

Bronchiectasis - The Most Misunderstood Cough in the Room

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Disclosure

I am an employee of Electromed

Learning Objectives

- Bronchiectasis Overview: Understand pathophysiology, disease progression, and treatment management
- Bronchiectasis Overlap: Describe overlap syndromes and identify patients earlier
- Airway Clearance Therapy: Review airway clearance therapy options and considerations when managing bronchiectasis



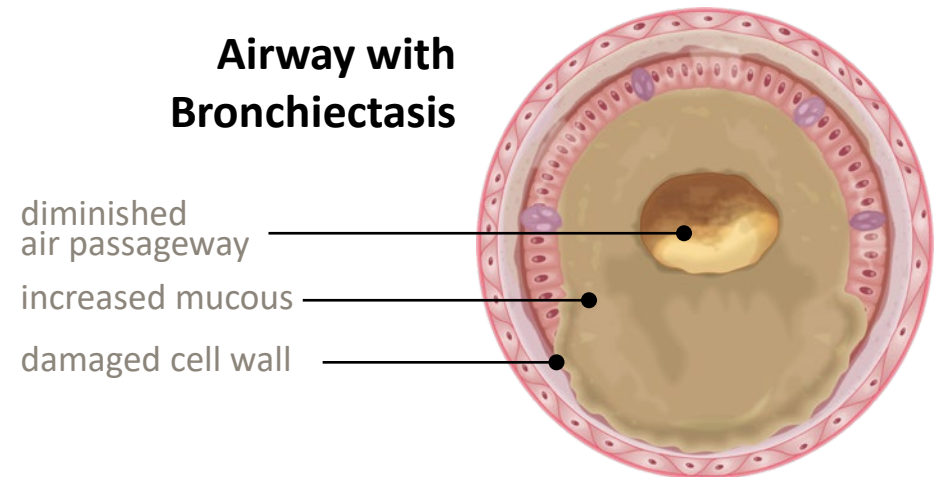
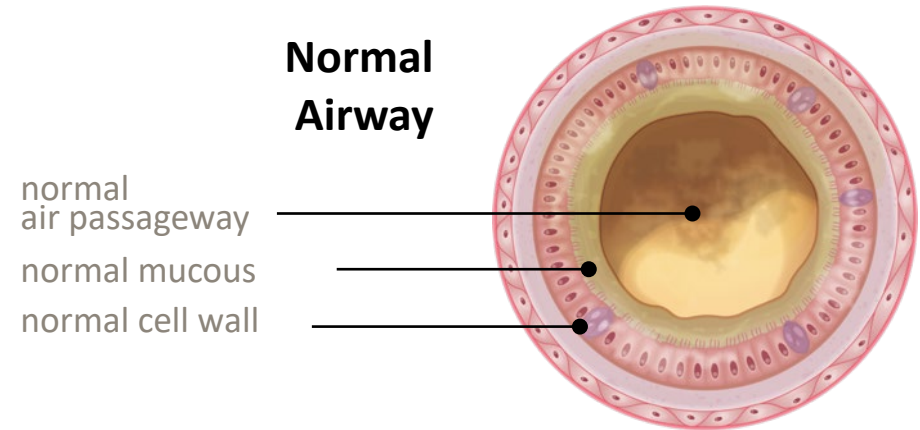
01 Bronchiectasis Overview

Bronchiectasis

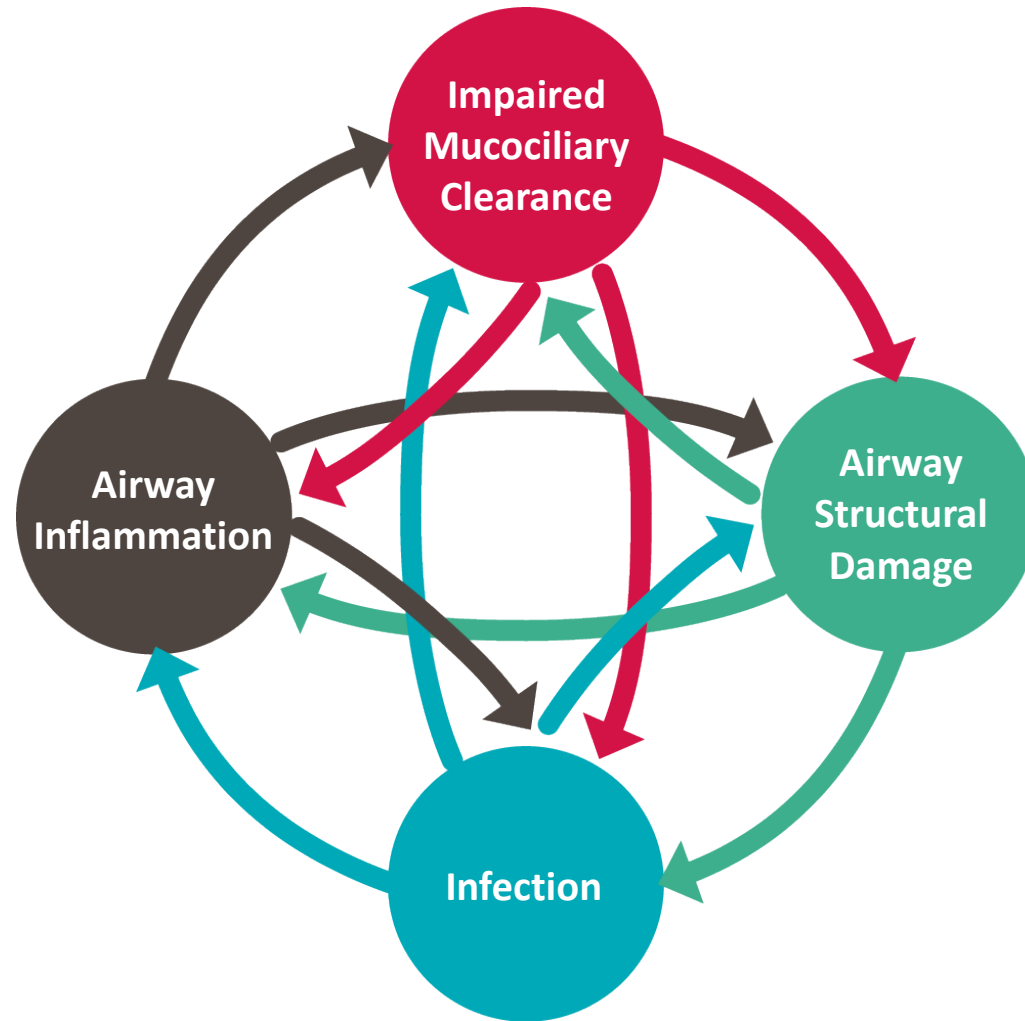
(bron-kee-eck-tuh-sis)

