403. Quality of diagnosis and assessment in primary care

P3760 How often do respiratory specialists agree with the diagnosis of COPD made in general practice? An audit of referrals to a community based COPD centre (BreathingSpace) in the UK
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The Rotherham BreathingSpace (BS) is a nurse-led community based centre for the delivery of specialist care for Chronic Obstructive Pulmonary Disease (COPD) in patients with uncontrolled symptoms and exacerbations. BS diagnosis and management showed some improvements in quality between 2007 and 2008 but highlighted the current UK Quality and Outcomes Framework used in general practice assessed only the quantity and not the quality of spirometry. The purpose of this audit was to assess the reliability of the diagnosis of COPD made in general practice when referred on to a specialist respiratory service (BS). A retrospective review of a random sample of COPD patient referral forms (N=398, 207 males and 191 females) sent to BS from general practice between May 2007 and Sept 2008 was undertaken. 213 (54%) of these referrals had spirometry measured on the referral (mean FEV1 p = 54, FEV1/FVC= 0.59). Of the completed assessments (N=341) BS agreed with GP diagnosis of COPD in 277 (81%) of patients and disagreed with the COPD diagnosis in 64 (19%) of patients. The BS COPD diagnosis were Asthma (N=30, 9%), Restrictive lung disease (N=20, 6%), non obstructive Emphysema (N=5, 2%), Bronchiectasis (N=2, 0.6%) and no respiratory disease (N=20, 6%). These findings suggest that 4 out of 5 COPD diagnoses made in general practice referred to our centre (BS) are reliable but there is still room for improvement. Further education and quality improvement is recommended in COPD diagnosis in line with national guidelines.

P3761 A survey of pulse oximetry use by general practitioners in East Berkshire, UK
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Introduction: The importance of measuring oxygen saturation in primary care is highlighted in many national guidelines, such as asthma (Thorax 2008; 63(Suppl 4): iv1-121), community-acquired pneumonia (Thorax 2009; 64(Suppl 3): ii1-55), Chronic Obstructive Pulmonary Disease and guidance on the use of emergency oxygen. Pulse oximeters are cheap, portable, and easy to use, but it is unclear whether they are widely utilized in the community setting.

Methods: Questionnaires were sent to all 54 general practitioner (GP) surgeries in the region - requesting information about their pulse oximeter use and opinions of their clinical value. A response from all practices was achieved by making telephone contact in the event the questionnaire was not returned.

Results: Twenty-one (39%) of the 54 surgeries did not own a pulse oximeter. Of these, 6/21 (29%) said they would not find one useful, and had no future intention of purchasing one. Ten of these 21 surgeries (48%) were keen to obtain one, but the main barriers to this were cost and the time required to research the market. The inner-city surgeries were less likely to have one – 8/17 (47%) inner-city surgeries vs. 25/37 (68%) outside the city. Of the 33 surgeries that did have an oximeter, 89% found them clinically very helpful, and the majority had just one machine (24/33 – 73%).

Conclusions: Over a third of GP surgeries do not own a pulse oximeter – despite clear indications for their use in the assessment of patients with respiratory illness. Highlighting these indications to GPs, in addition to outlining their relative low cost and ease of use may increase the popularity of this monitor of the “fifth vital sign” in primary care.

P3762 Using population insight studies to define effective prevention and identification interventions in COPD
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Background: In England over 3 million people are living with COPD. Only 350,000 are diagnosed usually at the more severe end of the disease spectrum. The national COPD programme highlighted the need for strategies both to prevent and identify COPD earlier in order to fundamentally change the disease burden and improve health. The national COPD programme highlighted the need for strategies both to prevent and identify COPD earlier in order to fundamentally change the disease burden and improve health. The national COPD programme highlighted the need for strategies both to prevent and identify COPD earlier in order to fundamentally change the disease burden and improve health. The national COPD programme highlighted the need for strategies both to prevent and identify COPD earlier in order to fundamentally change the disease burden and improve health. The national COPD programme highlighted the need for strategies both to prevent and identify COPD earlier in order to fundamentally change the disease burden and improve health.

