



Review Article

The Effects of Transitional Care on Quality-of-Life in Patients with Chronic Obstructive Pulmonary Disease: Literature Review

GAO Yingxue¹ and Cheng Shouzhen^{2*}

¹The First Affiliated Hospital of Sun Yat-sen University, China

²Department of Nursing, The First Affiliated Hospital of Sun Yat-sen University, China

Abstract

Chronic Obstructive Pulmonary Disease (COPD) is a major cause of morbidity and mortality across the world, and its prevalence continues to increase. Global mortality due to COPD is forecast to more than double in the latest 30 years, which results in an economic and social burden that is substantial and increasing over the past decade, and also imposes a significant burden in terms of disability and impaired quality of life. Patients with COPD suffer from high rates of exacerbation and hospital readmission after discharge, which places a high burden on the health-care system and reduces patient's health-related quality of life. So, transitional care is necessary after discharge. This paper reviews the scholarly literature with the following keywords: transitional care, continuity of care, discharge planning, care-coordination, follow-up after discharge and COPD to identify transitional care models which have been used successfully in patients with COPD, which include the definition and the contents of transitional care in detail, the research status and progress internationally are included. The effects of transitional care on the quality of life of patients with COPD are identified from the following aspects: the recurrence and hospitalization, patient's self-efficacy, satisfaction and compliance, lung function and psychological status and so on. As a form of transitional care model, the Omaha system helps to contribute to the improvement of the quality of life of patients with COPD. With the progress of modern society and the improvement of people's health needs, transitional care will become an important part of clinical nursing, especially in community.

Introduction

Chronic Obstructive Pulmonary Disease (COPD) is a common preventable and treatable disease, which is characterized by persistent

*Corresponding author: Cheng Shouzhen, Department of Nursing, The First Affiliated Hospital of Sun Yat-sen University, China, Tel: +86 02087332071; E-mail: szcheng05@126.com

Citation: Yingxue G, Shouzhen C (2017) The Effects of Transitional Care on Quality-of-Life in Patients with Chronic Obstructive Pulmonary Disease: Literature Review. J Pulm Med Respir Res 3: 009.

Received: February 04, 2017; **Accepted:** April 28, 2017; **Published:** May 12, 2017

airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individual patients [1]. COPD is a leading cause of morbidity and mortality across the world, and its prevalence continues to increase, which results in an economic and social burden that is substantial and increasing over the past decade [2], and also imposes a significant burden in terms of disability and impaired quality of life [3]. Global mortality due to COPD is forecast to more than double in the latest 30 years, which would make it the third leading cause of death worldwide by 2020 [4]. COPD places a burden on the health-care system and reduces patient's Health-Related Quality of Life (HRQOL) [5-6]. Patients with COPD are prone to exacerbations of their illness, which are characterized by symptoms of worsening dyspnea, cough, sputum production and sputum purulence, as well as by worsening of their airflow obstruction [7]. It is difficult to predict expected exacerbation rates for individual patients; however, most patients with moderate-to-severe COPD experience one to four exacerbations per year [8]. Exacerbations become more frequent with an increased severity of disease. According to current guidelines, stable COPD is managed using a combination of smoking cessation, pharmacological therapy, education, pulmonary rehabilitation, nutritional interventions, vaccinations, oxygen therapy and surgery. Usually, exacerbations occur out of hospital. Therefore, it is necessary to provide continuity of care for patients after discharge. Meanwhile, some researchers reported that these symptoms can be controlled by educating and supervising during transitional care in family after discharge [9].

This article reviews the scholarly literatures with the following keywords: transitional care, continuity of care, discharge planning, care-coordination, follow-up after discharge and COPD to identify transitional care models which have been used successfully in patients with COPD.

The Definition of Transitional Care

Transitional care is derived from a kind of follow-up in family for patients who were discharged, which is intended to provide effective and low-cost health services. The American Geriatrics Society [10] defined transitional care as: through a series of actions designed to ensure that patients could receive different levels of collaborative and continuous care in different health care settings (such as from hospitals to home) and the same health care settings (such as different departments of the hospital), which is accepted by the most scholars.

Contents of Transitional Care

Transitional care interventions were defined as those that employed one or more of the National Transitional of Care Coalition intervention categories: medication management, transitional plan, patient and family engagement or education, information dissemination, follow-up care, care provider engagement, or shared accountability