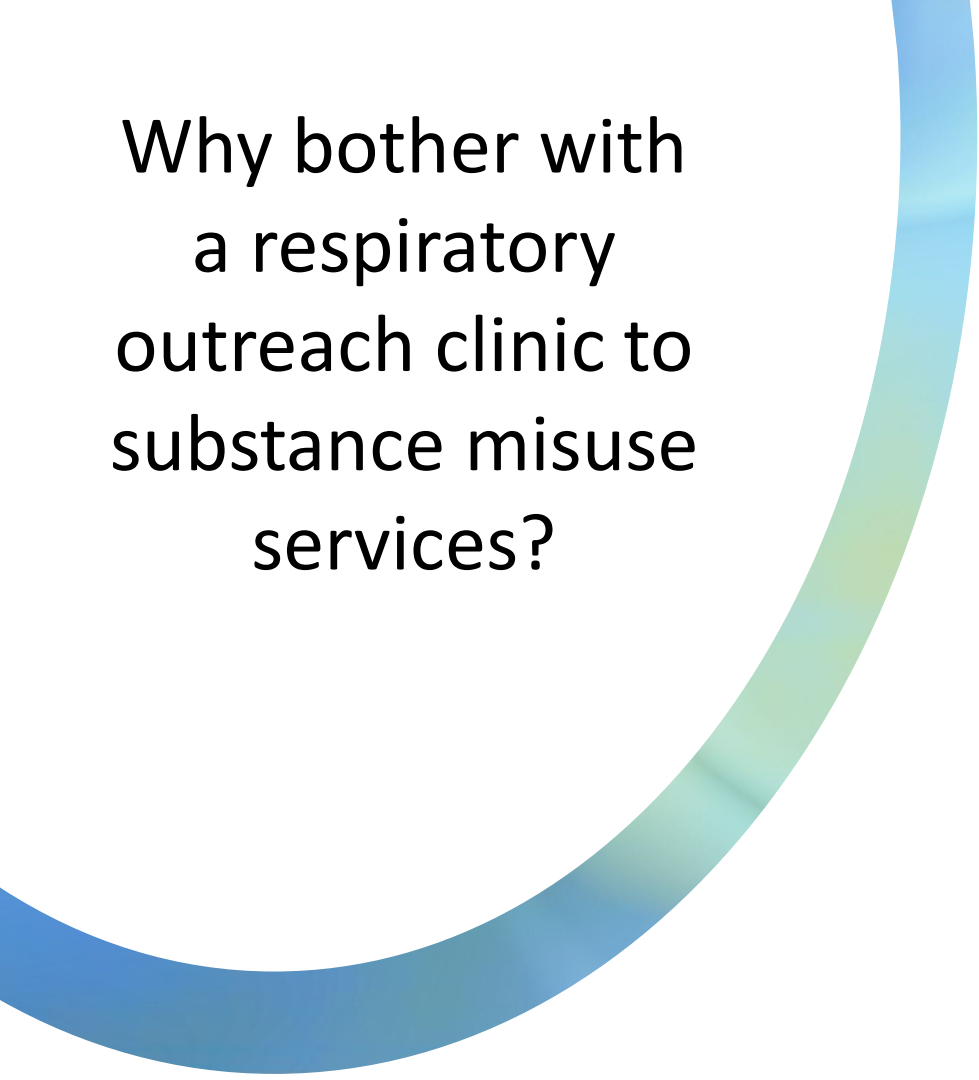




Respiratory Outreach to Substance Misuse Services

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Why bother with a respiratory outreach clinic to substance misuse services?

Everybody smokes (multiple things)

Nobody turns up for their physical health appointments

They do turn up for their scripts (pre-Covid, at least)

Breathlessness is an often-complained about symptom that affects interaction with services

Opportunity for relationship-building and knowledge sharing with acute trust

Morbidity/cost-saving potential in catching early disease?