Objectives: To establish optimum approaches to promote positive lung health behaviour and symptom recognition by individuals and populations at risk of COPD.

Methods: An extensive literature review was undertaken together with stakeholder interviews to identify reasons for limited popular awareness of COPD and under

stand the impact of behaviour change interventions. Focus groups and interviews with informants in priority population segments were used to derive and test insights into effective approaches.

Results: Behaviour change interventions in COPD are more effective if targeted on priority population segments. Collaboration with charities and commercial organisations can help to identify and engage people at risk. Behaviour change interventions should be tailored to the individual and the population segment. Measurement of lung age may increase likelihood of stopping smoking. For those who are healthy but at risk, messages should be positively framed around lung health. For those with symptoms, negative message framing around lung disease may be more effective in changing behavior.

Conclusions: Interventions tailored to the individual and population segment are more likely to be effective in changing behaviour. The results of this segmentation and insight work have informed the approach in England to the prevention and early identification of COPD.

P3763 Poor quality of health services at primary care level is the leading cause of uncontrolled asthma in India
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Background: Due to inadequate health resources in India the peripheral health care system is mainly run by non-qualified practitioners who are unaware of management protocols. This study attempts to assess the practices at primary care level.

Method: 200 patients of Asthma were diagnosed and selected for the study. Data was collected by interview at a tertiary care center and by auditing the prescriptions written. Non-qualified practitioners were also interviewed.

Observation: Of the 200 patients in the study 70.2% were previously diagnosed as asthma of which only 3.38% had undergone spirometry. 16.7% of the subjects were being treated by unqualified practitioners, while 38% and 44% by GPs (medical graduate) and physician (PG degree) respectively. 93% patients treated by the unqualified practitioners were uncontrolled or partially controlled. Among those treated by unqualified practitioners 64.3% were being inappropriately prescribed oral bronchodilators and oral steroids. Subjects treated by physicians received appropriate treatment with 81.1% and 67.6% receiving inhaled beta2 agonist and inhaled steroids respectively. GPs prescribed inappropriate treatment in a higher proportion (63%) and prescribed medications like oral steroids (34.4%), oral beta2 agonists (34.4%) and theophylline (38.8%). Only 15.5% of the subjects were being monitored by PEFR.

Conclusion: Asthmatics in India are being inadequately diagnosed, treated and monitored. Major reason is the poor understanding of practitioners especially with the guidelines –GINA especially in the case of unqualified practitioners and GPs. There is need to educate the practitioners particularly those at the periphery about the guidelines for asthma management.

P3764 Novel study design to assess the utility of the COPD assessment test (CAT)
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Background: CAT is a new, patient completed, questionnaire designed to provide a simple and reliable measure of health status in COPD. The CAT has been validated against other measures of quality of life and outcomes of COPD (Jones P et al, ERJ 2009;34:648-54). However, its ability to improve the dialogue between patient and physicians has not been evaluated. We set out to design a study to assess the impact of CAT on the quality of the consultation between a primary care physician (PCP) and COPD patients.

Methods: The CAT in Primary Care Study is a randomised, parallel group study conducted in 5 European countries. 160 PCPs without a working knowledge of CAT are recruited to the study. Each PCP completes 6 videoed consultations with standardised COPD patients (professional actors). PCPs are randomised to the CAT arm: with patient notes and CAT available in the consultations; or the non-CAT arm: with just the patient notes available.

Conclusions: Cases were developed to include usual patient issues, which the actors were trained not to proactively raise with the PCP. The cases and their CAT scores were independently verified.

Assessments are conducted by independent physicians. Each assessor will review 4 test cases for benchmarking. The assessments are based on the PCPs ability to...
do not measure underlying bronchial inflammation and their results are sometimes contradicting. Measuring fractional exhaled nitric oxide (FeNO) as a marker of eosinophilic airway inflammation might offer benefit.