Abnormal widening of the airways

- Damaged airways impairs bronchial drainage
- Bacterial growth, infections, and inflammation lead to progressive lung damage



Vicious Vortex



Bronchiectasis Symptoms

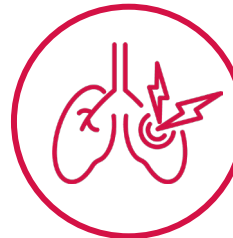
- Recurrent respiratory infections
- Chronic productive cough
- Hemoptysis
- Fatigue
- Wheezing

Bronchiectasis & NTM 2024 Research Data



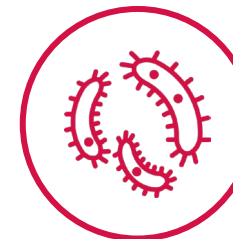
47.7%

History of pneumonia



61.6%

Diagnosed with past or current NTM

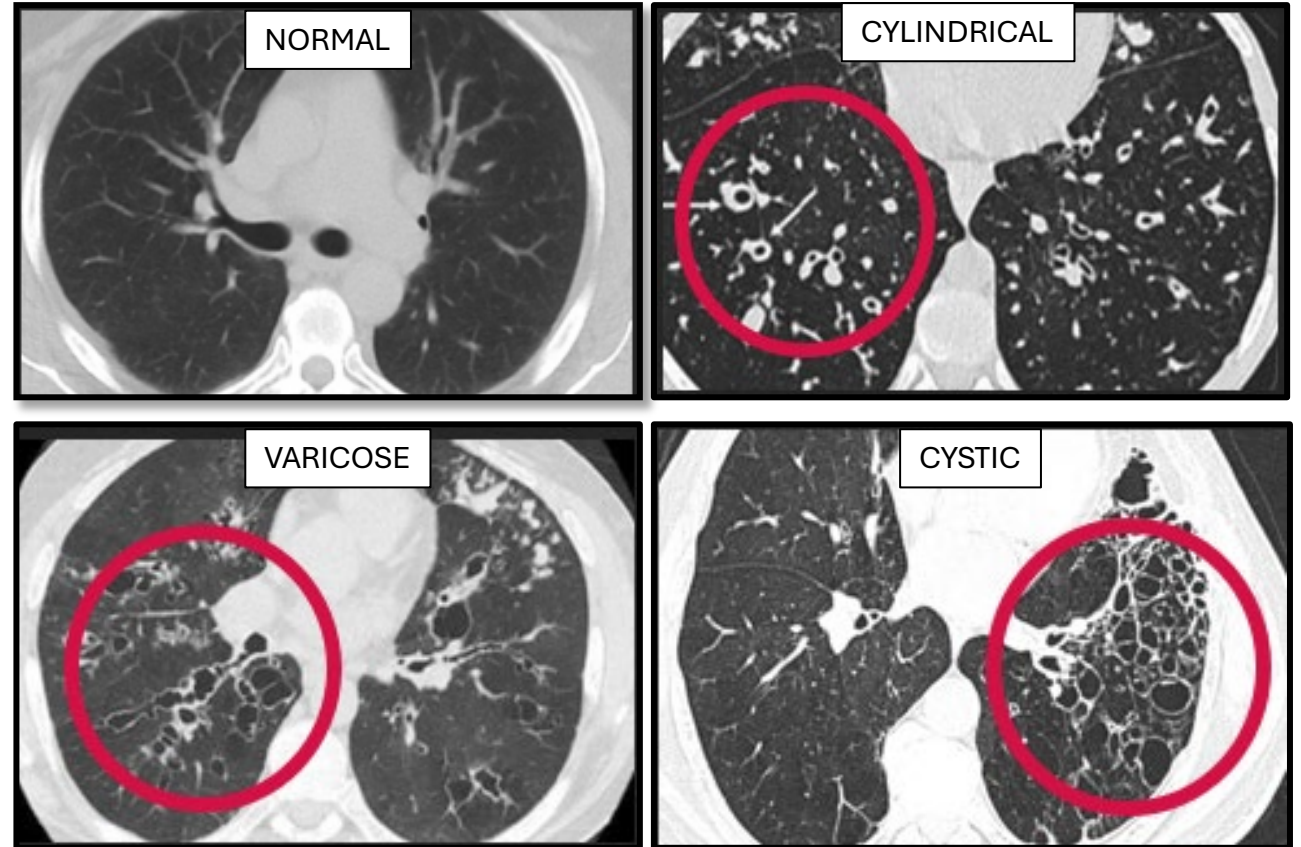


20.6%

Diagnosed with past or current *pseudomonas*

Bronchiectasis Diagnosis

- 25% of patients wait ≥ 10 years to be diagnosed
- Delayed diagnosis results in recurrent exacerbations and progressive lung damage
- High Resolution CT Scans (HRCT) is the Gold Standard for diagnosis



Bronchiectasis Diagnosis

➤ Pulmonary Function Test (PFT)

- Determine baseline lung function

➤ Sputum Cultures

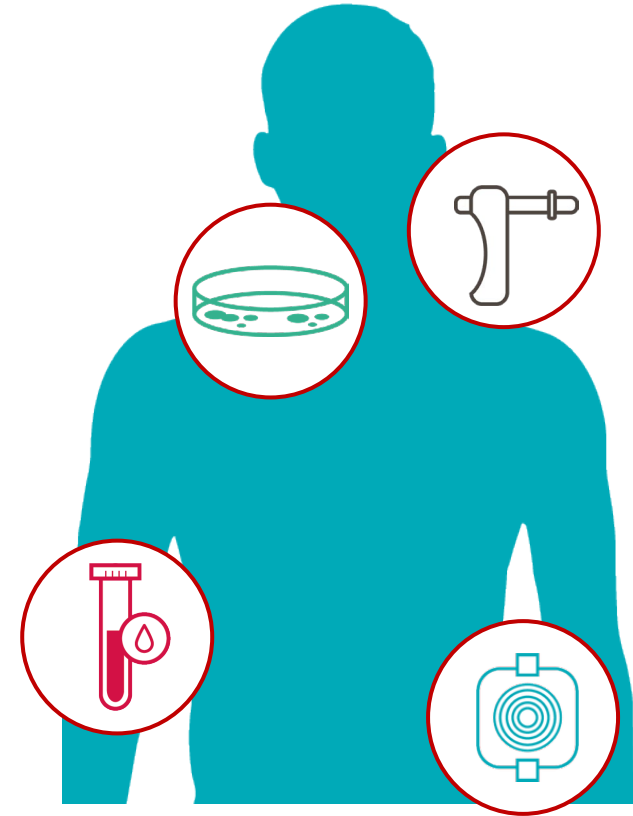
- Pathogens including bacteria, mycobacteria, fungus