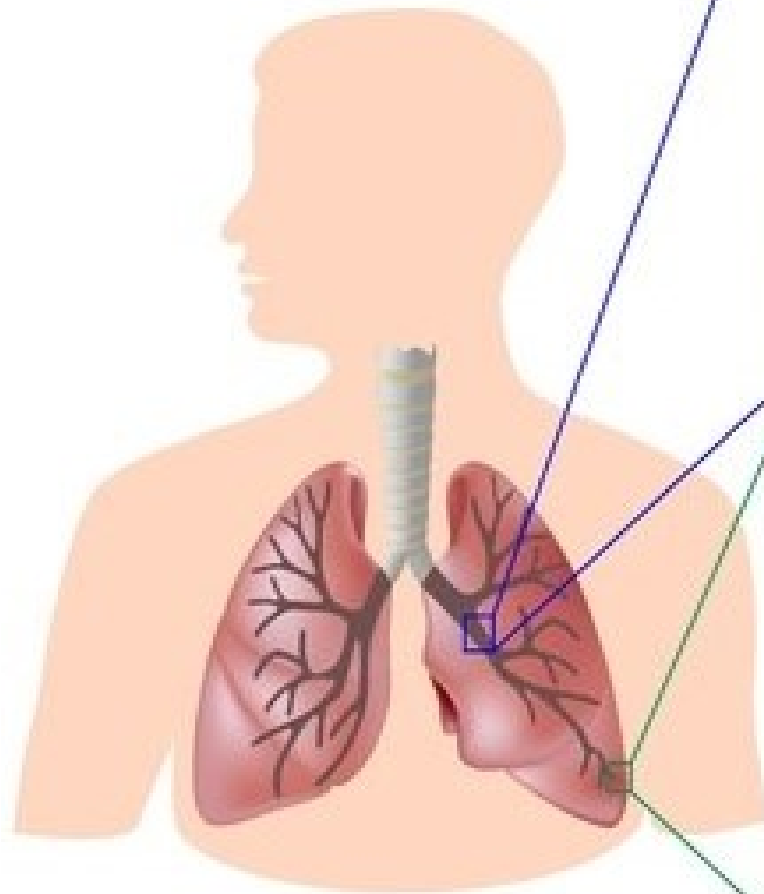
What did we do?

2020-present; fortnightly respiratory outreach clinic at Better Lives, Islington

Aimed at identifying smoking-related lung disease (particularly COPD), provide advice, referral to stop smoking services and to assess other health needs.

Single visit appointment, with referral back to GP or stop smoking services for follow up

Recently, have started to see “hard to reach,” shared patients with Whittington



Chronic Bronchitis

Healthy

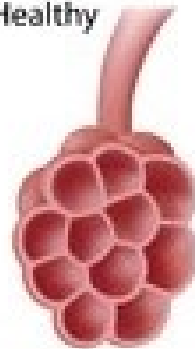


Inflammation
& excess mucus



Emphysema

Healthy



Alveolar membranes
break down



Hasn't this been done before?

[Original Research COPD]



Screening Heroin Smokers Attending Community Drug Services for COPD



Hassan Burhan, MD; Ryan Young, MD; Tara Byrne, BSc; Robert Peat, BSc; Jennifer Furlong, MSc; Susan Renwick, MPH; Tristan Elkin, MD; Sandra Oelbaum, MD; and Paul P. Walker, MD

BACKGROUND: Heroin smoking is associated with deprivation, early onset severe emphysema, premature morbidity and mortality, and high use of health care, but individuals engage poorly with traditional health services.

METHODS: In this cross-sectional study, we screened a population of heroin smokers, prescribed opiate substitution therapy by community drug services, for airway disease. We assessed drug exposure, respiratory symptoms, health status, and COPD prevalence. Subjects completed spirometry, completed Medical Research Council (MRC) Dyspnea Scale, COPD Assessment Tool (CAT) questionnaire, recorded drug exposure, and provided feedback.

