

Asthma/COPD and Serious Mental Illness

Asthma and chronic obstructive pulmonary disease (COPD) are lung diseases that make it difficult to breathe and to deliver oxygen to the vital organs of the body. *Asthma* is a condition that affects a person's airways (also called bronchial tubes). During an asthma attack, the bronchial tubes narrow, swell, and produce extra mucus which makes it difficult for air to get in and out of the lungs. While asthma sometimes improves or even goes away over time, it cannot be cured with medication, but the symptoms can be controlled. Poorly managed asthma can lead to death and is a much more serious condition than many perceive. *COPD* is caused by damage to the lungs over time, usually from smoking. COPD is a condition that makes it difficult to breathe. Both chronic bronchitis and emphysema are considered to be COPD. Although COPD cannot be cured and may become worse over time, it can be managed to prevent further damage to the lungs.

RISK FACTORS

Individuals with serious mental illness (SMI) are more likely to suffer from asthma or COPD. Asthma and COPD may require long-term self-management. This may be more difficult for people with SMI, as stress and anxiety can worsen asthma/COPD symptoms. Individuals with SMI may also have difficulty taking the necessary asthma/COPD medications on a regular basis.

Asthma: A number of factors are thought to increase the risk of developing asthma. These include having a relative with asthma, suffering from another allergic condition (such as hay fever or eczema), suffering from frequent heartburn or GERD, smoking and exposure to secondhand smoke, exposure to air pollution (such as exhaust fumes), and exposure to certain chemicals used in farming, hairdressing, and manufacturing.

COPD: The major risk factors for COPD include exposure to tobacco smoke, occupational exposure to dusts and chemicals, older age, and genetics. Individuals who smoke and who suffer from asthma have an increased risk of developing COPD.

SYMPTOMS

- ✓ Shortness of breath
- ✓ Coughing
- ✓ Wheezing
- ✓ Chest tightness, pain, or pressure
- ✓ Difficulty with usual activities
- ✓ Sleep disturbances
- ✓ Feeling tired/lack of energy
- ✓ Unintended weight loss (COPD)
- ✓ Frequent respiratory infections (COPD)
- ✓ Blueness of the lips or fingernail beds

DIAGNOSING & MONITORING

- **Peak Flow Meter** – This device measures how fast air comes out of the lungs when exhaling forcefully after inhaling fully. It can indicate if asthma/COPD is in control or worsening.
- **Spirometry Test** – A spirometer records both the volume of air exhaled and how quickly it was exhaled. A measurement below the expected number may indicate that asthma or COPD has narrowed airways.
- **Pulse Oximetry** – This test measures the amount of oxygen in the blood and can indicate the severity of an asthma attack.
- **Arterial Blood Gas Test** – This blood test measures the oxygen level in the blood using a sample of blood taken from an artery. The results can show the severity of COPD and whether oxygen therapy is needed.

SUPPORTING CLIENTS WITH ASTHMA/COPD MANAGEMENT

FREQUENCY	ACTION	CHECKLIST	NOTES
Ongoing	Ask your client to identify what makes their symptoms worse (triggers).	Has your client identified asthma/COPD triggers? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Advise your client to make a checklist of asthma/COPD triggers. ▪ It is important to recommend active steps that your client should take to avoid triggers. ▪ Many people with asthma have allergies, which can trigger asthma symptoms. Common allergens include house dust mites, animal dander, molds, pollen, and cockroach droppings. Encourage your client to ask their primary health provider about identifying additional triggers through allergy testing. ▪ Encourage your clients to remove any allergens from their home. This can include removing carpets and drapes, treating the bed for dust mites, spraying for roaches, etc. ▪ Encourage your clients with frequent heartburn or GERD to avoid eating within 3 hours of bedtime and to keep their head elevated in bed. ▪ Please see the <i>NIH Asthma Action Plan</i> listed in the “Additional Resources” section for a checklist of triggers and ways to avoid them.
Ongoing	If your client is a smoker, advise your client to quit.	Did you advise your client to quit? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Smoking, including secondhand smoke, is especially harmful for individuals with asthma or COPD. It can cause asthma/COPD attacks and further damage to the lungs. ▪ Please refer to the <i>Smoking and Serious Mental Illness</i> tip sheet in additional resources.
Ongoing	Work with clients to establish an asthma/COPD management plan.	<p>Does your client have an asthma/COPD management plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did you work with the client to establish/update a management plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<ul style="list-style-type: none"> ▪ An asthma/COPD management plan should be developed in coordination with your client’s primary care provider. This plan is a written, individualized worksheet that includes steps to take to prevent the illness from getting worse and provides guidance in the case of emergency situations. ▪ A management plan should include information on current medications and dosing, interpreting peak flow meter results, signs and symptoms of worsening asthma/COPD, and action steps to take depending on symptoms. Make sure that emergency contact information for your client’s providers is listed in the action plan. ▪ Review with your client symptoms that indicate when they should seek emergency care. ▪ Make sure that your client understands their management plan and keeps it up to date. Your client should record information on their symptoms and peak flow meter readings.
Ongoing	Arrange follow-up visits with health care providers.	<p>Is your client’s asthma/COPD in control? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, did you work with your client to schedule a follow-up visit? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<ul style="list-style-type: none"> ▪ Check your client’s asthma/COPD management plan frequently. ▪ Ask your client about their asthma/COPD symptoms. Ask if they notice improvements or worsening of symptoms. ▪ If your client’s asthma/COPD symptoms are flaring-up, work with your client to schedule a follow-up visit with an appropriate provider.
Annually	Remind clients to obtain annual Flu Vaccine.	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.
One-Time	Remind clients to obtain a one-time Pneumonia Vaccine.	Date of vaccine: _____	Provide reminders for appointments (in an appropriate timeframe) to complete vaccination.

Clinical information and recommendations have been adapted from *Asthma Action Plan* http://www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf. For more information on asthma/COPD, see additional resources. **You can help your client use this list as a starting point to prioritize and individualize these activities.**

ADDITIONAL RESOURCES

- NIH National Heart, Lung, and Blood Institute, Asthma Information: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma>
- NIH National Heart, Lung, and Blood Institute, *Asthma Action Plan*: <http://www.nhlbi.nih.gov/health/resources/lung/asthma-action-plan>
- NIH National Heart, Lung, and Blood Institute, COPD Information: <http://www.nhlbi.nih.gov/health/health-topics/topics/copd>
- American Lung Association, *My COPD Action Plan*: <http://www.lung.org/lung-disease/copd/awareness/copd-action-plan-generic.pdf>
- Resources for Integrated Care, *Smoking Cessation and Serious Mental Illness Tip Sheet for Navigators*: https://www.resourcesforintegratedcare.com/Smoking_Cessation_and_Serious_Mental_Illness

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