➤ Blood

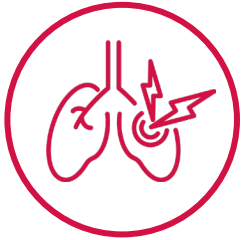
- Immune deficiencies and inflammatory diseases

➤ Genetic & Sweat Test

- Test for underlying causes such as cystic fibrosis

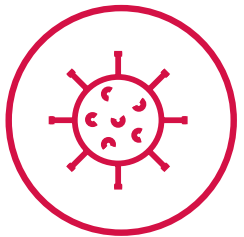


Bronchiectasis Etiologies



Post-infectious

- Tuberculosis
- Pneumonia
- NTM



Immunodeficiencies

- Common variable immunodeficiency
- HIV



Autoimmune & Connective Tissue

- Rheumatoid arthritis
- Inflammatory bowel disease



Genetic

- Cystic Fibrosis
- Primary Ciliary Dyskinesia
- Alpha-1 antitrypsin deficiencies



Gastrointestinal

- Gastroesophageal reflux disease
- Aspiration



Idiopathic

- 40-50% of BE patients

02 Overlap Syndromes

Chronic Inflammatory Airway Diseases



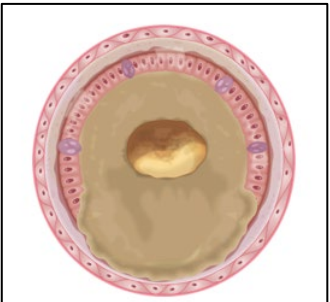
#1 Asthma – 24.9 million individuals diagnosed in the U.S.

- 20.2 million adults, 4.6 million children
- Estimated economic cost is \$50 billion annually



#2 COPD – 11.1 million adults diagnosed in the U.S.

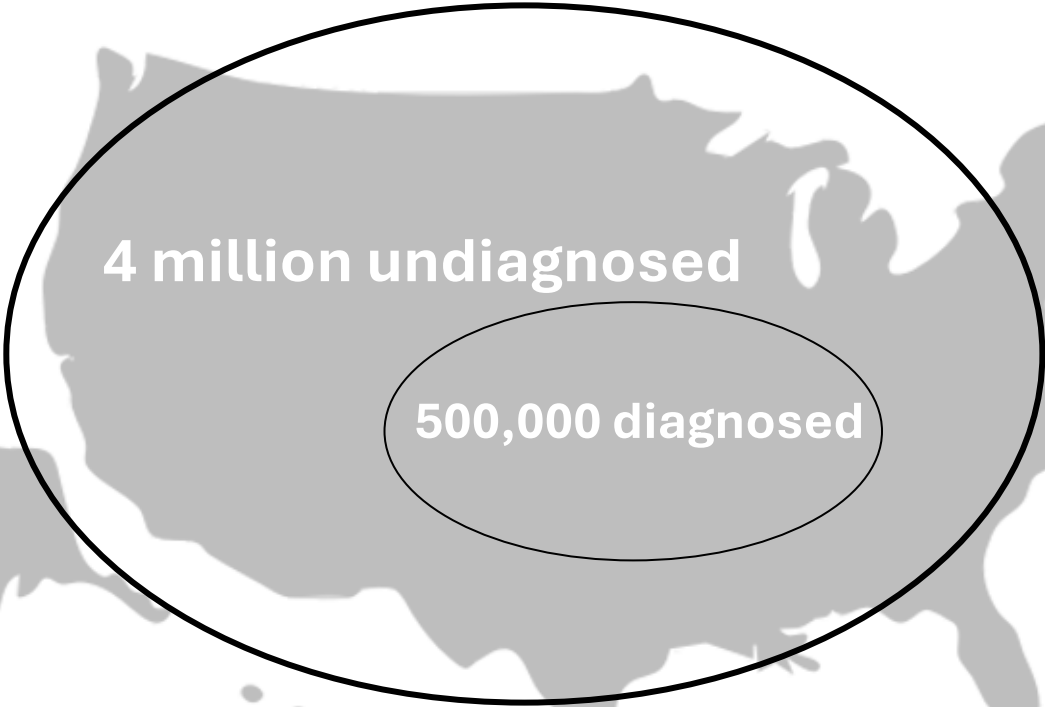
- 4th leading cause of death
- Estimated economic cost is \$50 billion annually



#3 Bronchiectasis – 500,000 adults diagnosed in the U.S.

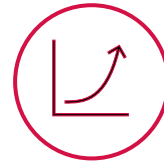
- Estimated economic cost is \$15 billion annually