RESULTS: A total of 753 people (73% of those approached) completed screening, with 260 participants (35%) having COPD using $FEV_1/FVC < 0.7$ and 293 (39%) participants having COPD using the lower limit of normal. A further 112 participants (15%) had asthma-COPD overlap (ACO) with features of COPD and asthma. Compared with those with normal spirometry, participants with COPD were more breathless (MRC score 3.1 vs 1.9; $P < .001$) and had worse health status (CAT score 22.9 vs 13.4; $P < .001$), respectively. Individuals with COPD had smoked cigarettes ($P < .001$), heroin ($P < .001$), and crack ($P = .03$) for longer and were more likely to still be smoking heroin ($P < .01$). Feedback was strongly positive, with 92% of respondents happy for other health-care appointments to be colocated with drug

Setting up the clinic

Agreed a set of criteria with respiratory team (symptoms, saturations, MRC)

Started to case find using a standardised set of criteria

IMAs

Reviews

Opportunistic waiting-room
chats

BBV nurse appointments

We bought a spirometer

Invited clients who met criteria in for review

Case finding criteria

MRC breathlessness scale

Saturations

Peak Flow (on hold during Covid)

Smoking history

Symptoms (breathlessness, wheeze, chest tightness, cough, sputum)

“Caseness” = $MRC > 2$, saturations $< 94\%$ or positive symptoms plus smoking history

At the clinic

- Thorough respiratory history from a respiratory consultant or SpR
- Physical exam
- CO monitor test
- Spirometry
- Pre-and post questionnaire
- Advice, discussion and onward referral



Pre and post questionnaire

How much do you understand about how well your lungs are working?

1 2 3 4 5 6 7 8 9 10
Not at all Very much

How important is it to you to quit smoking at the current time?

1 2 3 4 5 6 7 8 9 10
Not at all Very much

How confident are you about quitting smoking at the current time?

1 2 3 4 5 6 7 8 9 10
Not at all Very much

How likely are you to have the flu jab this autumn?

1 2 3 4 5 6 7 8 9 10
Very unlikely Very likely

Do you have any comments to help us develop this new lung clinic?

Results (so far)

Screened a total of 146 patients for the clinic; 74 met “caseness”

48 patients invited; 38 were seen (DNA rate of 21%)

New diagnosis of COPD found in 17 (45%)

