

Flying Doctor Telehealth: Respiratory patient case study

Introduction

Respiratory consultations are now available via Flying Doctor Telehealth, with 1-2 weeks appointment waiting time.

This service provides ready access to specialist advice regarding the management of chronic respiratory disease. It may be particularly helpful in older patients with limited mobility in whom travel to specialist centre is difficult.

Case Presentation

74yo man. Seen with GP attending.

COPD; Single; Low-level residential care; No local family support; Does not drive

Long-standing cough, dyspnoea on exertion. Much worse last 2 months, esp. cough.

Spasmodic severe cough productive of white-yellow sputum with episodes of cough syncope.

Waking at night with cough. Worse lying down. Aggravated by exertion.

Walks regularly but finding it more difficult.

Recent intermittent severe muscle cramps.

Asthma as child, improved as teenager.

Smoker 1pkt tobacco/2-3 days ages 16-69.

Rx Seretide 250/25 ii bd, Spiriva. Seretide ceased 6mths ago, replaced with Onbrez.

Seretide recommenced 2 weeks, minor improvement.

Gastro-oesophageal reflux Rx Nexium 40mg daily. Complicated hiatus hernia at gastroscopy.

CT Chest: Minor basal atelectasis. No significant focal pathology.

RFT: suggested restrictive deficit but poor technique due to cough, so not true representation.



Management and Outcome

Diagnosis: This man's COPD is a combination of smoking-related chronic airflow obstruction and chronic asthma (Asthma-COPD overlap). Asthma control progressively deteriorated off inhaled steroids with some improvement on resumption.

Rx: Prednisolone 50mg daily for 1 week, then 25mg daily for 1 week.

Muscle cramps may be a consequence of the long-acting beta-agonist in Seretide.

Seretide replaced with Alvesco 320mcg daily.

Reviewed with GP via Telemedicine after one month.

Cough and breathlessness improved on oral steroids, with some deterioration since cessation, particularly with nocturnal cough. More frequent indigestion. Muscle cramps persist.

Mx: Change Alvesco back to Seretide for advantage of LABA activity overnight.

Consider low dose maintenance oral steroid if symptoms persist.

Consider adding Ranitidine for reflux.

Summary

This case study highlights the value of Telehealth in providing specialist input in patients with chronic illness and persistent symptoms, especially those who find it difficult to travel.

Benefits of the accessing a Respiratory Physician via telehealth service for this patient:

- Assistance and advice with asthma-COPD overlap
- Information and advice around classes of inhalers and appropriate use of different combinations
- Assessment of chronic cough

Dr Paul Fogarty

MBBS MRCP(UK) FRACP

Respiratory Physician

Flying Doctor Telehealth

telehealth@rfdsvic.com.au

03 8412 0444