Bronchiectasis Prevalence & Burden



4 million undiagnosed

500,000 diagnosed



- 701 per 100,000
- 8% annually growth



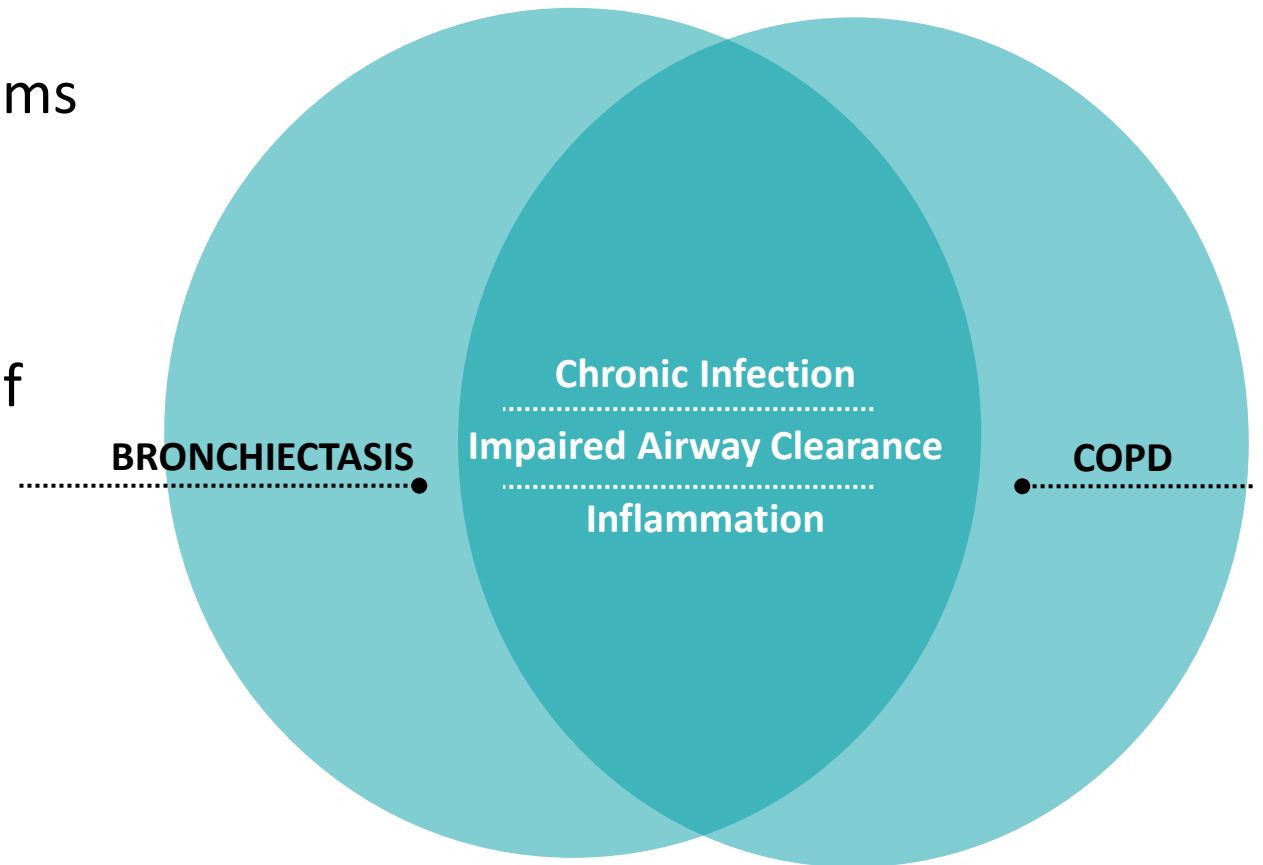
- Female predominant
- ↑ NTM & *P. aeruginosa*



- 52% hospitalized within 1-year of Dx
- Annual medical costs \$\$\$

Bronchiectasis-COPD Overlap

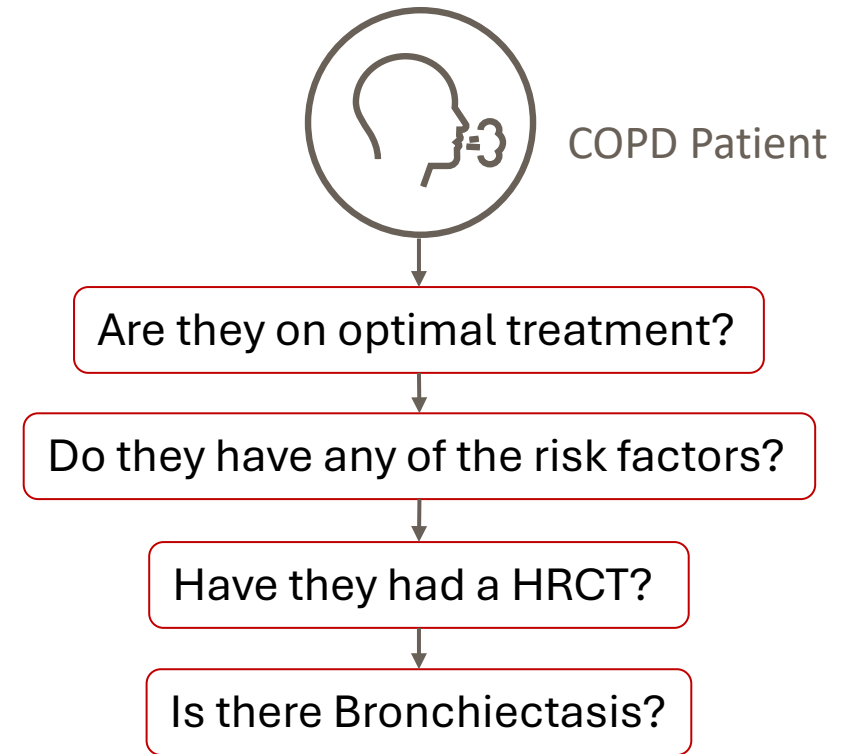
- Separate diseases with shared mechanisms
- 35-69% of COPD patients experience BE overlap
- Prevalence of BE correlates to severity of COPD
- 55% 5-year mortality rate
 - 3x higher than BE alone



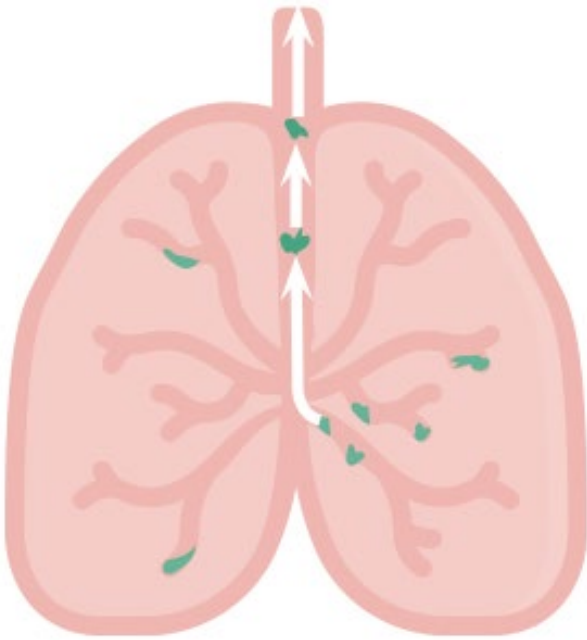
Bronchiectasis-COPD Overlap

Disease Severity Risk Factors

- ☐ Dyspnea
- ☐ Chronic mucopurulent sputum
- ☐ *Pseudomonas aeruginosa*
- ☐ Hemoptysis
- ☐ Hospitalizations
- ☐ Exacerbations
- ☐ Macrolide treatment