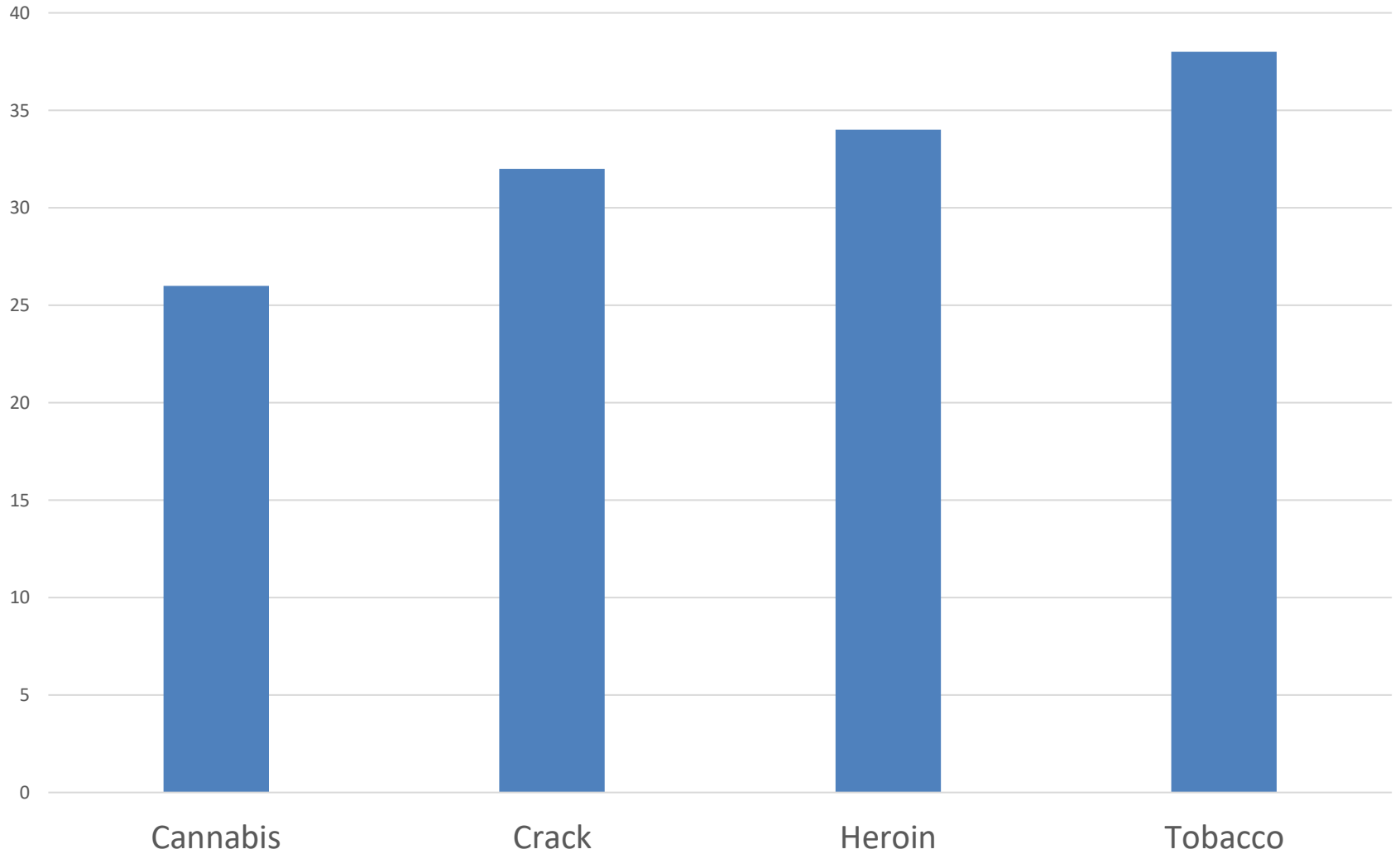
Likely emphysema in most (data not captured; no chest xray but clinical signs)

