

with chronic respiratory disease. A range of potential roles for a respiratory GPwSI, working as part of a multi-disciplinary team, were suggested, and a number of practical issues were highlighted. For the role to succeed, the GPwSI needs to have the trust of their primary and secondary care colleagues as well as the patients, to be a credible practitioner, and to be politically astute potentially enabling them to act as a champion supporting the transition process within the local health service. *Conclusions:* The introduction of a respiratory GPwSI service represents a challenge to traditional roles which, whilst broadly acceptable, raised a number of important issues for the stakeholders in our study. These perspectives need to be taken into account if workforce change is to be implemented successfully.

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ABS52: Organisation of asthma and COPD care in primary health care in Mid-Sweden

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Objective: To investigate the organisation of primary health care with regard to management of asthma and COPD and relate it to the guidelines and quality indicators for organisation stated by the Swedish National Board of Health and Welfare and to an earlier study in the area. *Background:* The Swedish National Board of Health and Welfare assessed quality indicators for the organisation and equipment for asthma and COPD in primary health care in 2004. These are spirometer, pulse oximeter for assessing respiratory impairment, nebuliser for emergency treatment and an asthma/COPD clinic for patient education. *Method:* A postal survey in 2005 to 56 randomly selected primary health care centres in Mid-Sweden. The survey included questions about access to an asthma/COPD clinic, spirometer, pulse oximeter, nebuliser, organisation for smoking cessation and rehabilitation. *Results:* All centres answered the survey. 93% had a spirometer, 83% pulse oximeter, 90% nebuliser and 64% asthma/COPD clinic. 65% had access to a program for smoking cessation within primary care. Regarding resources for COPD patients 63% centres had access to physiotherapy, 71% to occupational therapy, 41% to a dietician and 93% to a social welfare official or psychologist. *Conclusion:* The possibilities to offer patients with asthma and COPD sufficient care is good regarding access to diagnostic tools as spirometers and pulse oximeters and nebulisers, while access to education through an asthma/COPD clinic is insufficient. Compared to the results from the AIM-study in 2000 primary health care centres with asthma clinics have increased from 52% to 64% and access to spirometer from 76% to 93%. Only two-thirds of the centres can offer a program for smoking cessation which is insufficient. The study shows that many centres have the resources to start pulmonary rehabilitation for patients with COPD.

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ABS53: Does the clinical COPD questionnaire (CCQ) score reflect reality in individual patients?

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Introduction: Patient Reported Outcome (PRO) measures are important in assessing effectiveness in clinical trials. The use of PROs could also provide valuable information for health care professionals in routine clinical practice. The Clinical COPD Questionnaire (CCQ) is a validated 10-item PRO assessing the health status of COPD patients (Health Qual Life Outcomes. 2003 Apr 28;1(1):13). *Aims and objectives:* To assess the validity of the CCQ on individual level. *Subjects and methods:* COPD patients visiting two out-patient clinics completed the CCQ before consulting their pulmonologist. These CCQ scores were compared with (i) the CCQ score completed about the patient by the blinded pulmonologist directly after the consultation in the first half of the patients and (ii) data from a semi-structured interview with the patient. The interviews were transcribed, analyzed and converted to CCQ scores by the researcher. Differences in CCQ scores between patient and (i) doctor and (ii) interview were analyzed. The number of differences exceeding the Minimal Clinically Important Differences (MCID) of the CCQ (0.4) were counted. *Results:* 44 patients (mean age 66 (±7) yr; 72% male; FEV1% predicted 44 (±14); mean total CCQ score 2.2 (±0.9)) were included. The correlation between the doctor vs patient CCQ score (method i) was $r = 0.87$, $n = 22$. The correlation between the interview and the patient (method ii) CCQ score was $r = 0.93$, $n = 44$. The number (%) of times the difference in total CCQ score exceeded the MCID was 8 (36) and 4 (9) respectively between patient and doctor and patient and interview. The interviews suggest that differences in scores between interview based CCQ score and patient CCQ score can be explained by patients' cognitive level and multiple co-morbidity. *Conclusion:* The CCQ can be trusted in routine clinical practice to assess COPD related health status, because of the high agreement between measurements, and the low number of differences exceeding the MCID between CCQ scores based on the interview and completed by the patient.

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ABS54: Patients' experience of an exacerbation of COPD. Lessons for primary health professionals

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Introduction: Patients are at the centre of managing their own disease but need the skills and support from health professionals to do so. An exacerbation is an unwelcome interruption to self management though is rarely sudden in onset. Helping to support self care in COPD is poorly developed in primary care and research has focused on the physical parameters of exacerbations using quantitative methods rather than the patient experience. *Aims:* The project aimed to gain insight into people with experience of an acute exacerbation of COPD. *Objectives:* For participants to recount their story of their most recent exacerbation which required admission to hospital. To identify implications for health professionals practice particularly in supporting self care strategies in patients living with COPD.