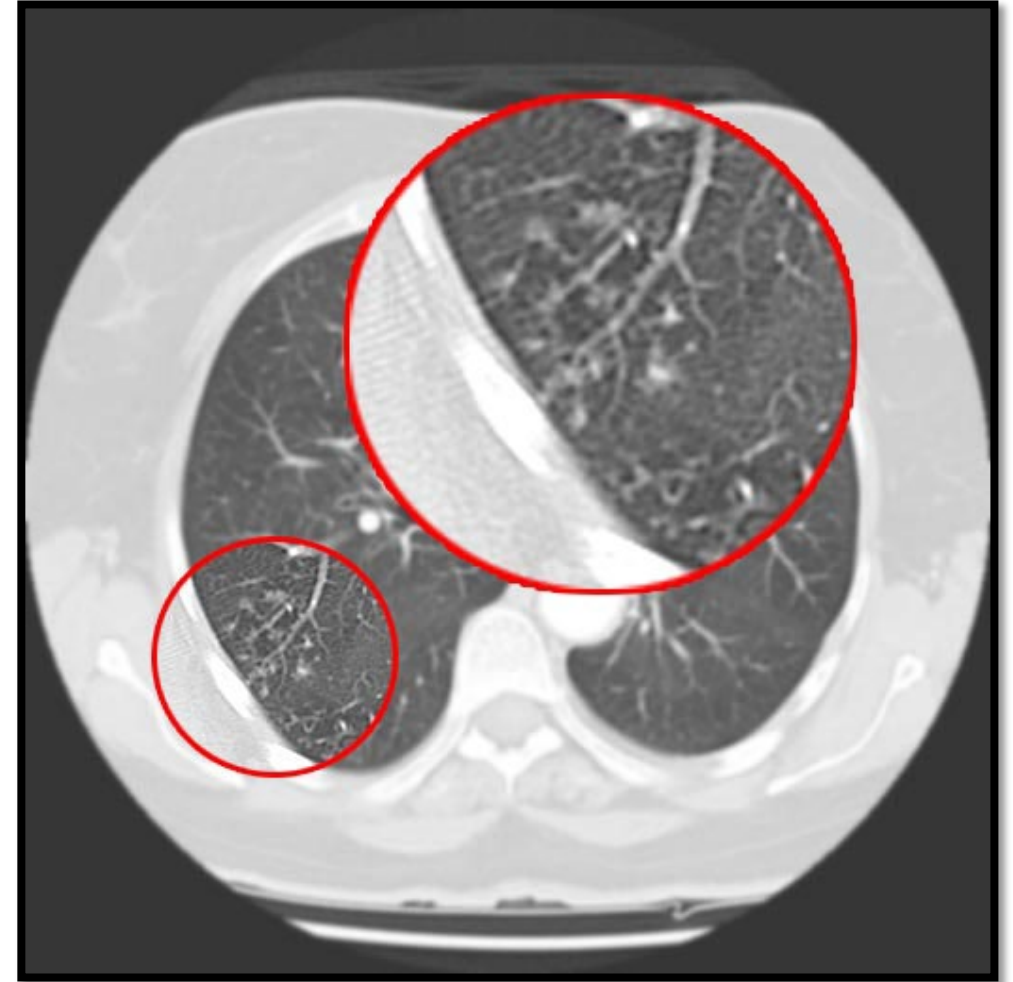
Bronchiectasis-Asthma Overlap



- Up to 50% of refractory asthmatics have bronchiectasis
- Increased risk of exacerbations, infections, & hospitalizations
- Phenotypes
 - Asthma-dominant
 - BE-dominant
 - Advanced BE w/ severe asthma
- Mucus plugging
 - Increased prevalence of pathogens, such as *Pseudomonas aeruginosa*
 - Increased fungal sensitivity, such as to *Aspergillus fumigatus*

Nontuberculous Mycobacteria

- Can cause or worsen bronchiectasis
- Naturally occurring in water and soil
- 200 NTM species
 - MAC is most common (tree-in-bud)
- Symptoms:
 - Cough; hemoptysis
 - Fever & night sweats
 - Loss of weight & appetite
 - Fatigue
 - Shortness of breath



Sputum

➤ Mucus Plugging

- Plugging can occur in airways before they become bronchiectatic

➤ Sputum Cultures

- *Pseudomonas aeruginosa*
- Nontuberculous Mycobacteria

➤ Sputum Color

- Purulent sputum is associated with increased exacerbations
- Purulent sputum is associated with a greater risk of hospitalizations and mortality

