

ABI036: Definitions of severe and difficult asthma by a group of UK general practitioners *Prim Care Respir* 2002 11(2) 67

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Aim : This qualitative study explores how general practitioners (GPs) in the United Kingdom perceive "severe" and "difficult" asthma

Method : 13 GPs were interviewed using grounded theory method, the interviews were recorded, transcribed and analysed for themes pertaining to severe and difficult asthma

Result : GPs conceptualised 'severe' asthma and 'difficult' asthma in different ways. 'Severe' asthma was understood in more medical terms where 'difficult' asthma tended to be asthma that was difficult to get under control due to a variety of reasons including social and psychological patient variables. Perceived patient barriers fell into five main categories; knowledge (e.g., lack of understanding of medication and/or disease), identity, coping, health behaviours (e.g., smoking) and other, non-disease, factors such as chaotic lifestyle. Two GPs expressed difficulty using the term 'difficult' asthma due to the excessive numbers of terms being used in asthma and the pejorative nature of this term

Conclusion : The different conceptions found in this study confirm that there is no one agreed definition for "severe" or "difficult" asthma. However, most interviewees defined "difficult" asthma using a broader, biopsychosocial definition than that applied to severe asthma. This research is part of an ongoing study investigating healthcare professionals' experiences of, and attitudes towards, managing severe and difficult asthma

Keyword : severe asthma, difficult asthma, definition

ABI037: Occupational status and bronchoprovocative factors in relation to health-related quality of life in patients with COPD. (cross-sectional study in general practice) *Prim Care Respir* 2002 11(2) 67

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Objective : To investigate (1) associations between occupational status, work-related airway symptoms and quality-of-life and (2) the relationship between quality-of-life and bronchial symptoms due to common provocative exposure (e.g., domestic dust exposure, smog) in patients with chronic obstructive pulmonary disease (COPD) in general practice.

Design : Secondary analyses on baseline data from the COOPT study, a randomised controlled trial investigating the effectiveness of fluticasone and N-acetylcysteine in COPD. Patients were subdivided into four groups according to their occupational status: 'paid employment'; 'no paid employment'; 'incapacitated for work'; and 'retired'. Quality-of-life was assessed by Chronic Respiratory Questionnaire (CRQ). This questionnaire measures four domains of health status, i.e. 'activity', 'emotions', 'fatigue', and 'mastery'. Susceptibility to exposure to common bronchoprovocative factors was assessed with an ad hoc questionnaire. Between-group differences in CRQ scores and associations between CRQ scores and work-related airway symptoms were analysed using univariate and multivariate techniques.

Result : 320 COPD patients were included (mean age 59.4 [SD 9.6] years, FEV₁ % predicted 60.5 [SD 18.8]). Univariate analysis revealed differences in FEV₁ % predicted between occupational status subgroups (p<0.001): paid work 65.3% (SD 16.7), no paid work 58.5% (SD 18.7), incapacitated for work 64.1% (SD 20.5) and retired 54.8% (SD 18.1). Multivariate analysis showed that patients incapacitated for work had statistically significant lower CRQ total, activity, fatigue and mastery domain scores compared with patients in paid employment. In those employed (n=93), severity of work-related airway symptoms correlated with the CRQ total score (r=-0.48, p<0.001). Univariately, patients susceptible to many common bronchoprovocative factors had a lower total CRQ score (r=-0.42, p<0.001).

Conclusion : In patients with COPD, quality-of-life may depend on susceptibility to common bronchoprovocative factors. COPD patients who are incapacitated for work show equal severity of airflow limitation, but worse quality-of-life compared with patients in paid employment.

ABI038: A pilot survey undertaken by the International Primary Care Respiratory Group of international delivery of care for COPD *Prim Care Respir* 2002 11(2) 67

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Introduction : Although COPD is a huge healthcare burden globally it remains difficult to analyse differences in international management and share successful management strategies across countries or implement internationally agreed protocols and guidelines. This pilot study examines how COPD is managed in primary care in ten separate countries to understand variation in responses to questionnaire themes which include: diagnosis, management, therapeutic interventions, use of referral for specialist care, attitudes to COPD, and guideline awareness.

Method : A multicenter, questionnaire based international pilot study was undertaken in 10 countries in 30 centres. Questionnaires were administered to an opportune sample of 60 primary care physicians in each country.

Result : A between countries comparison was apparent and variation was recorded in responses to: diagnosis, management, therapeutic interventions, use of referral for specialist care, attitudes to COPD, and awareness of national and international guidelines for COPD.

Discussion : Results suggest the need for a larger sample size for a larger randomised follow up study to detect statistically significant differences in each of the questionnaire's primary care themes. Present findings will be followed up by the next phase of the study which is primarily to compare differences between countries in extent and methods of delivery of care in primary care for COPD. The subsequent phase will also provide a secondary analysis to (1) describe the variation within countries of COPD delivery of care. (2) provide a validated tool that can be used within countries to compare variations in delivery of care for COPD (3) collate national data on process of care and outcomes for COPD for participating countries and (4) determine if any factors reported by this questionnaire are associated with outcomes at a national level

Keyword : Chronic Obstructive Pulmonary Disease, international, delivery of care, diagnosis, management, therapeutic interventions, referral, specialist care, attitudes, guideline