

**East Kent Respiratory Newsletter**

**Dated September 2025**

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Dear Colleagues

We have just started Autumn, and after a record-breaking hot summer of 2025, it is all change with NHS frontline teams needing to gear up to prepare for the cold season. Lots of things have been happening in the respiratory world, which is significant to GPs and nursing teams in primary and community care, so we will focus on a few of them in this quarterly newsletter series, including:

1. COPD implementing the new Kent/Medway 2025 guidance.
2. Should we test FeNO in COPD patients?
3. How is the heart affected by COPD, and what can we do to reduce its impact?
4. MyHealth one free NHS approved digital app for four long-term conditions
5. COPD specialist pharmacist reviews, free via Interface program for GP practices

**Making sense of COPD guidance 2025:**

Early and accurate diagnosis of COPD makes a big difference to the patient's quality of life and can also be a trigger to start a healthy lifestyle. This means smoking & vaping cessation, as damaged lungs will only get more inflamed by inhaling chemicals from any source. If spirometry is normal, as in pre-COPD, there is no evidence that LABA/LAMA inhalers help symptomatic smokers/ex-smokers as in the RETHINK trial.

<https://www.medscape.com/viewarticle/980254?form=fpf>

**The GOLD A/B/E classification algorithm:**

Using this approach, milder COPD patients need a long acting bronchodilator usually a LAMA + LABA; while patients with two or more chest infections in the previous year or high eosinophils in blood > 0.300, should be on Triple therapy from day one. The new guidance has removed ICS/LABA type inhalers from the COPD management strategy. The 15 20% patients with COPD + asthma dual diagnosis should be on triple inhalers as well.

**How can FeNO level testing help COPD management:**

COPD with eosinophilic airway inflammation needs inhaled corticosteroids as part of Triple inhaler therapy. This is GOLD E, which has the highest rates of COPD attacks two or more per year and also accelerated FEV1 decline. Other clues are raised Blood eosinophils > 0.300, and checking for elevated FeNO levels can be helpful too:

- a. Typical GOLD A/B will have a low FeNO of 0-25 ppb
- b. GOLD E may have FeNO of 25-50 ppb or eosinophils >0.300 or 2 chest infections per year.
- c. Asthma combined with COPD will have FeNO >50ppb or >200ml reversibility FEV1 In clinics equipped with both FeNO and spirometry testing devices, it is advisable to perform both tests in a single session; always conduct FeNO first, as the forceful exhalations required for spirometry can decrease FeNO levels for several hours. The new spirometry and FeNO enhanced service is nearing completion at the ICB.

**New low-carbon footprint MDI inhalers:**

The current generation of HFA propellant inhalers is being replaced with a low-carbon footprint gas called HFO. This may make the inhaler taste slightly different, but the action/dose/potency is the same. Triexo inhalers are an early example of this new generation of inhalers.

### Cardiac protection in COPD:

Good COPD lifestyle, pharmacological management, smoking cessation, and pulmonary rehabilitation (PR) protect the heart and lungs. Local KCHFT teams have made enormous efforts to reduce the PR waiting times to 12-16 weeks in most regions. COPD exacerbations needing admission will also automatically be fast-tracked to early PR within the first 4-6 weeks, known as the PEPR program. Currently, 90% of suitable patients have this PR, which alone could reduce hospital readmissions and mortality by around 50%

<https://thorax.bmj.com/content/65/5/423>

### Combined COPD and Ischaemic heart disease:

This overlap will occur in at least 25-30% of COPD patients, and it needs a high index of suspicion to diagnose IHD onset. The IHD may worsen breathlessness on exertion rather than typical angina-type chest pain. Both left and right ventricular heart failure can also occur. NT-proBNP in COPD isn't just a cardiac marker in this setting—it's a window into cardiopulmonary interplay. Elevated levels may reflect:

- Pulmonary hypertension                      \* Right ventricular strain
- Hypoxic stress                                      \*Underlying heart failure

A meta-analysis of BNP/pro-BNP suggests COPD can elevate blood levels by 50%, which is particularly prominent during COPD exacerbations. Therefore, waiting 4 weeks after an exacerbation may be best before checking pro-BNP levels. In stable COPD, we can still use a cutoff of > 400 to refer for ECHO if breathlessness seems disproportionate to FEV1 or leg swelling and raised JVP become prominent.

### Digital health for COPD:

My-MHealth is ICB funded free NHS-approved app designed for several long-term health conditions, including asthma, COPD, and diabetes. Patients can self-register, and the site offers self-management plans, pollen and weather forecasts and healthy lifestyle ideas. MyCOPD app has breathing exercises and inhaler techniques plus suggestions for exacerbation management. To get started, simply send an SMS to your patients containing the self-registration form link. **Ref. [5]**

### Reducing breathlessness:

Poor breathing patterns are extremely common in airway disease, and many patients benefit from learning diaphragmatic breathing or joining singing groups! This approach works in both COPD and asthma and combats the tendency to have dysfunctional breathing patterns. That is also why Tai Chi and mindfulness can be so effective: they reduce both anxiety and breathlessness. At every consultation/review, visually check what your patient is doing; you may be very surprised! Also reinforce the message of staying active along with proper inhaler technique and send patients reminder videos from the Asthma/BLF UK website. **Ref. [1]**

<https://www.asthmaandlung.org.uk/living-with/inhaler-videos;>

The interface pharmacy COPD review program, which is free to NHS practices/clinics, is available across Kent/Medway; Astra-Zeneca is currently funding it. If you are interested, see the contact details below. **Ref [3]**

### Neighbourhood health Team: East Kent

[NHS England has announced](#) that east Kent has been chosen as one of the national 'neighbourhood health' pioneer sites after NHS Kent and Medway submitted four bids covering each health and care partnership area.

[The implementation of the programme](#) will be supported by NHS Kent and Medway. The teams will include GPs led by clinical directors for Folkestone, Hythe and Rural primary care network (PCN) Dr Aravinth Balachandran, Total Health Excellence PCN Dr Tuan Nguyen and Marsh PCN Dr Antonio Monachello.

**Respiratory Links and references:**

1. <https://www.asthmaandlung.org.uk/living-with/keeping-active/keep-active-programme>
2. Pre-COPD & RETHINK trial: <https://www.nejm.org/doi/10.1056/NEJMoa2204752>
3. COPD interface pharmacist review program: email [kyle.ruddy@astrazeneca.com](mailto:kyle.ruddy@astrazeneca.com)
4. Primary care training program 2025: [New Respiratory Training 2025 | Kent & Medway Primary Care Training Hub](#)
5. Digital app from MyHealth: <https://bit.ly/4jCI7W8>.
6. [https://goldcopd.org/wp-content/uploads/2024/11/Pocket-Guide-2025-v1.0-New-Format-15Nov2024\\_WMV.pdf](https://goldcopd.org/wp-content/uploads/2024/11/Pocket-Guide-2025-v1.0-New-Format-15Nov2024_WMV.pdf)