Mild

Mucoid



Mucopurulent



Purulent



Severe

Treatment

➤ Airway Clearance is mainstay treatment

- Airway clearance therapies
- Mucoactive drugs

➤ Pulmonary rehab

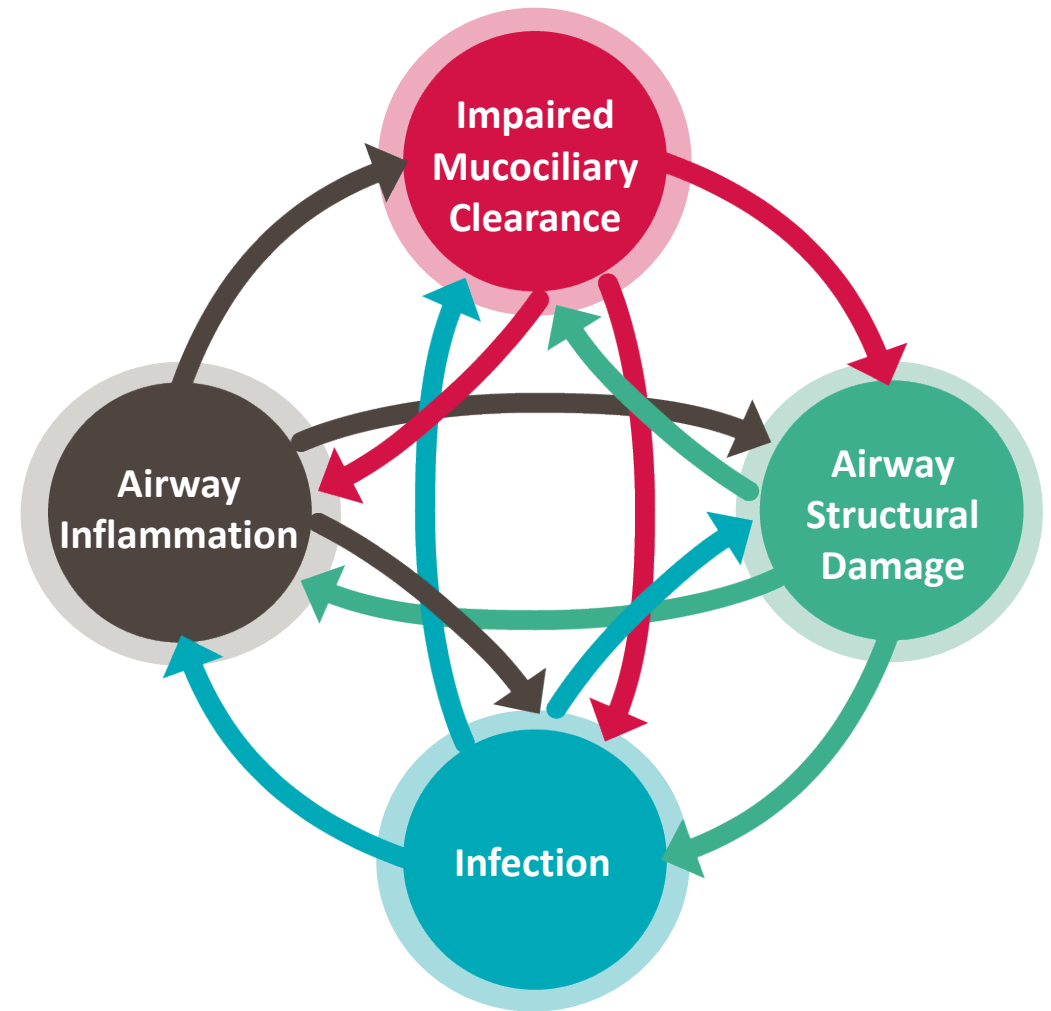
- Exercise & education

➤ Antibiotics

- Oral, inhaled, IV

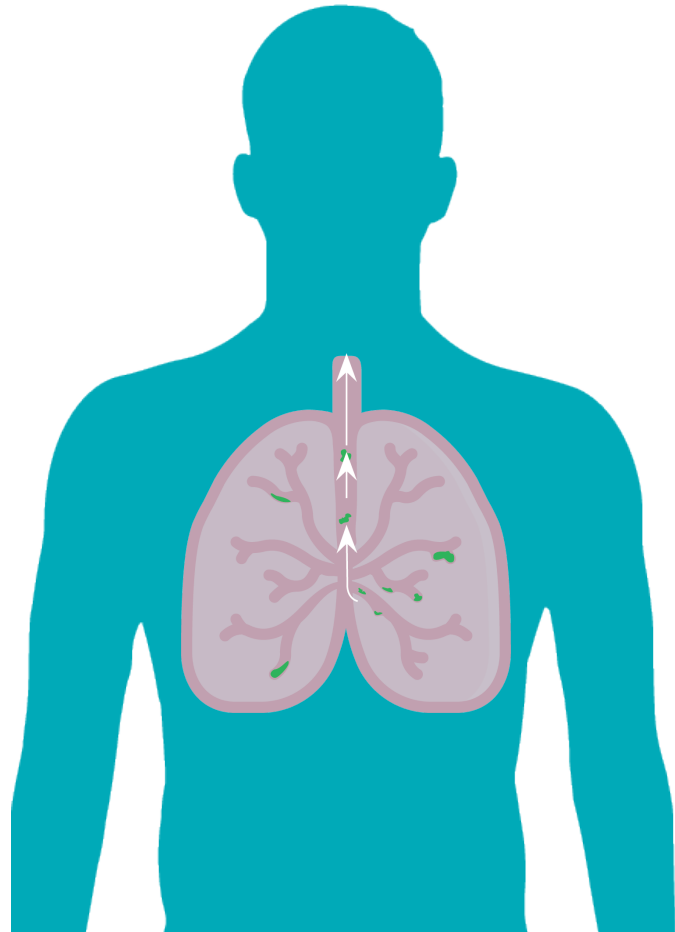
➤ Anti-inflammatory medications

- Macrolides, DPP1-inhibitor



03 Airway Clearance Therapy

Airway Clearance



Airway Clearance Therapy

is a mainstay bronchiectasis treatment

Goals of Airway Clearance Therapy

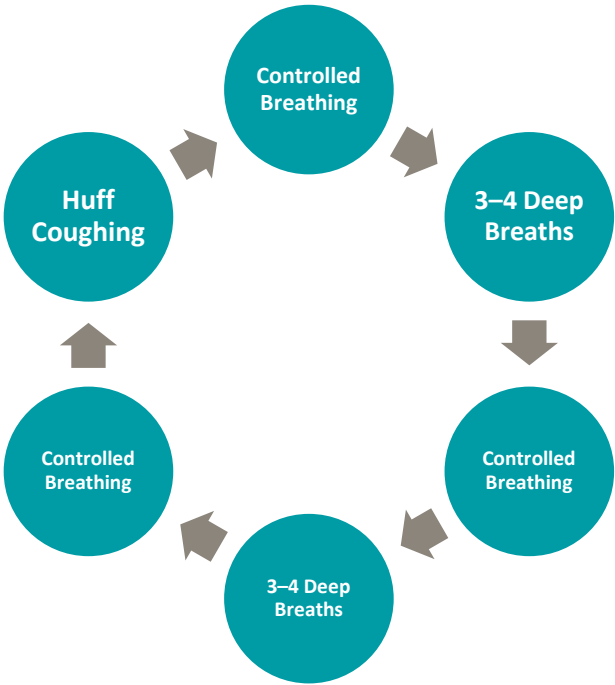
- Decrease symptom burden
- Reduce exacerbations
- Preserve lung function
- Improve quality of life

