Are COPD Patients more Prone to Pneumonias?

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It has been well known that COPD patients get chest infection (Bronchitis attacks) two to three times a year, when the management has to be good.

Lately it has been realized that they are more prone to attacks of pneumonias. In case, intravenous antibiotics are not given after seeing a fresh X-ray chest (which should always be taken during every new chest infection), their SPO$_2$ falls rapidly and if with the help of oxygen it does not rise, they may have to be put on a ventilator.

Now it has been reported that steroid inhalers may be reducing their immunity. However it has been shown that if Budesonide Inhalers are used instead of other steroids, the number of attacks of pneumonia falls!!

To prevent recurrent attacks of pneumonias, all COPD patients should be given pneumococcal vaccine once in every 3 years and influenza vaccines once a year to prevent influenza.

ANOTHER NAIL IN THE COFFIN FOR HORMONE-REPLACEMENT THERAPY?

Hormone replacement possibly leads to the development of more aggressive lung cancers and decreases survival in patients who have developed lung cancer.

Even in the only medically valid role for hormone replacement therapy today (i.e., control of menopausal symptoms), such therapy does not seem to have a clinically meaningful effect on health-related quality of life. Today’s results and previous analyses on lung-cancer-related outcomes provide sufficient evidence to recommend discontinuation of hormone-replacement therapy once lung cancer is diagnosed.

Recent data on hormone-replacement therapy should reaffirm the importance of doing randomized trials even to test longstanding views that are based on lesser degrees of evidence.