

For personal use only.

Not to be reproduced without the permission of the *Primary Care Respiratory Journal*

UK results from a pilot survey of international delivery of care for COPD

AB08PO

Juliet M Foster, Department of Primary Care and General Practice, University of Aberdeen:

Prim Care Resp J 2003; 12(2):64

Introduction Although COPD is a huge healthcare burden globally, differences in international management are difficult to analyse. This pilot study examines how COPD is managed in primary care in 11 countries: 3 UK (England, Scotland and Wales), 8 Non-UK (Netherlands, Spain, Republic of Ireland, Denmark, Sweden, Norway, Australia, and New Zealand).

Method A multicentre questionnaire based pilot study was undertaken in at least 30 centres in each of 11 countries. Questionnaires were administered to a sample of 60 primary care physicians in each country (random sampling: 3 UK countries, 3 Non-UK countries; opportune sampling: 5 Non-UK countries) to measure themes which included: diagnosis, management, therapeutic interventions, use of referral for specialist care, attitudes to COPD, and guideline awareness.

Results Main results are shown in table below.

Discussion A better understanding of COPD management in different countries may allow for easier implementation of international guidelines and also highlight how best to organise the delivery of care.

COPD Themes	UK only	Range between all 11 countries	p value (Chi-square)
Use of clinical, spirometry and reversibility to diagnose COPD	53.2%	44 - 84.6 %	0.004
Use of regular review	79.5%	50 - 83.3 %	0.003
Use of Bronchodilators as 1st line inhaler therapy	91.6%	56.5 - 97.4 %	0.000
Use of specialist secondary care 20% of the time	70.2%	52.2 - 97.4 %	0.022
COPD ranked as most important in clinical practice as compared to IHD, diabetes, asthma and depression	8.2%	2.4 - 10 %	0.001
Use of guidelines for COPD management	76.6%	20.7 - 91.4 %	0.000

Co-authors: D Freeman, D Price, A Ostrem, G Hoskins and C McCowan

Funding Source: Boehringer Ingelheim

Is asthma diagnosed objectively in a general practice?

AB09PO

Kevin Gruffydd-Jones, Box Surgery, Corsham, Wiltshire

Prim Care Resp J 2003; 12(2):64

Introduction: The 2003 British Guideline on the Management of Asthma states that in adults 'Objective tests should be used to try and confirm a diagnosis of asthma before long-term therapy is started'. The primary aim of this study is to look at whether this recommendation is being met in practice. The secondary aims were a) to look at the methods adopted in making a diagnosis of asthma in primary care b) to look at any differences in the results of patients diagnosed in Box compared to elsewhere.

Methods 165 case records of asthma patients over the Age of 7, selected by random number generation, in a single asthma-interested general practice(Box, Wiltshire) were analysed. Patients with a diagnosis of asthma made prior to age 5 were excluded (43)

Results A total of 121 notes were included for study purposes.

Demography:	70 females,	51 males
Current age	Mean= 42	(min 8 max 84)
Age At diagnosis:	Median =24.5 years	(interquartile range 12-42)
Patients diagnosed in Primary Care	112	(70 in Box, 42 elsewhere)
Patients diagnosed in secondary care	9	

Method of diagnosis in primary care

	Box n=70	Elsewhere n=42	Combined n=112
No criteria evident	5 (7%)	5 (13%)	10 (9%)
Symptoms of asthma only	23(32%)	21(52%)	44(40%)
Symptom response to beta agonist/oral steroids (No objective tests)	9(14%)	6(15%)	15 (13%)
Objective evidence of asthma*	33 (47%)	8 (20%)	43 (38%)

*Objective evidence to asthma includes peak flow variation on diary card, reversibility of peak flow/ Fev-1 with β -2 agonist or prednisolone. Steroids were only used in 8 patients (7%) to diagnose asthma. Peak flow variability was used in 13 patients (12%) whereas 36 patients(32%) had reversibility tests carried out.

Conclusions Only 38% of a sample of patients diagnosed with asthma over the age of 5 in primary care have objective evidence of this diagnosis. Most asthma in this group was diagnosed on characteristic symptoms.(40%patients). Reversibility tests appear to be more commonly used than peak flow variability in diagnosing asthma in this group of patients.

Co-authors: J Goulding

Funding and conflicts of interest: None