Aim: To explore consequences of using FeNO as an adjunct to symptoms and spirometry for assessing asthma control in primary care.

Methods: We performed a cross-sectional analysis of two available cohorts of adult asthmatics. We assessed FeNO, lung function and Asthma Control Questionnaire (ACQ) levels in all participants. Pearson correlation coefficients were calculated between FeNO, ACQ, 5SFACQ; predicted and reversibility. In a scenario analysis, patients’ asthma control was categorized according to two established control markers, and FeNO as an extra marker.

Results: We included 147 and 160 patients (in total 63% female; mean age 35.4). Correlations between FeNO, symptoms and lung function were weak (max 0.240, between FeNO and reversibility). All three control markers were consistent in interpretation of asthma control in 25.7% of the population. In 28.1% symptoms and lung function were consistent but FeNO was contradicting and in another 46.3% the two established markers were contradictory.

Conclusions: We observed weak correlations between FeNO, symptoms and lung function in adults with asthma in primary care, which confirms that FeNO is an independent marker in assessing asthma control. In almost half the population, results of symptoms and lung function were contradictory regarding assessing asthma control, in this group FeNO may fine-tune categorization of asthma control.

P3768 A pilot study to detect airflow obstruction in smokers using spirometry in a local GP surgery

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Aim: To carry out a pilot audit to help identify smokers and ex-smokers in a local GP practice with spirometry to allow earlier COPD diagnosis.

Methodology: Over a 7 month period, subjects were identified from a GP practice database. The target population included smokers/ex-smokers over the age of 35 who had smoked a minimum of 10 pack years; recurrent or chronic respiratory symptoms; occupational exposure to respiratory irritants or family history of COPD. Patients known to have COPD or asthma were excluded.

Results: Out of 5,500 patients, 723 subjects were contacted and 203 had spirometry. In total 169 subjects had reliable spirometry which showed normal results in 80 patients (47.3%). AFO was present in 32/169 (18.9%—using NICE criteria). A further 50/169 (corresponding to GOLD stage 1 disease but not in the NICE guidelines) may be at risk giving a figure of 48.4% with AFO and possible COPD. Out of 92 patients who completed the questionnaire, 71 (77.1%) had not heard of COPD and 51% had respiratory symptoms. A further 50/169 (corresponding to GOLD stage 1 disease but not in the NICE guidelines) may be at risk giving a figure of 48.4% with AFO and possible COPD. Out of 92 patients who completed the questionnaire, 71 (77.1%) had not heard of COPD and 51% had respiratory symptoms.

Conclusion: Proactive screening of smokers with spirometry can increase COPD identification. We are planning to roll this project out using the new NICE COPD 2010 guidelines, which require spirometry to be performed on any smoker presenting for a check up. This project was funded by Astra Zeneca pharmaceutical company.

P3769 Effectiveness of supervised training program about spirometry in primary care

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Spirometry is an essential technique for diagnosing respiratory diseases but it is underused at Primary Care (PC) level. Training could help to improve the situation.

Objectives: To analyze the effectiveness of 2 months supervised training program about spirometry performance and interpretation.

Methodology: Interventional study, with measurements before and after, to improve the quality. Target population: doctors and nurses team, of 26 PC centers. Teachers: pulmonologists from our hospital (CHUVI). We designed a structured program showed in figure 1. To assess the effectiveness of this course, students were evaluated with a test-exam composed of 5 spirometries with 2 questions each one, at three different times: before initial training (test 1), after the end of the first working day (test 2), and on the 2nd working day (final test).

Results: Of 74 students, 72 (97.2%) completed training and 90% passed the exam. The mean punctuation in the different tests were: 4.1±1.9 in test 1, 7.5±1.6 in test 2 and 8.9±1.3 in the final test (p<0.0001). The number of supervised spirometries performed and interpreted correctly was 370 of 521 (71%) during the first month and 562 of 619 (90%) during the second month (p<0.0001).

