ABI026: Integrated care for COPD Prim Care Respir 2002 11(2) §3

Author(s): Dr Rupert C. M. Jones, Respiratory Research Unit, Department of Primary Health Care and General Practice, Universit of Plymouth, England

Backgroun %COPD is a common progressive debilitating condition affecting 4% of adult aged 65-74 years. It is responsible for around 12 of acute medical admissions in the UK, and carries a growing burden of human and financial costs. COPD is preventable if detected earl and the patient stops smoking. However it remains asymptomatic until irreversible damage has been done. Primary care is in a position t belief with prevention and management at all stages of the disease, but until recently has done little about it. Recent guidelines have bee difficult to put into practice, particularly in relation to spirometry in primary care.

Drug treatments produce little benefit especially in more advanced cases. Pulmonary rehabilitation is effective, but access is patchy Expensive treatments such as oxygen and nebulisers are often used inappropriately. Many patients have severe distress and their needs ar not being catered for

Changes in the NHS provide new opportunities to provide services which cross traditional boundaries of primary and secondary care. I Plymouth, a new system of integrated care is being developed. It is based around respiratory nurse specialists employed by the Primary Car Torust. They are working to: (1) Support primary care nurses in performing spirometry well to detect early cases of COPD, (2) Refer to Plymouth smoking cessation services, (3) Identify and support patients at risk of admission or with significant disability, (4) Arrang gessessments long term oxygen therapy and formal nebuliser trials, (5) Support patients in their homes during exacerbations, providin synditional services and expertise to prevent admissions. (6) Facilitate early supported discharge. Funding has been obtained for a respirator specialist physiotherapist. She will work with a nurse and a specialist GP on the community-based pulmonary rehabilitation programme We would like to discuss our developing systems of care with others interested in this field in Europe

Keyword e COPD, respiratory nurse specialists, integrated car

ABI027 (A proposed international survey of community-based pulmonary rehabilitation *Prim Care Respir* 2002 **11(2)** §3 **Author(s): Rupert C M Jone**

Backgroun nPulmonary rehabilitation (PR) is an effective intervention for patients with moderate to severe COPD. In UK, PR has bee drovided mostly in hospitals, recently community based are becoming more common. Advantages of community based PR include improve accessibility and social cohesion within the groups.

The current level of provision of PR in the community is not known. As community based PR programmes are often performed by non specialists and use different methods and outcome measures, quality control becomes increasingly relevant. However it is difficult t compare the effectiveness of different programmes as no standard data are collected.

saim : To

- a) describe the current availability and methods used, of all community based pulmonary rehabilitation scheme in the UK
- b) establish a network of programmes with agreement as to the key outcome measures to be recorded.
- c) set up a database so that groups can compare their results with others.

Method: Comprehensive survey of all UK community based programmes:

Part yIdentifying all programmes: a letter asking about the presence of rehabilitation programmes will be sent to all primary and secondar Rare specialists, health authorities and other appropriate groups. We will cross-check the effectiveness of these methods in identifying P programmes which we know to exist

Part EA telephone survey of the methods of rehabilitation including: composition of the rehab team, the duration and contents of th programme, methods of assessment e.g. exercise testing and health status questionnaires.

Those identified will be invited to join a PR network and common outcome measures. A database will be formed for comparison of dat from different groups.

We are interested to discuss this proposed project and hear views about the value of extending the survey in Europe

ABI028: Association between familiar predisposition of asthma and IgE in infants 5 days post-partum (*Prim Care Respir* 2002 **11**(2) §3

tAuthor(s): Sandra Kuiper, Dept. Of General Practice, Universiteit van Maastrich

Backgroun sIn this study we investigated the relation between first degree familiar predisposition of asthma and IgE in infants five day postpartum

Aim/Metho hIgE was determined in blood collected with the heel prick making sure that the results are not disturbed by contamination wit finaternal IgE. The high risk group consists exclusively of infants with a first degree familiar predisposition of asthma, instead of a mix o fisthma, hay fever, atopic eczema and food allergy as in other studies. Total IgE was determined using a modified RAST. A random sample o 301 infants was taken from a prospective birth cohort of 733. Infants in the high risk group (n=193) had at least one family member wit asthma. In the control group (n=108) this predisposition was not present

Result e We observed a statistically significant difference in total IgE (p=0.025) between the high risk group (75th percentile=0.32) and th control group (75th percentile=0.21) five days postpartum. This difference could not be attributed to sex

Conclusio: We assume that familiar predisposition of asthma is associated with IgE five days postpartum.

Keyword s familiar predisposition, IgE, asthma, infant