



What are the unmet needs of COPD management from the patient's perspective?



➔ What are the top symptoms affecting COPD patients?

Dyspnoea, mucus production and cough are the most frequently recalled symptoms in patient interviews^{1,2} and the most discussed symptoms on social media, irrespective of disease severity.³

In quantitative and qualitative interviews,

50% of patients

rated **dyspnoea** as the symptom which **most impacted their daily life**, whilst nearly **23% of patients** rated **mucus and cough**, as most important²

→ How do COPD symptoms impact patient QoL?

Dyspnoea directly limits patients' ability to walk, dress, talk and sleep.¹ Difficulty with

mucus clearance,

an often-overlooked aspect of COPD, negatively **impacts physical QoL** by causing night-time disturbance.³

COPD has a heavy emotional burden

Sadness and anxiety are the most frequently discussed aspects related to emotional QoL,³ COPD also leads to **embarrassment, fear and depression**¹ and negatively **impacts on family relationships and social activities**.⁴

Coping with COPD, means coping with **dyspnoea and feelings of suffocation, smoking addiction, anxiety and a lack of disease knowledge**.⁴

Being able to perform normal daily activities matters most to patients

Ability to perform everyday activities (e.g. climbing stairs, lifting and carrying, showering) is of utmost importance to improve patient QoL.²

44% of patients report that **limitation of physical activities is the worst aspect** of living with COPD¹

Wearable and digital technologies may offer new benefits for patients

Patient interviews demonstrate that **remote monitoring devices & telehealth have the potential to improve patient self-management**,^{5,6} including symptom & exacerbation management, whilst minimising feelings of anxiety, fear and panic.⁶

Benefits perceived by patients include **greater control of their condition, improved connectivity with their HCPs** (facilitating personalised and preventative care and empowering collaborative discussion)⁶ and providing **reassurance during exercise**.⁶ This could in turn increase compliance with pulmonary rehabilitation programmes to prevent physical deconditioning, common in COPD.



In summary,

symptoms such as dyspnoea, mucus production and cough are those which most impact patient QoL. Addressing the issues of most importance to patients, as well as other unmet needs in COPD management, has the potential to improve patient outcomes. **New technologies to improve self-management** may be one option to improve patient experiences.

References

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Abbreviations

COPD, chronic obstructive pulmonary disease; HCP, healthcare professional; QoL, quality of life