

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.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.149

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

A.J. Crockett^a, A. Wilson^a, R. Antic^b, H. Greville^b

^a Departments of General Practice & Clinical Nursing, The University of Adelaide, Adelaide 5005, Australia ^b Department of Thoracic Medicine, Royal Adelaide Hospital, Adelaide. SA 5005, Australia

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.

Conflict of interest and funding

This study was funded by the Royal Adelaide Hospital, Research Committee Project Grant Funding for 2005.

doi:10.1016/j.pcrj.2006.04.150

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

Helena Elkington^a, Patrick White^a, Julia Addington-Hall^b

^a Kings College London School of Medicine, Department of General Practice and Primary Care, 5 Lambeth Walk, London, SE11 6SP, United Kingdom ^b University of Southampton, United Kingdom

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.

Conflict of interest and funding

Funding by the Guy's and St Thomas Charity.

Reference

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

doi:10.1016/j.pcrj.2006.04.151

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

O. Korzh, S. Krasnokutskiy, E. Lavrova

Kharkov Medical Academy of Postgraduate Education, Ivanova St-4, kv-9, Kharkov, 61002, Ukraine

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