Abstract printing supported by Chiesi Visit Chiesi at Stand D.30
Background: Despite the clinical interest and current treatments availability, more than a half of Spanish asthma patients fail to control their disease adequately.

Objective: To assess the degree of correlation between the asthma control perceptions by patients and by physicians.

Methods: Observational, cross-sectional and multicenter study that included patients with severe persistent asthma according to Spanish Guidelines for Asthma Management (GEMA). We calculated the degree of agreement between asthma control perceptions by patients, physicians and according to the GEMA.

Results: A total of 343 patients were included. Mean age (SD) was 48.1 (14.7) years and 1/3 were women. The assessment of the degree of asthma control according to GEMA criteria showed that only 10.2% of patients were controlled, 57.7% partially controlled and 32.1% poorly controlled. The correlation between patient’s asthma control perception and according to GEMA criteria showed that 16.6% of asthma patients who reached medical criteria for control, were not under the GEMA control assumptions (p < 0.001). Concordance between medical criteria and patient’s perception showed that only 57.9% of cases coincided for the control of asthma, while 40.7% of patients who felt controlled were not under physician opinion (p < 0.001).

Conclusions: Both patients and physicians overestimate asthma control, with higher control perception in patients.

P3771

Peak Flow is not strictly comparable by gauge and spirometry in many patients

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Peak Flow, usually measured by meter or gauge (PEFm), is commonly used in monitoring airway calibre in asthma and in COPD. Spirometry is increasingly used in COPD assessment in primary care. Most spirometers generate flow-volume curves yielding peak flow measurements (PEFvfl) which may also be used in monitoring patients. It is unclear how closely PEFm and PEFvfl relate in practice.

We determined PEFvfl (from 2 reproducible loops) using the Zan 100 spirometer and PEFm (best of 3 blows by Wright gauge) in 100 consecutive patients undergoing routine lung function.

General agreement between the 2 measures was good: mean PEFvfl was 333 (SD 139), mean PEFm was 317 (SD 137) L/min. However, PEFm was 20 L/min or more lower in 45 patients and 20 L/min or more higher in 12 patients than PEFvfl. The 2 measures differed by 40 L/min in 27 patients.

Simple visual inspection of F-V loops did not predict the difference between the 2 measurements. Larger differences did not occur in asthma or COPD patients than in others or correlate with airflow obstruction.

In this small study the order of measurements was not randomised and the population may not be generalisable but clinically significant differences were apparent in a large proportion of patients using the different techniques. PEF measurements in an individual should preferably be compared using the same equipment. Lung function laboratories should determine both PEFm and PEFvfl.
Conclusion: During the last 10 years, pharmacists know about asthma has not increased significantly. On the other hand they were more prone to use an inhaler for a demonstration. Training pharmacists about asthma seems still necessary.

P3774
Know it, check it, treat it – COPD consumer mobilisation campaign. A pilot study
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Background: COPD is under diagnosed and awareness amongst the public is low.

Aims: To develop and pilot a consumer mobilisation campaign to increase public awareness of COPD and encourage the undiagnosed local population to recognise symptoms and present for further assessment.

Methods: Insights into attitudes to COPD and motivators/barriers to health messages were collected through focus groups with local clinicians and members of the public. Key messages were communicated using a variety of media over a 3-month period. Pre and post campaign awareness amongst clinicians and the public was measured using market research techniques.

Results: Key insights from focus groups:
- Don’t focus on smoking. “We don’t like anti-smoking messages”
- Get people to join the dots between their symptoms and COPD. “It’s only just dawned on me that my cough is not normal”
- Make the message personal. “COPD may mean you become dependent on others” was a message that shocked people and would more likely prompt action.
- Make statistics real. “1 in 7 people registered more with the target audience than 3.7 million people have the disease”

Of 75 people surveyed post launch:
- Prompted awareness of COPD increased by 24% and its symptoms by 9% Of 25 general practices surveyed post launch:
- Awareness of the campaign amongst clinicians was high (80% unprompted)
- There was an average increase in diagnosis rates of 2 patients per practice prompted by the campaign (range 0-15)

Conclusion: COPD consumer mobilisation campaigns can increase public awareness and diagnosis rates. Further work is needed.

