ABI009: Chronic Obstructive Pulmonary Disease: An audit in primary care *Prim Care Respir* 2002 11(2) 57
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Introduction: Chronic Obstructive Pulmonary Disease (COPD) is a common cause of consultations in Primary Care and accounts for a many as 1 in 8 medical admissions.
Objectives The main aims of this audit are accurate diagnosis of COPD, control of symptoms and thereby promoting quality of care, t evaluate current medications and to encourage patients to stop smoking.
Methods: Initial search of the practice population revealed 82 patients who were potentially suffering from COPD (Age 43-86 years). Wit support of Respiratory Specialist nurse, all these patients had spirometry and reversibility tests for confirmation of their diagnosis. 4 patients were confirmed of suffering from COPD. All these patients were given St George's Respiratory Questionnaire (SGRQ) to asses the symptoms, their current medications were assessed and smoking cessation advice was given. These patients were subsequently followe up in further two audit cycles with carbon monoxide monitoring in last audit.
Results: In January 1999, only 48% (N=23) of COPD patients were using B2 agonists on regular basis, this increased to 97% (N=36) i March 2000 and 92% (N=34) in January 2001. Usage of anticholinergic increased from 20% (N=10) to 51% (N=19) in same period Percentage of patients on inhaled corticosteriods came down from 70% (N=34) to 53% (N=21) for the above period. Those who were o high doses of inhaled corticosteriods (.800mcg daily) also reduced from 44% (N=15) to only 8% (N=3). 50% (N=26) of COPD patient were smoking in January 1999 and this reduced to 24% (N=9) in January 2001. The carbon monoxide monitoring in these patients reveale that 67% (N=20) of these patients showed carbon monoxide traces between 0-3%. Quality of Life Questionnaire (SGRQ) of these patient revealed that percentage of patients feeling better was increased from 35% (N=17) to 57% (N=21) for the above period.
Conclusion: Smoking cessation is the cornerstone of COPD management. Accurate diagnosis and frequent assessment of medicatio improves the outcome. The use of inhaled corticosteriods should be reserved for more severe COPD patients

ABI010: Environmental and lifestyle risk factors for developing specific IgE to inhalants in young childre
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Aim To longitudinally describe the relation between indoor and lifestyle factors and the subsequent development of specific IgE to inhalant-allergens
Methods Coughing children, aged 1-5, were tested for IgE-antibodies to mite, dog and cat by RAST. All children with all RASTs <0. IU/ml were retested after 30 months. The results of the second RAST were dichotomized in IgE-positive (RAST 0.5 IU/ml) or IgE negative. The parents completed questionnaires during the first and second RAST. The results of the second RAST were compared to item on smoking by the parents, pets at home, breastfeeding, siblings, floor covering, moulds and dampness. Adjusted odds ratios (ORs) fo becoming IgE-positive in relation to lifestyle and environmental factors were calculated
Results: After 2 years, 33 of 317 originally IgE-negative children had become IgE-positive (22/169 boys, 11/148 girls). Associated with decreased risk of allergy was having (had) pets at home (OR= 0.38; 95% CI= 0.18-0.80). Associated with an increased risk of allergy was non-Dutch nationality (OR= 4.76; 95% CI= 2.04-11.12). The associations between the development of allergy and smoking durin pregnancy, during the first year of life or smoking of the father as well as having pets during the first year of life, breastfeeding, smooth v non-smooth floor covering in living or bedroom, exposure to moulds or damp ranged between 0.75 and 1.75 and were not statisticall significant at p= 0.05
Discussion: Our data indicate that children who have (had) pets at home are less likely to develop specific IgE to inhalants than childre who never had pets. Having a non-Dutch nationality is a risk factor for becoming IgE-positive
Keywords asthma, allergy, children, risk factor

ABI011 Predictive value of specific IgE for the development of asthma in children younger than 5 years presenting with persisten coughing in general practice *Prim Care Respir* 2002 11(2) 57
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Backgroun d To diagnose asthma in children <5 years, the general practitioner has to rely upon medical history, physical examination an family history of atopy. Peakflow or lungfunction measurements are not yet possible at such a young age. The presence of allergy can b demonstrated by measuring total IgE or specific IgE. However, the predictive value of specific IgE measured in young children for th development of asthma at a later age is unknown.
Aim : What is the predictive value of elevated specific IgE in under-fives for a diagnosis of asthma at the age of six?
Methods: Coughing children, aged 1-5, were tested for IgE-antibodies to mite, dog and cat by RAST. The IgE-positive and a sample of th IgE-negative children were followed-up at the age of 6 for asthma and asthmatic symptoms. A medical records' review and a lungfunctio test were performed. Asthma was defined as asthmatic symptoms and moderate or severe bronchial hyperresponsiveness
Preliminary results: At the age of 6, 101 children were followed up (35 IgE-positive). Because of their symptoms, 70 children (33 IgE positive) underwent a lungfunction test, the remaining 31 children did not have symptoms. According to this test, 42 children were not o mildly hyperresponsive (11 IgE-positive), 28 were moderately-severely bronchial hyperresponsive (22 IgE-positive). IgE-positive childre were almost 7 times more likely to have developed asthma than the children being IgE-negative at the start of the study. The positiv predictive value of IgE-positivity for asthma development was 62.9%, sensitivity and specificity were 78.6% and 82.2% respectively
Discussion: Our data indicate that sensitization is a strong indicator for becoming asthmatic in young children visiting the GP wit symptoms of persistent coughing. This implies that in general practice it is possible to detect children at high risk to develop allergic asthm early in life by testing for specific IgE to inhalant allergens
Keywords asthma, allergy, children, predictive valu