Further investigation/request to GP made for 15 patients

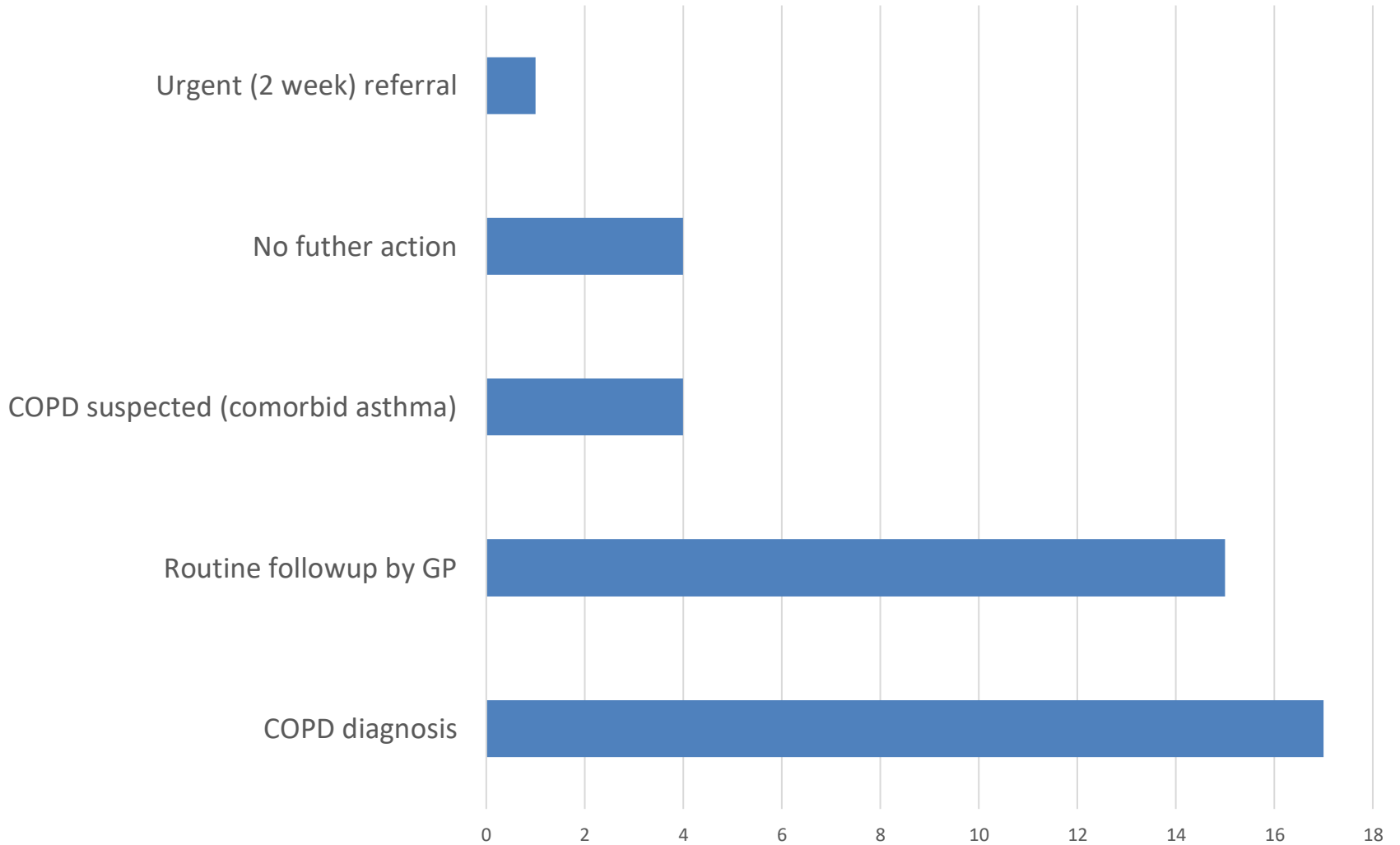
Stop smoking services referral made for 30 patients (79%)



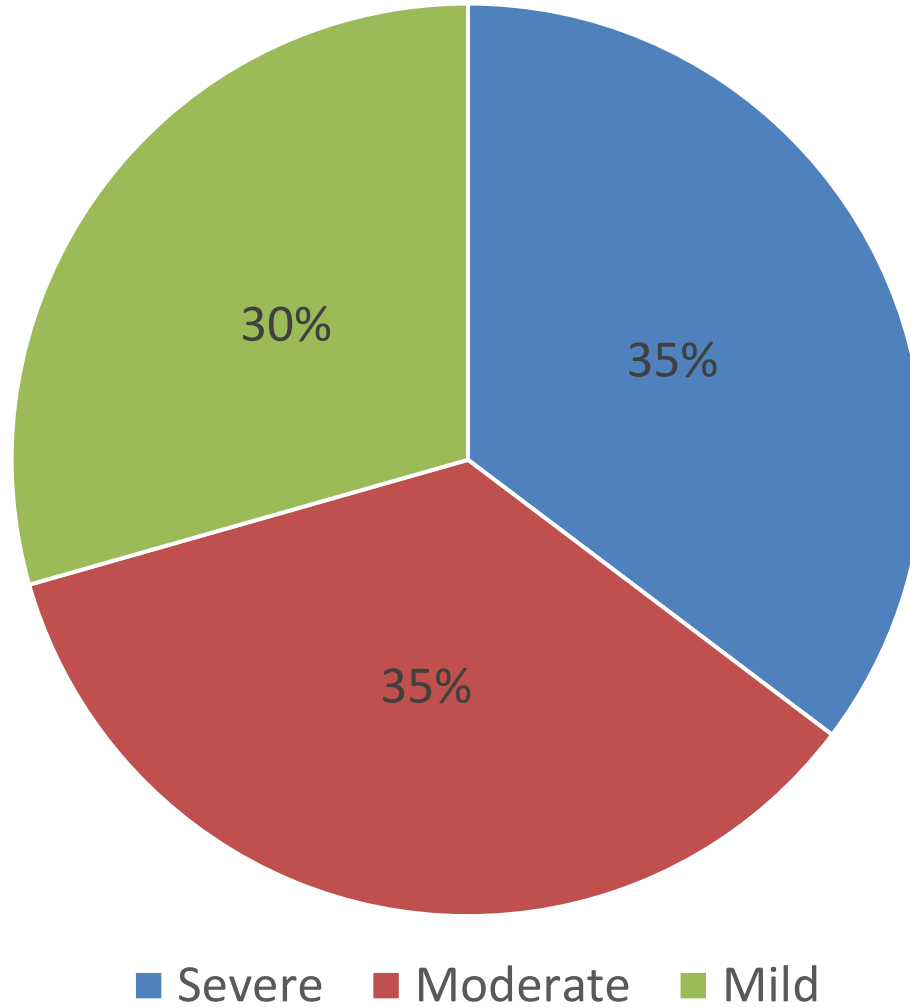
Smoking habits of patients attending clinic