Subjects and method:

8 patients (5 men, 3 female) Age range 59–73

8 patients were interviewed at home and asked to tell their story of their recent exacerbation. Interviews were audio-taped, supplemented with field notes and transcribed verbatim. Data were manually analysed using sequential content analysis.

Results: 5 main themes were identified and described. All participants had a period of deterioration over at least 4 weeks which they attempted to manage using a variety of self help strategies and steps but following no clear plan. There was universal fear of "the attack" and military style language described the response to "fight back". Fear that this was the final exacerbation was also described. The arrival of emergency services was welcome and confirmed to all the seriousness of the attack. The aftermath of the attack left participants weak and vulnerable both physically and mentally with the over riding sense that this would happen again.

Conclusions: Patients and their support network are central to the management of their own health professionals. Although they were to some extent able to recognise the warning signs of an exacerbation of COPD they lacked clear strategies for which actions to take. Health professionals may need help in order to support these patients more effectively.

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ABS55: A qualitative study of patient perceptions of home oxygen therapy

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Patient interviews provide a unique opportunity to identify common concerns and problems that may not be identified at the level of the general practitioner or hospital, and that may influence patient use of home oxygen therapy. The aim of this study was to describe the patients' perceptions of oxygen therapy and how it has impacted on their life. **Methods:** The study involved the use of semi-structured patient interviews to obtain de-identified qualitative data reflecting patient perceptions of home oxygen therapy. Five initial questions were used to develop a dialogue with the patient. Including:

How did you feel when you were told that you needed home oxygen therapy?

What are the pluses and minuses of home oxygen therapy?

The questions used were formulated after discussion by a group of Respiratory Unit health professionals. The interviews were tape recorded and transcribed into a rich text formatted data file for analysis using NVivo (QSR International Software) qualitative analysis software. The Ethics Committees of the Royal Adelaide Hospital (040816) and The University of Adelaide (H-106-2004) approved the study. **Results:** Qualitative data obtained from 17 face to face interviews. The interviews were recorded electronically and downloaded into computer software. Transcripts were coded to 12 themes covering the impact of needing oxygen, the participants' feelings about acquiring and having lung disease, their fears and some of the difficulties experienced. Categories and themes were developed around the objectives of the study. **Conclusion:** A feeling of 'embarrassment' was one of the most common occurring themes. During interview it was apparent that the patients expressed two further dominant themes of grief and loss for one's former self, and social isolation.

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ABS56: The last year of life of COPD: the carers' perspective

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Introduction: Without informal carers, many patients with chronic obstructive pulmonary disease (COPD) would be unable to remain at home in the later stages. **Aims and objectives:** To identify the contribution of carers, the information they received, and their satisfaction with their involvement in the last year of life of people who died from COPD. **Subjects and methods:** Questionnaire survey of the relatives of 209 deceased COPD patients in the year after death [1]. Questions related to the last year of life and included relatives' knowledge. **Results:** 52% responded. 29% were the spouse or partner, and 52% son or daughter. 60% provided help with personal care and 84% with household tasks. Over half were unable to find out all they wanted about the deceased's illness and its effect. 38% did not feel involved in decisions about the deceased's care. 79% of these wished to be more involved. 40% were not aware that the deceased might die. 78% of these would like to have known. More children than spouses/partners did not feel able to find out all they wanted to know about the illness. Carers who were children felt less involved in the decisions made about care and were less satisfied with their involvement. **Conclusion:** Much care at the end of life in COPD is provided by informal carers, often the spouse or children. Their needs should not be neglected. The needs of spouses and children may differ. The deceased's children knew less about the deceased's illness, were less involved in decision making and felt less satisfied with their involvement in the deceased's care than spouses. Carers should be adequately informed about the illness and possibility of death in COPD.

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Reference

[1] Elkington H, White P, et al. Palliative Medicine 2005;19:1-7.

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ABS58: Investigation of factors influencing family physician adherence to chronic obstructive pulmonary disease treatment guideline recommendations

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Introduction: Family physicians do not prescribe antihypertensive medication for the treatment of chronic obstructive pulmonary disease (COPD) according to current guidelines. This study investigates possible reasons for this. **Aims and objectives:** The objectives were to measure the knowledge, attitude and stated practice of family physicians to the initiation of pharmacotherapy for uncomplicated COPD and to explore the reasons why clinical practice differs from guideline recommendations. **Subjects and methods:** A cross-sectional postal survey conducted between April and November 2005. Telephone and facsimile contact was made to non-responders. The survey instrument included respondent characteristics, preference for initiation of drug therapy for COPD and their opinion of efficacy, adverse effects and long-term safety, as well as knowledge of guidelines. Participants: Family physicians in the Kharkov region, Ukraine. **Results:** Ranked preference of drugs for uncomplicated COPD. Opinion of drug efficacy, adverse effects, safety and cost. Knowledge of guidelines for first-line COPD drugs. Older agents are preferred