



Short Communication

Curative Effect of Glucocorticoid Combined with Respiratory Stimulant on AECOPD Patients

Mingqing Wang¹ and Xiaojuan Chen^{2,*}

¹Respiratory Medicine Ward, Hangzhou Fuyang Hospital of Traditional Chinese Medicine, Hangzhou, 311400, China

²General Department, Fuyang District Changkou Community Health Service Center, Hangzhou, 310000, China

ABSTRACT

As there is a high rate of the treatment failure in patients with acute exacerbation of chronic obstructive pulmonary disease (AECOPD) and many studies have tried to specify an effective treatment. Objective of this study was to observe and analyze the therapeutic effect of glucocorticoid combined with respiratory stimulant on patients with AECOPD along with the optimal nursing care required for these patients. Also, tumor necrosis factor-alpha (TNF- α) was assessed as an inflammatory factor to see the response to treatment. In this study, 180 AECOPD patients who had been treated in our hospital were enrolled as research objects, who were given routine respiratory stimulant therapy regimen and intravenous methylprednisolone. According to the dosage of glucocorticoid methylprednisolone, the patients were divided into three groups, each containing 60 patients. The changes of arterial blood gas parameters including pH value, oxygen partial pressure (PaO₂) and carbon dioxide partial pressure (PaCO₂) were compared. We found that respiratory stimulant combined with different doses of glucocorticoid methylprednisolone positively improve the pH value of patients with acidosis, increase the partial pressure of oxygen and lower the partial pressure of carbon dioxide ($P < 0.05$ in all three groups). Methylprednisolone at 40mg every 12 h proved better than other doses ($p < 0.05$). The average length of stay was (12.5 \pm 3.0) days, the complication rate was 6.67%, and the overall nursing satisfaction was 97.22%, which shows that this is an auxiliary way to improve the treatment effect of patients.

Article Information

Received 01 January 2021

Revised 02 March 2021

Accepted 01 April 2021

Available online 20 May 2022
(early access)

Published 14 November 2022

Authors' Contributions

Mw selected glucocorticoid experiment and XC made further medical analysis. Both authors carried out the experiment, analyzed and discussed the results, and wrote manuscripts.

Key words

Glucocorticoids, Respiratory stimulants, AECOPD patients, Therapeutic effect, Nursing mode.


Symptoms of chronic obstructive pulmonary disease (COPD) include worsening of cough, shortness of breath or wheezing within a short period of time, increased sputum volume that is purulent or mucous purulent, and fever. In addition, symptoms such as general discomfort, insomnia, lethargy, fatigue, depression and mental disorders can also occur (Liu *et al.*, 2004; Eng *et al.*, 2019; Nimdet and Techakehakij, 2017). Reduced exercise endurance, fever, and/or abnormal chest imaging may be signs of COPD exacerbation. COPD can be diagnosed with at least 2 of the following 3 criteria: hyperventilation, increased sputum volume, and purulent sputum. Infection is the main cause leading to the acute exacerbation of chronic obstructive pulmonary disease (AECOPD).

Currently, effective measures for the treatment of AECOPD are oxygen absorption, anti-inflammatory, spasmolysis, antiasthmatic, expectorant, respiratory stimulant and non-invasive ventilator assisted ventilation. Non-invasive ventilator assisted ventilation has been more and more widely used in clinical practice, with definite efficacy. However, some patients cannot tolerate non-invasive ventilator assisted ventilation due to the risk of pulmonary bullae rupture and unacceptable psychological factors of patients. Previous studies have shown (Iacob *et al.*, 2017; Liu *et al.*, 2014) that the administration of the respiratory stimulant nikezamide by dose of 1.125 g every 12 h can produce a positive improvement in pH value at the fourth day, while increasing oxygen partial pressure and reducing carbon dioxide partial pressure. AECOPE is normally induced by airway infection. According to previous studies and current guidelines, systemic glucocorticoids are indispensable components during the treatment of AECOPD, but the dosage and administration duration of glucocorticoids are not consistent. This study analyzed the therapeutic effect of glucocorticoid combined with respiratory stimulant on AECOPD patients. The novelty of this study was using systematic glucocorticoid

* Corresponding author: mingqingdr@163.com
0030-9923/2023/0001-449 \$ 9.00/0



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Results

Table I shows that group II had significant advantages in the improvement of pH, PO₂, PCO₂ as compared with group I and group III, p<0.05. Table II shows that the quality of life was significantly better after nursing than that before nursing, p<0.05. Table III shows the length of stay, rate of complication and nursing satisfaction of the patients.