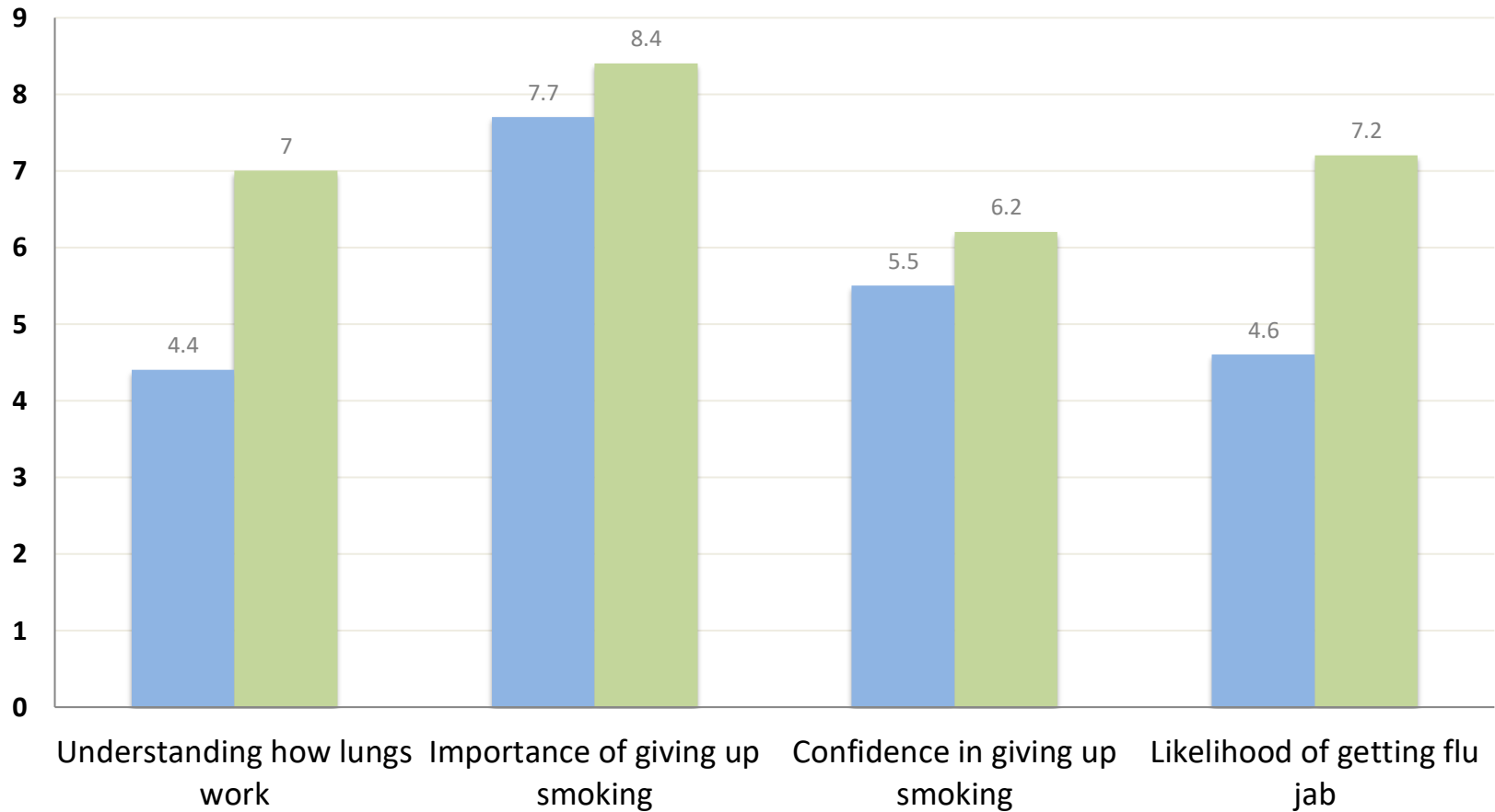
Clinic Outcomes (38 patients)