*Campaign developed and funded by Boehringer Ingelheim Ltd and Pfizer Ltd in collaboration with NHS Salford

P3775
Knowledge of pulse oximetry among general practitioners in south Australia
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Introduction: Knowledge of pulse oximetry among general practitioners is limited. No data are available about knowledge among general practitioners (GPs).

Aims and objectives: The aim of our study was to gain insight into the current knowledge, interpretative skills of GPs with regard to pulse oximetry.

Methods: A cross-sectional observational survey was performed. Overall knowledge of GPs regarding pulse oximetry was evaluated with help of a newly developed questionnaire (based on previously reported surveys). Secondary, the influence of saturation values on GP decision making was explored. GPs were asked to complete the questionnaire: 1) via a newsletter (containing a digital link to the questionnaire) that was emailed to GP networks in and around Adelaide (Australia); 2) in person during a workshop and conference.

Results: 42 GPs and 4 GP registrars participated. From the participants, 60.9% owned a pulse oximeter and 76.1% had experience with pulse oximetry. 58.7% believed they had not received adequate training in pulse oximetry. The overall mean score was 35.0% (SD 19.1%). A significant negative correlation between years of experience in general practice and knowledge was found (p<0.05). GPs with pulse oximetry experience scored significantly higher (p<0.05). Knowledge of the saturation value did not seem to influence the management plans of the GPs.

Conclusions: Knowledge of pulse oximetry seems poor among GPs and GP registrars. Good training is essential to prevent errors in the interpretation of pulse oximetry readings, which may have the potential of causing harm to patients.

P3776
Reliability of the FSI-10 questionnaire for the assessment of the usability of inhalers in Greek patients
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Introduction: The Feeling of Satisfaction with Inhaler (FSI-10) is a self-completed questionnaire designed to assess the patient opinions regarding the satisfaction and usability of the inhalers irrespectively of the drug used. It consists of 10 questions, each with 5 possible responses on a 5-point Likert scale scored from 1 to 5, respectively.

Objective: The aim of this study was to validate the Greek version of this questionnaire.

Methods: We performed an open, non-interventional, multicentre, parallel clinical study. The final group consisted of 422 subjects (192 females) aged between 16 and 87 years, who suffered from asthma or COPD and who regularly received their treatments exclusively via the inhaled route. All had already achieved mastery of their devices and they completed in full the Greek FSI-10 which had been translated by two specialists and back translated by another specialist. Statistical analysis was done by using SPSS version 17.0.

Results: The Greek version of the FSI-10 was easily understood and completed by the participants. Spearman’s rho correlation coefficients showed good relationships between questions and a positive contribution of the score of each question to the total score. No redundancy was observed. Cronbach test for the questionnaire as a whole showed a very good internal consistency (Cronbach’s alpha=0.923). Lower u values (0.907 – 0.922) were calculated, if any one of the items was consecutively deleted.

Conclusions: The reliability of the Greek version of the FSI-10 questionnaire was proven for the first time by this study. The instrument fits its purpose very well and can be used in multicentre clinical trials conducted in Greece.

P3777
Lung function disorders screening among the smoking patients in primary health care
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Background: Smoking is a major risk factor for chronic obstructive pulmonary disease (COPD). Prevalence of smoking in Russian Federation is one of the highest in the world: 39.1% of the adult population. The airflow limitation is not necessarily accompanied by certain symptoms and therefore some patients do not always seek for medical advice.

Aim: Early detection of airflow limitation and identification of risk factors for COPD among smoking patients in general practice in Northwest Russia.

