3 year evaluation of a primary care trust chronic obstructive pulmonary disease health improvement programme **AB15PR**

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Introduction: Although respiratory diseases are not curently a priority in the national strategy for health, COPD imposes a considerable burded on patients and the health services and will focus in the proposed New GP Contract. A COPD Health Improvement Programme based on the BTS and GOLD COPD guidelines has been running for 3 years in the 18 practices of Wyre Primary Care Trust. A visiting, practice based spirometry service, nurse education programme and community pulmonary rehabilitation have enabled the delivery of guideline recommendations.

Rationale: A structured COPD programme based on accurate diagnosis, assessment, management and rehabilitation improves outcomes for patients and offers a model for Primary Care Organisations to commission and deliver high quality respiratory services.

Methods: A population of patients, over 40, on respiratory medications, without a firm diagnosis of asthma, has been followed for 3 years. Patients are offered; diagnostic spirometric assessment, smoking cessation advice, therapy trials, secondary care referral where appropriate, annual practice nurse review, pulmonary rehabilitation with a continued weekly exercise classes.

Results: 2020 patients have been through initial spirometric assessment. Of these 242 (12%) had mild COPD, 525 (26%) mod COPD, 298 (15%) severe COPD. 414 (20%) were diagnosed asthma and 256 (23%) actually had normal spirometry. All smokers assessed have been offered smoking cessation support. 200 COPD patients have been referred to community pulmonary rehabilitation.140 completed and 8 week course and 50 continue to attend weekly exercise classes. Data on functional ability demonstrate that breathlessness scores show some improvement at all steps with the most significant improvement with pulmonary rehablilitation.

Conclusion: The COPD Health Improvement Programme described provides an effective model of service delivery at Practice and PCT level, enabling the standards in the proposed New GP Contract to be acheived. Pulmonary Rehabilitation for patients who have been through a structured assessment, with appropriate therapy trials, appears to be the intervention that has the most positive impact on health status

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Source of funding/ conflict of interest: None

Supported early discharge following acute exacerbation Of COPD **AB16PO**

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Hospital admissions for acute exacerbations of COPD (AECOPD) can be shortened by nursing support for a period following discharge. Many suitable patients are denied this service by the difficiltiers hospital units have in providing it, and the shortage of trained respiratory nurses The government has endorsed partnerships between the NHS and private sector. We explored whether private sector nursing couls support such a service, where patiebnts were supervised by and returned to an experienced respiratory nurse specialist.

During the study period Portsmouth Trust had 276 admissions for AECOPD, of whom 118 received support discharge. The usual length of stay for this diagnosis is 6 days. During the service, most patients were discharged within 2 days.

67% of patients were classified as severe under the BTS COPD guidelines. 22 normally lived alone with no support. 18 were re-admitted. No additional social services support was required.

The nursing team 1 G grade and 1 F grade WTE, were supplemented by further F grades at the weekend and during holiday periods. They worked to a care plan agreed with the hospital team prior to the start of the service. Support was provided for an average of 5 hours during a ten day follow-up period, including 54 calls from 34 patients outside office hours. Patients had separate follow-up arrangements to their GP's normal service.

Patient satisfaction was very high with 86% agreeing or agreeing strongly that receiving care at home was important to them.

In a group of patients with severe disease, this service discharged 42% of patients which compares with about 30% in other studies. The flexibility of the private sector may help Trusts resource this important COPD service

Source of funding/Conflit of interest: Dr Holmes is the Medical Director of Nestor healthcare Group which provides the service

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Treatment options for seasonal allergic rhinitis **AB17PR**

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Background: Seasonal Allergic Rhinitis (SAR) or 'hay fever' is a common, complex disorder resulting in nasal and ocular symptoms. Treatments for SAR aim to minimise symptoms, improve quality of life and reduce the risk of developing any co-existent disease. Improving the evidence-base for treatment decisions in primary care is now a priority for the NHS.

Methods: We used standard systematic review methods to conduct a systematic review of all randomised control studies (1990-2002) evaluating the effectiveness of treatments for SAR. For a study to be included all patients had to be at least 12 years with a physician

confirmed diagnosis of hay fever. The minimum length of follow-up was stipulated as being 2 weeks. The interventions and comparisons analysed were those including topical or systemic antihistamines, decongestants, leukotriene antagonists and ipratropium bromide. Steroids were not included as they are preventative rather than curative. Our primary outcome measure was rhinitis quality of life using the validated Juniper Rhinitis Quality of Life Questionnaire. Secondary parameters of effectiveness included visual analogue rhinitis symptom score completed by the doctor and/or patient, medication usage and medication usage scores, days off school or work and adverse events.

