

PEAR VS. THE PANDEMIC

SUPPORTING OUR PHARMACY STAKEHOLDERS DURING THE COVID-19 CRISIS

A FOCUS ON RESPIRATORY HEALTH

People with chronic respiratory diseases are not necessarily more likely to get COVID-19;¹ however, for people with moderate-to-severe asthma, COPD, idiopathic pulmonary fibrosis or cystic fibrosis, becoming infected with COVID-19 can result in disease exacerbation or serious complications such as pneumonia.² Also, people who smoke or vape are at higher risk of severe illness because of the resulting lung tissue damage and increased risk of infection. Smoking tobacco reduces immune function, and this contributes to ciliary dysfunction and decreased mucociliary clearance.³ Pharmacists can contribute to public health efforts to reduce the impact of COVID-19 by working with patients to optimize control of respiratory conditions and supporting people in smoking cessation efforts.

This document will address the following questions:

- 1 What should pharmacists do to help patients with chronic respiratory conditions maintain their well-being during the pandemic and beyond?
- 2 How can pharmacists encourage smoking cessation and support patients with efforts to quit smoking at this time?



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1 EMPOWERING PATIENTS TO MANAGE CHRONIC RESPIRATORY CONDITIONS

Consider the following counselling tips to help patients with asthma, COPD, or other chronic respiratory conditions and their caregivers maintain optimal control of their condition.

- Ensure patients have **adequate medication and other supplies** on hand.
 - It is important to have at least a two-week supply of medications (with additional refills) on hand, in case the person becomes ill and must stay quarantined for two weeks.
 - Offer to extend prescriptions if necessary, and if permitted, in your jurisdiction.
 - Other supplies that can be suggested include a peak flow meter, digital thermometer, and spacing device.
- Assess adherence and **inhaler/device technique**.
 - Ensure that patients continue to take regular medications. There is no evidence that inhaled corticosteroids are detrimental to patients with COVID-19.⁴ Reinforce that good control of asthma or COPD is important for staying well and preventing complications such as serious infections.⁵ It has been shown that stopping inhaled corticosteroids in people with stable asthma increases the risk of exacerbations.⁶
 - If you are able to communicate with patients by video, review inhaler technique.
 - Remind patients to wash their hands before using inhalers, spacing devices, or peak flow meters, and also remind caregivers to do the same before assisting someone with these devices.
 - If patients are using a nebulizer to administer medications at home, they should continue using it until the healthcare team can switch them to an inhaler, which is considered a more effective route with a lower risk of aerosolization of virus, if present.⁵
- Review the patient's **asthma action plan or COPD action plan**.
 - If the patient does not have one, work with the patient and their physician to create one. This plan can help guide the patient in self-managing their condition and determining when medical or emergency care is necessary. Find a template for an asthma action plan [here](#) and for a COPD action plan [here](#).
- Address anxiety associated with COVID-19 and their health.
 - People with COPD are at higher risk of having anxiety (even in nonpandemic times) and depression compared to people with other chronic conditions.⁷ Ask about their concerns and provide factual information and advice about how to stay well.
- Ensure that patients have had appropriate **vaccinations**.
 - Ask about routine vaccinations and address patient concerns about getting vaccinations during the pandemic. Recommend influenza vaccination in the fall.
 - Use this as an opportunity to discuss pneumococcal vaccinations. If the patient has not received the conjugate (Pneu-C-13) vaccine as part of the routine immunization schedule for children, or the polysaccharide (Pneu-P-23) vaccine, recommend/provide vaccinations if the patient agrees.⁸ In older adults who have not received Pneu-C-13 vaccine as a child, this vaccine should be given first followed by the Pneu-P-23 vaccine at least eight weeks later for best results.⁸
- Review how and why to wear a **mask/face covering**.
 - This may be challenging for someone with respiratory issues and can cause anxiety. Remind patients that most masks and face coverings are worn primarily to protect others, so physical distancing and hand hygiene are still necessary even when masks are worn.⁹

- Help patients develop a comfort level with wearing a mask: take “baby steps” by wearing a mask for short periods of time at first, then working up to longer times; suggest that they try different types of coverings until something is comfortable for them.¹⁰
- If wearing a mask is simply not an option, recommend that these patients stay at home as much as possible or shop during less busy times. Many retailers (especially pharmacies and grocery stores) offer free delivery services.
- Review **symptoms** to watch for and how to respond if they occur.
 - Symptoms of respiratory condition exacerbations may seem similar to those of COVID-19; however, COPD and asthma exacerbations may not cause fever and may be more “familiar” to patients living with these conditions. Patients should be encouraged to follow their action plan and seek medical attention if symptoms do not respond to treatment or are unfamiliar, or if fever is present.
- An excellent resource for both patients and pharmacists is “Living Well with COPD,” available at <https://www.livingwellwithcopd.com>. This resource has information to help people with chronic respiratory conditions deal with anxiety while managing their disease.

2 SMOKING CESSATION IS MORE IMPORTANT THAN EVER

It is well known that smoking causes damage to the lungs, specifically destroying cilia and increasing mucus production, and can decrease immune function, making people who smoke at greater risk of viral and bacterial respiratory infections.¹¹ Data on patients with COVID-19 in China showed that people who smoked tobacco were more likely to have more severe disease than those who never smoked.¹² It has also been suggested that quitting smoking and vaping can have public health benefits and may help to decrease transmission of COVID-19 through reduction of hand-to-mouth transmission of virus, social sharing of vaping devices, and second-hand smoke.¹³

Here are some tips for engaging with patients about smoking cessation.

- Follow three key steps from the Canadian Pharmacist Smoking Cessation Pharmacotherapy Algorithm to start the dialogue.¹⁴
 - **Ask:** “Have you used any form of tobacco in the past 30 days?”
 - **Advise:** “As your pharmacist, I strongly advise you to quit or reduce your smoking, as it is the most important thing you can do for your health, and I can help you.”
 - **Act:** Consider pharmacotherapy + counselling, “reduce to quit” + counselling, and motivational interviewing.
- As a start, review appropriate use of first-line pharmacotherapy.¹⁴
 - Nicotine replacement therapy (NRT): Combination therapy of patch plus short-acting NRT (e.g., mouth spray, gum, lozenge, inhaler) is more likely to be effective than monotherapy. Consider suggesting mouth spray for heavy smokers, as it is fast-acting and can reduce cravings quickly.

- Varenicline: Fixed quit date, flexible quit, or gradual quit approach starting with 0.5 mg per day; titrate to 0.5-1 mg BID.
- Bupropion SR: Start 150 mg per day one to two weeks before quit date; titrate to 150 mg BID.
- Discuss stress management and coping strategies.
 - Stress can be a trigger for smoking and other behaviours that adversely affect health. Be proactive — ask about stress, listen to the patient, and offer support where possible (e.g., ways other than smoking to cope).
- Help patients set a quit date and discuss the possibility that serious neuropsychiatric symptoms may arise in some people who attempt to quit, regardless of whether they are using pharmacologic treatment to help them.¹⁴

It is important for all individuals to take measures to maintain optimal health and wellness during this pandemic. Pharmacists can help patients prevent serious complications of COVID-19 by being proactive in counselling on management of chronic respiratory diseases and quitting smoking.

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