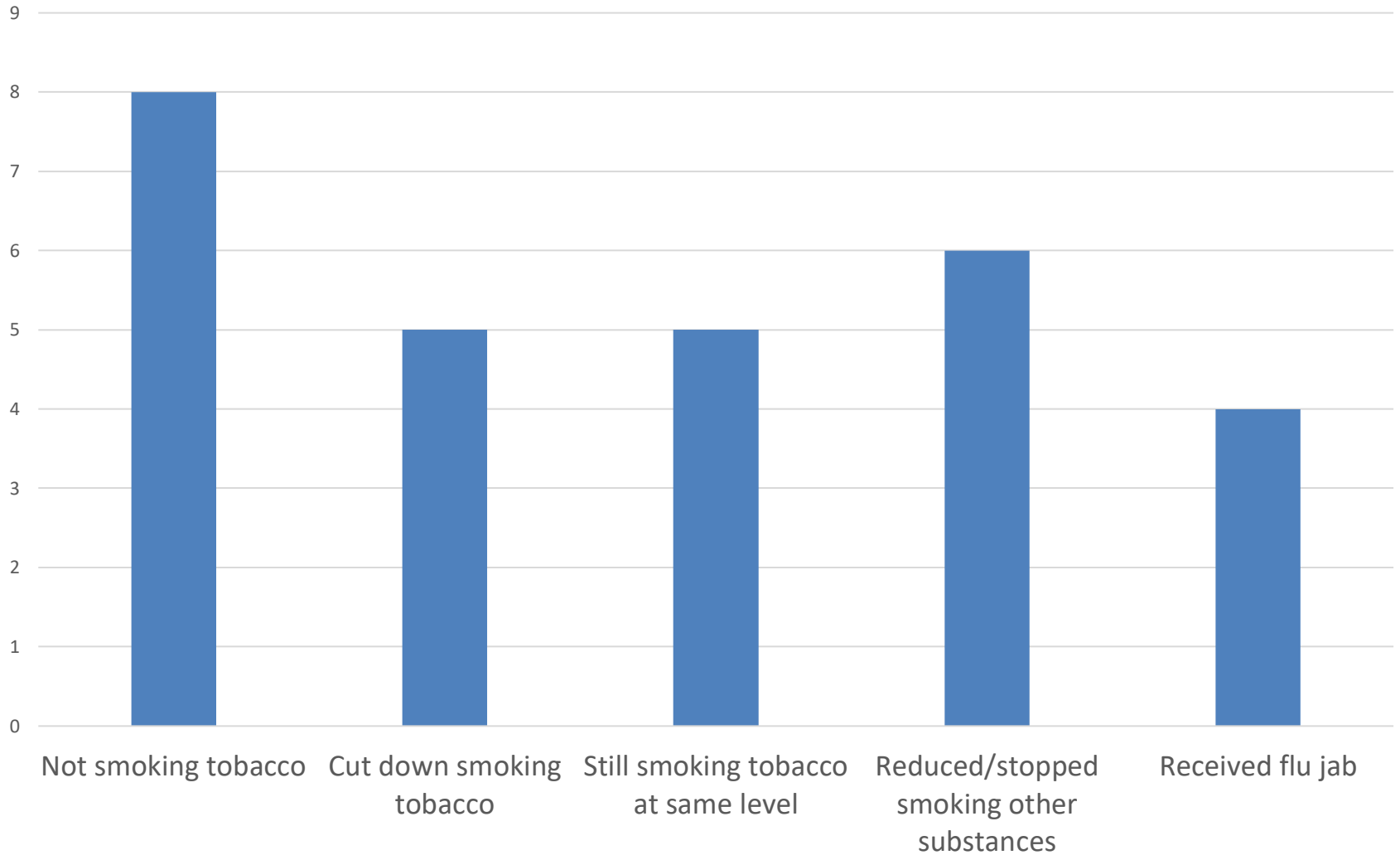
Severity of COPD diagnosed (GOLD guidelines)