Breathing Exercises

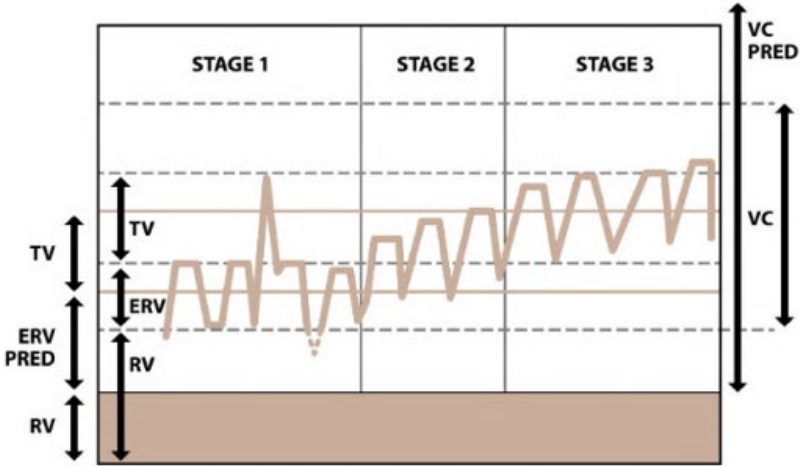
Huff Cough



Active Cycle of Breathing



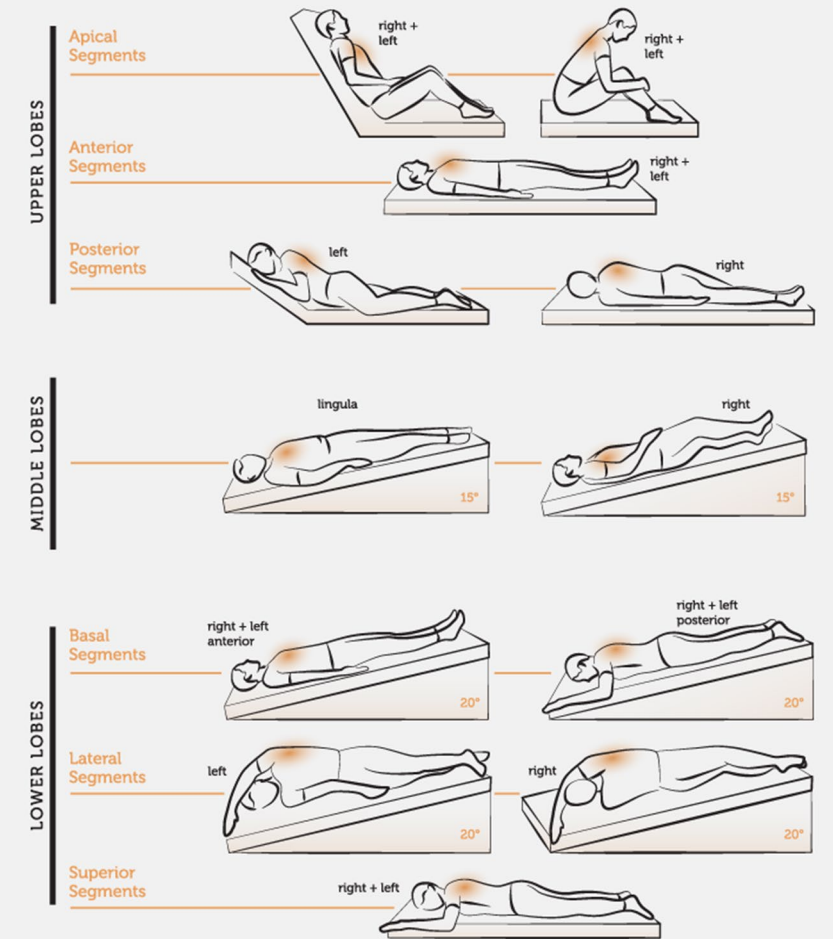
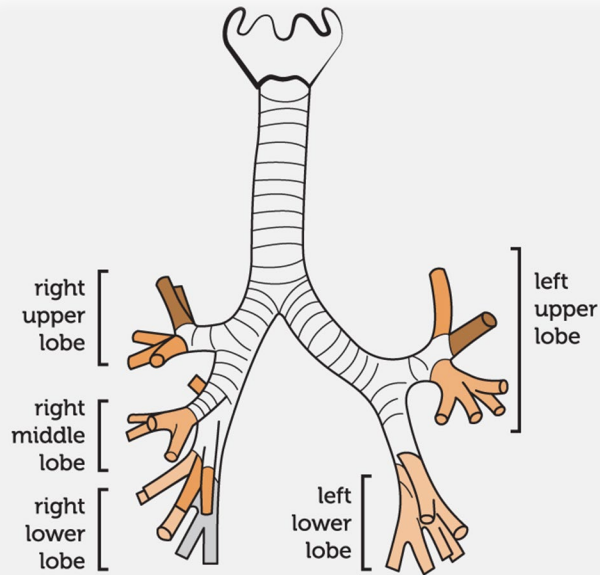
Autogenic Drainage



- Stage 1: Small Peripheral Airways
- Stage 2: Medium Airways
- Stage 3: Large Central Airways

Manual Therapies

- Chest physical therapy
- Postural drainage



Device Therapies

OSCILLATING POSITIVE
EXPIRATORY PRESSURE (OPEP)



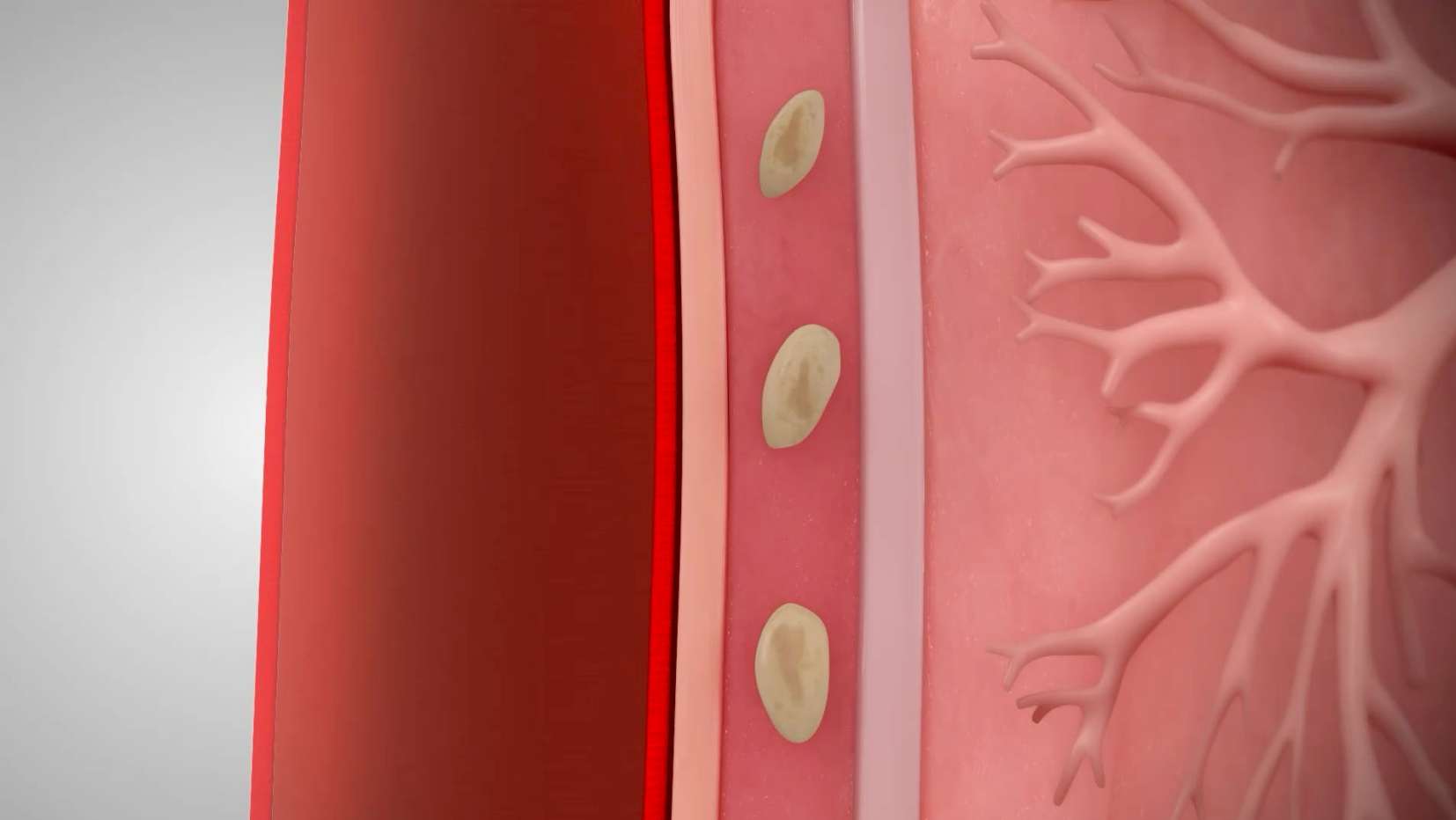
OSCILLATION LUNG
EXPANSION (OLE)



