AB1048: The occurrence and health care cost of acute exacerbations in patients with chronic obstructive pulmonary diseases (COPD) managed in Dutch general practice *Prim Care Respir* 2002 11(2) 71

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Objective To examine the occurrence rate and health care cost of acute exacerbations in patients with chronic obstructive pulmonary disease (COPD) in Dutch general practice

Methods Data are from the COPD on Primary Care Treatment (COOPT) study, a randomised controlled trial investigating the effectiveness of fluticasone and N-acetylcysteine in COPD. For the 2-year period preceding trial inclusion, details on the occurrence and management of acute exacerbations were collected for each trial participant by retrospective general practice chart review. Patients were divided into subgroups of severity of airway obstruction based on their post-bronchodilator FE₁ % predicted value (FE₁ % >80: no obstruction; 70-80%: mild obstruction; 50-70%: moderate obstruction; <50%: severe obstruction). Exacerbation-related health care costs were determined by counting the units of resources consumed and converting these into monetary values (€)

Results Mean age of the 286 patients involved was 59.2 (SD 9.6) years, post-bronchodilator FE₁ % predicted was 67.1 (SD 16.2). Of all patients, 220 (77%) experienced at least one exacerbation during the 2-year observation period. Mean annual exacerbation rate was 0.8 (SD 0.79). The annual exacerbation rate did not differ between the subgroups of severity of airway obstruction (p=0.628). Mean health care cost per exacerbation was €67 (95% CI 57, 77). When costs were expressed as the annual exacerbation cost per patient, the mean costs in the severity subgroups were €80, €106, €122 and €183, respectively (p=0.013). The gradual increase of the annual exacerbation cost across severity subgroups was mainly attributable to more physician consultations and more prescriptions for bronchodilators and other reliever medication

Conclusions The occurrence rate of exacerbations in COPD may not depend on the severity of airway obstruction, but the annual exacerbation-related health care cost per patient appear to increase as obstruction becomes more severe

AB1049: Diagnosis and therapy in pre-school children with asthma or asthma-like symptoms. *Prim Care Respir* 2002 11(2) 72

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Background Diagnosing asthma in pre-school children with asthma or asthma-like symptoms is a major problem because of the similarity of the symptoms. The initial treatment of these young patients is often performed by general practitioners. Currently very much attention is paid to the use of inhalation corticosteroids (ICS) in these young children while optimal treatment regimens are still unclear. The precise place of ICS has yet to be clarified in children with recurrent wheezing. Although several studies have shown that ICS is effective in the treatment of asthma we do not know which of these children should be given maintenance therapy with inhaled corticosteroids and which not. Only a small percentage of early wheezers go on to develop classic asthma. It is possible that children with transient wheeze do not respond to ICS in the same way true asthmatics do. The ability to predict accurately those wheezy pre-school children who will develop asthma eludes us.

Aim : To focus on these diagnostic and therapeutic dilemmas.

Design A multicentre, parallel group, randomised, double blind study to investigate the efficacy of ICS in 1 to 5 year old children with asthma or asthma-like symptoms. Study population: children with asthma or asthma-like symptoms in which in normal daily practice the general practitioner considers treatment with ICS because of symptoms

In this study we try to answer the question which children will benefit from maintenance treatment with ICS; as part of this study we have developed an Asthma Diagnostic Questionnaire. By using this questionnaire and by collecting additional lung function data (Force Oscillation Technique and Resistance Interrupter Technique) we try to distinguish children with probably asthma from children with probably non-asthma. The results of our study may lead to an improvement in the diagnosis and treatment of asthma or asthma-like symptoms in pre-school children