

Improving Discharge-Related Care Following COPD Exacerbation



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Educational background

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Professional experience

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Chronic obstructive pulmonary disease (COPD) is a major global health challenge and the third leading cause of death worldwide. Exacerbation accelerates lung function decline, increase healthcare utilization, and heighten the risk of readmissions and mortality. The immediate post-discharge period represents a particularly high-risk window, making discharge-related care a crucial opportunity for intervention¹.

International expert consensus recommends standardized discharge bundles incorporating confirmation of diagnosis, optimization of therapy, patient education and inhaler training, smoking cessation support, vaccination, referral to pulmonary rehabilitation, and structured follow-up. Evidence shows that such bundles reduce readmissions and improve long-term outcomes¹.

In Malaysia, COPD affects 6.1% of adults (>548,000 individuals) and imposes an annual economic burden exceeding RM 2.8 billion². Care gaps include underdiagnosis, limited spirometry and rehabilitation services, outdated national guidelines, weak referral pathways, and low patient awareness².

The forthcoming Lung Health Roadmap 2025–2030 offers an opportunity to integrate discharge protocols into national strategy³. Multidisciplinary teams, patient navigation programs, and public–private partnerships can adapt international best practices into scalable, cost-effective interventions. Implementing standardized discharge care can strengthen continuity, reduce readmissions, and ultimately improve the quality of life of patients living with COPD.

References

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