Methods: 414 volunteers (smokers and ex-smokers) were invited to make the standardized lung function test and fulfilled the questionnaires (including the symptoms and smoking status). COHb% and carbon monoxide (CO) in exhaled air were established by MicroCO analyzer.

Results: Mean age was 42.1±13.6 years, 62.3% of the sample was males, and 80% of subjects were current smokers. The average smoking history was 25 pack-years for males and 14.8 for females. Subgroups of potential (smoking≥10 pack-years) and high (> 25 pack-years) risk of COPD were defined (68.1% and 30.7%, respectively). The high levels of CO and COHb (>3%) were revealed in 25.5% and 35.9% smokers, respectively. The cough and dyspnoea were the main complains (49.0% and 45.7%, respectively). Obstructive ventilation disorders were identified in 41.1% of subjects. The prevalence of obstruction increased with age and smoking history (p<0.001). Reversibility test was performed in 72% of all patients with identified disorders of lung function. COPD was detected in 28 patients (6%).

Conclusions: Early diagnosis of lung function disorders in smoking patients is an opportunity to identify individuals with increased risk of developing COPD.

P3778
The prevalence of respiratory infections in vaccinated patients with chronic obstructive pulmonary disease
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Aim: To estimate the prevalence of respiratory infections in immunized patients with chronic obstructive pulmonary disease (COPD).

Awareness of the campaign amongst clinicians was high (80% unprompted)

P3776
Reliability of the FSI-10 questionnaire for the assessment of the usability of inhalers in Greek patients
Nikolaos Grekas1, Katerina Athanasiou1, Katerina Papagatziarous2, Ourania Porichi3, Miguel Pernina-Tordera4, 1Clinical Research Department, Elpen Pharmaceutical Co Inc, Pikkem, Greece; 2Service de Neumología, Hospital Universitario de La Fe, Valencia, Spain

Introduction: The Feeling of Satisfaction with Inhaler (FSI-10) is a self-completed
Method: 476 patients with chronic obstructive pulmonary disease were followed up during the years 2007-2009. All patients were over sixty years old and vaccinated against influenza and pneumonaeu. The exacerbations, the hospitalization and the deaths were noted down.

Results: During the year 2007, 157 patients (33%) went under exacerbation, from those 16 (10%) required hospitalization and 2 deaths were recorded. In 2008, 114 (24%) appeared exacerbation, 4 (3.5%) of them required hospitalization. No death was recorded. During 2009, 124 patients (26%) of the total exacerbationed, 6 (4.5%) of them needed to hospitalize and 1 death was recorded. Totally the percentage of deaths reached only a 0.6%.

Conclusions: The mortality in vaccinated against influenza and pneumonaeu patients seems to be negligible. However, the quality of life seems to be affected because of exacerbations and hospitalization which discomfort a significant percentage of COPD patients.

P3779
Evaluation of lung function on asthma patients cared by primary care physicians
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Aim: To know the characteristics of patients diagnosed as asthma in primary care.

Methodology: Multicenter epidemiological, transversal and observational study performed in patients diagnosed as asthma in primary care and treated with an inhaled drug (bronchodilator and/or inhaled corticosteroid). All patients signed informed consent.

Results: We included 4,188 patients diagnosed with asthma, of which 2450 (60.2%) were women. The mean age was 50.5 years (SD 17). 1486 patients (36.6%) had a normal body mass index according to WHO classification. 818 (19.6%) were current smokers. 1,214 (30.3%) had a previous history of atopy. 1,960 (49.3%) had a family history of asthma. Only 1369 (34.9%) did not complain of dyspnea (MRC = 0). 2550 (60.9%) were treated with a combination of an inhaled corticosteroid and a long acting beta-2 agonist. Only 252 (6%) had a bronchodilator test. By using the SF-12 questionnaire, the health status of 1556 (37.3%) was defined as fair or poor.

Conclusions: It is important to continue working to get a proper diagnosis and better control of asthma patients in primary care. To improve the diagnosis and disease monitoring we must encourage the use of spirometry in primary care.