consider and possibly adapt, as suits you and your patients.**

**REVIEWED BENEFITS OF COPD TRIPLE vs. Dual TREATMENT**

(reference: N Engl J Med 2018; 378:1671-1680 DOI: 10.1056/NEJMoa1713901 and GPAC gdln 2017/2020)

**PATIENT’S BASELINE CONDITION**

Years since diagnosis

Tobacco History – Pack year history: // quit, date: // ongoing, cigs/day =

AECOPD in last 12 months = xxx

AECOPD in last 5 years = yyy

ED visits in last 12 months =

Hospitalizations in last 12 months =

COPD Severity – mild // moderate // severe // very severe

functional status: well / impaired by COPD symptoms

co-morbidities =

**PATIENT’S TREATMENT GOALS and PREFERENCES**

What would you want this medication to do for you in order for you to feel taking it every day is worth it?

Function

Costs

Hospitalizations

Other

**GENERALIZABILITY OF ESTIMATES for TX BENEFIT TO THIS PARTICULAR PATIENT**

Is this patient represented by the study participants?

Yes // No due to frailty / dementia / limited life prognosis /other

**ESTIMATE OF BENEFIT**

Moderate/severe exacerbations in one year

New therapy 0.9

Dual Therapy (current) 1.07

i.e. reduction of 0.17 exacerbations

**CHOICES PRESENTED TO PATIENT:**

trial of the medication

stay on current medications

revisit in 3 months

**PATIENT RESPONSE TO PRESENTATION OF THIS INFORMATION**

surprised at the magnitude of the potential treatment benefit, does NOT think it worthwhile, and prefers to stay on current regime

or

pleased with the opportunity to trial anything that can avoid a hospitalization

or

prefers to defer the decision until next visit

**SHARED DECISIONS ABOUT COPD TREATMENT**

**-**considering the patient’s response to the evidence presented, we will NOT change prescription to triple therapy.

(This decision is congruent with advice in the 2017 GPAC COPD guideline (med table updated 2020), as it specifically asks clinicians to use a shared decision-making approach that takes into account patient preferences.)

-continue existing treatment, medications refilled, as below

-invited to reassess in 3-4 months, or anytime, agreed that indications to change opinion about therapy include: additional hospitalizations, reduced exercise tolerance, curiosity

-reminded about benefits regular puffer use

-encouraged to continue exercise program

-RTC in 3 months to reax

or

**-**considering the patient’s response to the evidence presented, we will do a trial of triple therapy inhaler x 2 months.

*(This decision is congruent with advice in the 2017 GPAC COPD guideline (med table updated 2020), as it specifically asks clinicians to use a shared decision-making approach that takes into account patient preferences.)*

-patient instructed to **stop** the dual therapy inhaler = DDDDDDD

-patient understands that s/he is unlikely to perceive benefits from the new inhaler

-asked to reassess in 6-7 weeks, or anytime, agreed that indications to change opinion about therapy include: additional hospitalizations, reduced exercise tolerance, any other symptoms or adverse effects they observe

-reminded about benefits of regular puffer use

-encouraged to continue exercise program

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