Pre- and Post Clinic Questionnaire Results



4 Month Follow up (18 Patients)



Four month follow up feedback on clinic

“It made a real difference to me. My partner has given up smoking too.”

“It was a real wakeup call. I'm glad I attended.”

“It was good to have the clinic at Seven Sisters Road because I know it.”

“Thanks for reaching out to me and seeing me.”

Reflections

The clinic has made a difference to patients.

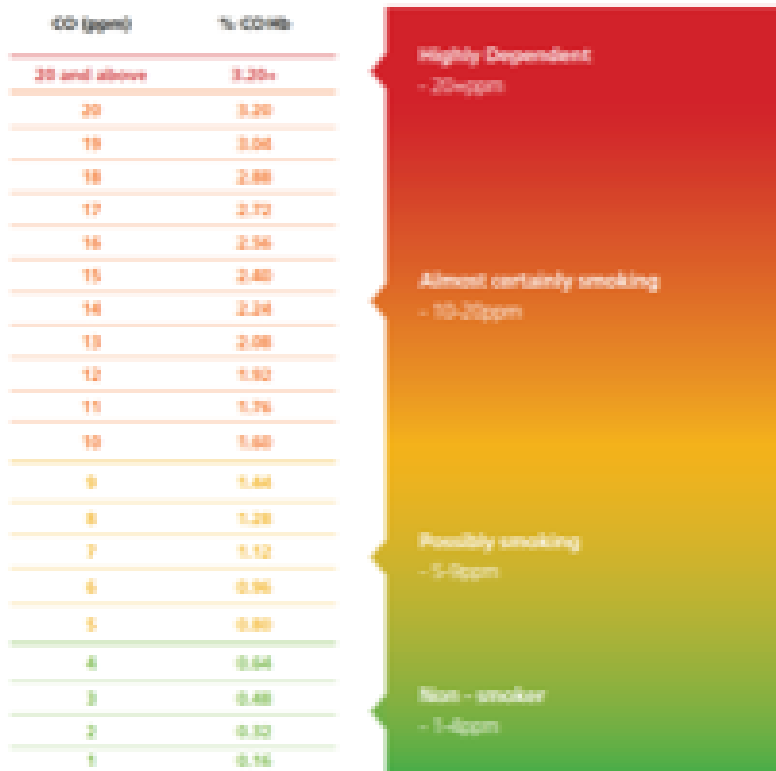
It has caught disease that would otherwise have presented later.

It has provided an opportunity to take stock of other medical needs.

It may have an impact on clients' smoking habits.

Adding value to every clinical contact by treating tobacco dependence

Interpreting expired air carbon monoxide (CO) readings



https://www.pcrs-uk.org/sites/pcrs-uk.org/files/files/LondonSenate_HelpingSmokersQuit.pdf

Further opportunities

Starting to see hard-to-reach patients who haven't turned up for their Whittington appointments.

Greater integration of stop smoking services – on site?

Opportunity to give flu/covid jabs on site more?

Blueprint for other physical health clinics (TVN etc?).

Reciprocal arrangement between the trusts – i.e. inreach to the Whittington

Questions?

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