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.

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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.

Conflict of interest and funding

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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.

Conflict of interest and funding

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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

to newer agents in the initiation of drug therapy contrary to current guideline recommendations. Newer agents were not thought to be more efficacious, have better short- and long-term adverse effect profiles and be more expensive than older agents. Older doctors most often held these attitudes. Guidelines influenced decision making but were not the most important factor. **Conclusions:** There is a demonstrable need for governments to invest in the promotion of accurate information on drugs through continuing education of prescribers and facilitating the production of standardized paper and web-based clinical guidelines. A program of targeted investment in clinical trials that examine the justification for different classes of agents should also be considered in appropriate circumstances.

Conflict of interest and funding

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ABS59: The effects of integrated care for COPD patients on quality of life. Review and research design

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Introduction: The care-program COPD-Utrecht was developed to implement the national guidelines for the diagnosis and management of COPD. The program is executed in cooperation with a regional network organisation, Diagnosis for Health, and care providers. Diagnosis for Health has developed a computerized asthma-COPD consultation method for general practice which is executed by the practice assistant in cooperation with the general practitioner. The care-program COPD-Utrecht supports general practitioners in the diagnosis, prevention and treatment of COPD. **Aims and objectives:** The aim of this study is to (a) investigate the effects of integrated care programs for COPD-patients on the quality of life and (b) to evaluate the effects of the implementation of the care-program COPD-Utrecht on the quality of life and quality of care for COPD-patients, and the experienced labour satisfaction of the care providers. **Subject and methods:** (A) A systematic literature review of controlled trials is performed from January 1995 to September 2005, searching Medline and Embase for keywords related to COPD and quality of life. (B) A multicentred study in general practices in the region. Three groups of general practitioners are compared according to the following classification: 1. Participation care-program COPD-Utrecht and use of Diagnosis for Health method; 2. Participation care-program COPD-Utrecht en no use of Diagnosis for Health method; and 3. No participation care-program COPD-Utrecht and no use of Diagnosis for Health method. COPD-patients of the practices fill out a written questionnaire three times and care providers twice within two years. Patient outcomes are quality of life, dyspnoea, care consumption and health care satisfaction. Labour satisfaction is the main outcome for the care providers. **Results:** The results of the review will be available in March 2006. The multicentred study started in November 2004 and will take three years. The research design will be presented.

Conflict of interest and funding

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ABS60: Use of spirometry for early recognition of COPD in smokers

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Introduction: Some studies have been published on COPD screening with spirometry in primary care. Most of them are based in small samples and ideal situations. They are not representative of primary health care daily routine and do not usually perform reversibility testing. **Aims and objectives:** Early detection of COPD in smokers using office spirometry in a real primary care setting. **Subjects and method:** Smokers aged 40–69 visiting their doctor were included. We excluded patients with previous diagnosis of pulmonary disease, those with inhaled medication and with spirometry in the previous year. A descriptive study measuring socio-demographic variables, smoking habit and life-accumulated tobacco dose, MRC dyspnoea scale and other respiratory symptoms through patient interviews. Spirometry before and after inhaling a dose of 400 micrograms of salbutamol measured FVC, FEV1, FEF 25-75, FEM and FEV1/FVC ratio. **Results:** 212 patients were included, mean age 51 years. 52% were men, 71'3% active working, 26 pack-years on average. 206 tests with reversibility measurement were completed. 33 of them were not valuable. From the remaining 179 valid and negative reversible tests, 35 (20%) fulfilled COPD GOLD criteria. Prevalence was higher in men (28'4% vs 13'2% in women) ($p=0'017$). Mean age and tobacco packs-year were higher in COPD patients ($p=0'026$, $p=0'14$). Fifty four per cent were mild; moderate 43%; and 3% severe. 14 patients with normal spirometry had respiratory symptoms (GOLD 0). Only cough was more frequent in patients with COPD (51'4% vs 28%) ($p<0'001$). **Conclusions:** Screening of COPD with spirometry and reversibility testing is feasible in current general practice. Increasing age, tobacco exposure and cough are good predictors for a positive diagnosis of COPD. Reversibility testing does not add great value to spirometry for COPD screening.

Conflict of interest and funding

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ABS61: A Qualitative study of sleep experiences in subjects with moderate to severe Chronic Obstructive Pulmonary Disease (COPD)

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Introduction: Sleep disturbances are common in COPD and poor sleep reduces quality of life, causing fatigue, a prominent symptom associated with anxiety, depression and inactivity. Research into patients' attitudes and beliefs about sleep experiences can identify the most relevant issues and the need for intervention. **Aims:** To investigate sleep experiences in COPD, in order to (a) design a survey of sleep problems and (b) determine the need for simple interventions (e.g. sleep hygiene education). **Subjects and methods:** Ten subjects (six female) with moderate to severe COPD were recruited by a community specialist nurse. Transcriptions of semi-structured interviews were analysed by mapping key concepts and extracting emergent themes. Questionnaires describing sleep and symptom characteristics: Chronic Respiratory Disease Questionnaire (CRDQ), Hospital Anxiety and Depression Scale (HADS), Pittsburgh Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS). **Results:** All subjects were studied. Mean FEV1 predicted 31.8% (+7.7). PSQI: Eight subjects had poor sleep quality, six had severe problems with sleep latency, five with