The TNF-alpha level of monocytes didn't significantly change after treatment, p=0.15. TNF-alpha level before treatment was 10.3±4.35 and after 4 days was 8.9±7.2.

Table III.- Length of stay, rate of complication and nursing satisfaction of the patients.

No. of cases	Length of stay (d)	Rate of complication (%)	Nursing satisfaction (%)
180	12.5±3.0	12 (6.67)	175 (97.22)

Discussion

COPD is a common disease characterized by continuous airflow limitation (CPD), progressive airflow, and increased chronic inflammatory caused by harmful particles and gases in the airways and lungs. As a typical central excitant, the respiratory stimulant nikhoshmi directly or indirectly excites the medulla oblongata respiratory center, exerting an influence on respiratory frequency, promoting the acceleration of respiration, increasing the ventilation volume and increasing the partial pressure of arterial blood oxygen, thus reducing the partial pressure of arterial blood carbon dioxide (Kuti and Oyelami, 2015; Wilmot et al., 2016). One of the most common factors for AECOPD is infection, which can lead to an inflammatory airway response. Abnormal chronic inflammatory response in the lungs of patients with COPD is a key factor in promoting disease progression. Glucocorticoids are involved in many aspects of the airway inflammatory response, which had the function of anti-allergy, anti-microvascular leakage, anti-mucosal edema and indirect relaxation of airway smooth muscle. Systemic glucocorticoid therapy can promote the recovery of pulmonary function FEV1 and improve the therapeutic effect. After patients with AECOPD combined with type 2 respiratory failure accepting conventional treatment, the PH, PaCO₂ and PaCO₂ levels in blood gas analysis can be positively corrected after 4 days of systemic glucocorticoid methylprednisolone treatment combined with respiratory stimulant nissami, and better results can be achieved. As well as our study, prednisone therapy greatly increased the exchange of gases by increasing PaO₂, in the study of the Woods et al. (2014). In a meta-

analysis study by Dobler et al. (2020), 68 randomized clinical trials were reviewed. Systemic corticosteroids were correlated with a less medication failure at the end of the assessment. There were no differences between the one-month readmission or fatality rates between group of patients with systemic corticosteroid therapy with and without inhaled corticosteroids (Pearce et al., 2018; Sun et al., 2022). While we did not assess these outcomes; they saw a shorter length of hospitalization (about 6 days averaged) than patients in our study. The difference of our results with Pearce et al. (2018) may be due to the use of the respiratory stimulants in our study.

Meta-analysis of Wu et al. (2020) reviewed studies using systemic corticosteroid therapy and they found that treatment failure happens with a risk ratio of 0.61, as well as our study that 6.67% of patients had complications during or after treatment. Also, our study showed no difference in the level of TNF-a after treatment. A meta-analysis of studies showed that the COPD disease progression and the development of COPD could lead to increased rates of TNF-a. The underlying cause, though, is still unexplained and needs to be analyzed (Uzeloto, 2020).

While most of studies show benefits of systemic corticosteroids for exacerbation of chronic obstructive pulmonary disease; there are limited studies with a long term follow up. In the REDUCE Trial, 40 mg prednisone for 5 days and patients were assessed till 180 days (Leuppi et al., 2013). Reexacerbation rate was about 37%. But there are few studies with this long term follow up and as also our study evaluated short term outcomes, we purpose further researches with long term follow ups.

Conclusion

In conclusion, the treatment mode of glucocorticoid combined with respiratory stimulant in patients with AECOPD can achieve good results.

Statement of conflict of interest

The authors have declared no conflict of interests.

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