HIGH FREQUENCY CHEST
WALL OSCILLATION (HFCWO)



High Frequency Chest Wall Oscillation



- **SHEERS** mucus from the walls of the airway.
- **THINS** secretions, by reducing viscosity
- **PROPELS** mucus towards the larger airways.

HFCWO Data from the Bronchiectasis Research Registry



Why didn't we receive HFCWO?

AIM 1 (HFCWO) Total Participants n=5673

	Prescribed HFCWO	Not Prescribed HFCWO
AIM 1 (%)	n=518	n=5155
Asthma	31.7	25.3
COPD†	17.0	16.3
Dyspnea	72.1	38.5
Fatigue	61.5	46.8
Cough	90.9	76.6
P. aeruginosa	34.5	22.0

†not significant; all others p<0.002

9% At baseline** evaluation, only **9% of BE** patients were prescribed HFCWO for airway clearance.

AIM 2 (No HFCWO) Total Participants n=4679

	Met CMS Criteria*	Did Not Meet CMS Criteria
AIM 2 (%)	n=2703	n=1976
Asthma	28.0	21.3
COPD	18.4	13.5
Dyspnea	45.7	31.3
Fatigue	52.4	38.7
Cough	97.3	46.1
P. aeruginosa	27.0	13.2

all comparisons p<0.001

58% 2703/4679 of qualifying patients did not receive HFCWO therapy but met the CMS criteria at baseline.

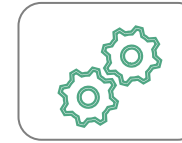
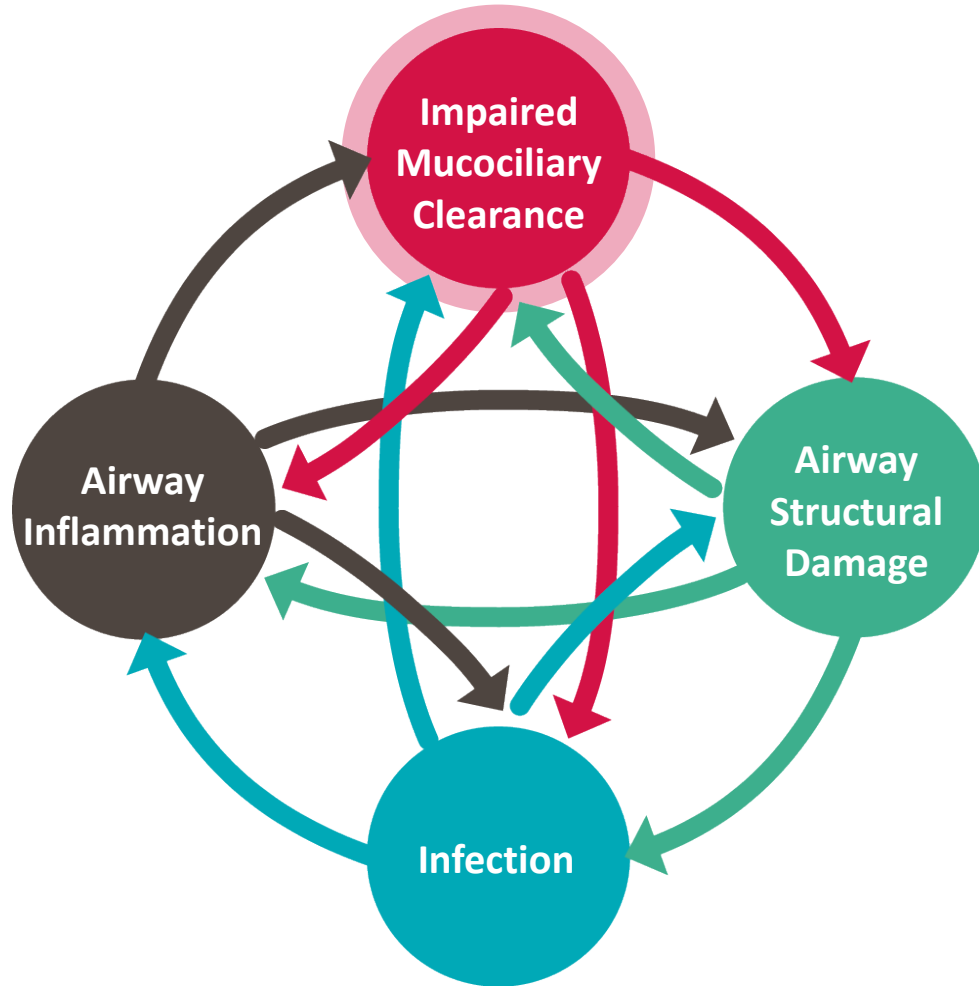


AIM 3

13% 13% of patients **not prescribed HFCWO at baseline later received it**—and were found to be more clinically unstable, with higher rates of exacerbations, hospitalizations, and antibiotic use.¹

- **58%** of patients without HFCWO met clinical criteria
- Patients who qualified for HFCWO were sicker
- **What's the gap?**

Airway Clearance Selection



Coordination



Expiratory flow/strength



Understanding/cognition



Dependent vs independent



Tolerance



Preference

Call to Action

➤ What to look for...

- Chronic productive cough
- Frequent exacerbations
- Co-morbidities

➤ What does the HRCT show?

➤ What does the Sputum show?

➤ Airway Clearance Management

- Decrease exacerbations
- Preserve lung function
- Improve quality of life

Summary

- > 4 million adults with undiagnosed bronchiectasis in the United States
- Bronchiectasis commonly co-exists with COPD, asthma, and NTM
- Airway Clearance Therapy is the cornerstone of bronchiectasis treatment



Resources



Bronchiectasis & NTM
ASSOCIATION

bronchiectasisandntminitiative.org



worldbronchiectasisday.org



Info & Research

ntminfo.org

Thank You!

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Q&A