Results: We found 68 trials satisfying our inclusion criteria, although only four of these had used formally validated outcome measures (Juniper-RQLQ) to assess clinical effectiveness. Because of the heterogeneous nature of the studies identified, we used a narrative overview to summarise data. Three trials have shown that oral fexofenadine significantly improves disease specific quality of life and evidence from one trial indicates that a combination of oral monteleukast and loratadine is also clinically effective. Numerous trials indicate that a number of oral antihistamines with/without oral decongestants improve rhinitis symptoms. Topical levocabastine is also of benefit in reducing rhinitis symptoms but there is at present confliciting evidence on the usefulness of other topical treatments (azelastine and ipratropium bromide).

Conclusions: Fexofenadine and a combination of oral monteleukast/loratadine should be regarded as first line interventions for the medical treatment of SAR. There is evidence to suggest that other oral antihistamines and intranasal levocabastine are also likely to be of clinical benefit.

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Are Community Pharmacists prepared for an increasing role in the management of people with asthma?

ABV19PR

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Introduction: An increasing emphasis is being put on the contribution and role of pharmacists in improvement in care of asthma. In Scotland, pharmacists are already playing an ever increasing part in the management of people with asthma. Previous work had suggested that barriers (lack of training and resources) hindered optimum involvement of pharmacists in asthma care. This survey aimed to assess the current role of community pharmacists in Scotland in providing information and advice to people with asthma.

Method: Stratified by health authority and size, pharmacists from a 1:4 random sample of all Scottish pharmacies completed a telephone questionnaire. Data included details on location, staff, facilities, training, patient education, and communication and was analysed using SPSS.

Results: Presented as raw figures with weighted percentages to be representative of Scotland. 258 pharmacies were contacted and a total of 254(98%) pharmacists completed the interview questionnaire. Of these, 133(54%) said that the premises in which they were working had 'private' consulting facilities; in 45(16%) this was in a room or cubicle separate from the main shop. 66(26%) had attended an accredited asthma training course. All had dispensed asthma medication in the past week; 111(43%) had given advice on inhaler technique to customers, and 69(27%) had provided advice on deteriorating symptoms. 85(32.5%) had liaised with general practice in the previous year about asthma issues. Those with asthma training [66(26%)] were more likely to have liaised with GPs in their area about asthma issues [$p<0.001$], and given advice to customers on deteriorating symptoms [$p<0.01$].

Conclusion: The results from this survey indicate that barriers continue to exist and that community pharmacists need more support and resources if they are to provide a service to people with asthma which can integrate with the care offered by health professionals in primary and secondary care.

Many patients perceive numerous side effects of inhaled corticosteroids

AB20PR

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Background: Side effects of inhaled corticosteroids (ICS) are often described in the literature as infrequent and of minor consequence to patients' health. However, little is known about patients' perceptions of side effects related to ICS use.

Methods: From the transcripts of 12 in-depth interviews and 2 focus groups (n=22, 68% male, mean age 54) we documented 57 potential side effects that patients associated with their ICS medication which were subsequently put onto a 7 point Likert scale questionnaire (Inhaled Corticosteroids Questionnaire (ICQ)). The ICQ was administered to patients recruited through community pharmacies in Aberdeen, Scotland, and Groningen, The Netherlands. Patients using ICS (low 400µg; mid 401-800µg; or high >800µg dose BDP equivalent daily) or using ß2-agonist inhaler without ICS were eligible. Analysis was performed using the Jonckheere-Terpstra Test (differences between 4 medication groups) and multiple regression (main and 2 way interactive effects of dosage group, age, gender, post inhalation mouth rinsing and smoking on side effect scoring).

Results: 395 patients participated (mean age 50, 53% female), 329 using ICS (400µg, n=109; 401-800µg, n=151; >800µg, n=69; BDP equivalent daily) and 66 using a ß2-agonist inhaler without ICS. Almost half of all ICS users were affected by 10 or more side effects of a moderate amount or greater. 45 patient perceived side effect items including hoarseness, inability to sing, oral thrush, dental decline, skin atrophy, and vision affected showed a statistically significant difference between medication groups (all $p<0.05$). A clear ICS dose-response existed for nearly all 45 items. Multiple regression showed that dosage pre-eminently influenced side effect perception in 42 of 57 items of