

**ABI026: Integrated care for COPD** *Prim Care Respir* 2002 **11**(2) 63

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**Background** COPD is a common progressive debilitating condition affecting 4% of adult aged 65-74 years. It is responsible for around 12% of acute medical admissions in the UK, and carries a growing burden of human and financial costs. COPD is preventable if detected early and the patient stops smoking. However it remains asymptomatic until irreversible damage has been done. Primary care is in a position to help with prevention and management at all stages of the disease, but until recently has done little about it. Recent guidelines have been difficult to put into practice, particularly in relation to spirometry in primary care.

Drug treatments produce little benefit especially in more advanced cases. Pulmonary rehabilitation is effective, but access is patchy. Expensive treatments such as oxygen and nebulisers are often used inappropriately. Many patients have severe distress and their needs are not being catered for.

Changes in the NHS provide new opportunities to provide services which cross traditional boundaries of primary and secondary care. In Plymouth, a new system of integrated care is being developed. It is based around respiratory nurse specialists employed by the Primary Care Trust. They are working to: (1) Support primary care nurses in performing spirometry well to detect early cases of COPD, (2) Refer to Plymouth smoking cessation services, (3) Identify and support patients at risk of admission or with significant disability, (4) Arrange assessments long term oxygen therapy and formal nebuliser trials, (5) Support patients in their homes during exacerbations, providing additional services and expertise to prevent admissions. (6) Facilitate early supported discharge. Funding has been obtained for a respiratory specialist physiotherapist. She will work with a nurse and a specialist GP on the community-based pulmonary rehabilitation programme. We would like to discuss our developing systems of care with others interested in this field in Europe.

**Keyword** COPD, respiratory nurse specialists, integrated care

**ABI027: A proposed international survey of community-based pulmonary rehabilitation** *Prim Care Respir* 2002 **11**(2) 63

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**Background** Pulmonary rehabilitation (PR) is an effective intervention for patients with moderate to severe COPD. In UK, PR has been provided mostly in hospitals, recently community based are becoming more common. Advantages of community based PR include improved accessibility and social cohesion within the groups.

The current level of provision of PR in the community is not known. As community based PR programmes are often performed by non-specialists and use different methods and outcome measures, quality control becomes increasingly relevant. However it is difficult to compare the effectiveness of different programmes as no standard data are collected.

**Aim** : To

- describe the current availability and methods used, of all community based pulmonary rehabilitation schemes in the UK
- establish a network of programmes with agreement as to the key outcome measures to be recorded.
- set up a database so that groups can compare their results with others.

**Method** : Comprehensive survey of all UK community based programmes:

**Part 1** Identifying all programmes: a letter asking about the presence of rehabilitation programmes will be sent to all primary and secondary care specialists, health authorities and other appropriate groups. We will cross-check the effectiveness of these methods in identifying PR programmes which we know to exist

**Part 2** A telephone survey of the methods of rehabilitation including: composition of the rehab team, the duration and contents of the programme, methods of assessment e.g. exercise testing and health status questionnaires.

Those identified will be invited to join a PR network and common outcome measures. A database will be formed for comparison of data from different groups.

We are interested to discuss this proposed project and hear views about the value of extending the survey in Europe

**ABI028: Association between familial predisposition of asthma and IgE in infants 5 days post-partum**

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**Background** In this study we investigated the relation between first degree familial predisposition of asthma and IgE in infants five days postpartum

**Aim/Method** IgE was determined in blood collected with the heel prick making sure that the results are not disturbed by contamination with maternal IgE. The high risk group consists exclusively of infants with a first degree familial predisposition of asthma, instead of a mix of asthma, hay fever, atopic eczema and food allergy as in other studies. Total IgE was determined using a modified RAST. A random sample of 301 infants was taken from a prospective birth cohort of 733. Infants in the high risk group (n=193) had at least one family member with asthma. In the control group (n=108) this predisposition was not present

**Result** We observed a statistically significant difference in total IgE ( $p=0.025$ ) between the high risk group (75th percentile=0.32) and the control group (75th percentile=0.21) five days postpartum. This difference could not be attributed to sex

**Conclusion** : We assume that familial predisposition of asthma is associated with IgE five days postpartum.

**Keyword** s familial predisposition, IgE, asthma, infant