UNLOCK: Uncovering and Noting Long-term Outcomes in COPD to enhance Knowledge

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Background

Primary care researchers co-ordinating databases from the United Kingdom, the Netherlands, Sweden, Norway, Spain and Australia are glad to announce the UNLOCK study: Uncovering and Noting Long-term Outcomes in COPD to enhance Knowledge. The group met at the IPCRG 2010 World Congress in Toronto and at a subsequent meeting at Stansted in September 2010.

Objectives

UNLOCK researchers recognise the need for establishing a common international dataset of relevant diagnostic and follow-up variables for COPD management in primary care. The primary purpose of the dataset is evaluation of the burden of disease (symptoms, limitations and exacerbations), the natural history of disease, treatment and follow-up, and co-morbidities in unselected primary care populations.

Dataset

The UNLOCK dataset should reflect the feasibility of data capture in real-world clinical practice, and ensure clinical relevance and completeness of the recorded data. Existing primary care datasets will be coupled and pooled to carry out analyses as appropriate to answer the group’s research questions. Each country will create and maintain its own database which will be merged, as appropriate, in order to answer specific research questions.

IPCRG Research Needs

The UNLOCK researchers will tie-in with the recent IPCRG Research Needs Statement\textsuperscript{1} that identified a number of relevant issues in the diagnosis and management of COPD in different countries. Amongst others, pressing research questions currently considered are:

- Patient- and physician-related factors affecting outcomes and standards of care
- Impact and clinical meaning of constant diagnostic reclassification
- Comparison of different measures of health status and use of composite indices
- Relationship between health status and pulmonary function
- Long-term natural course of COPD in primary care

Invitation to join

Interested researchers are invited to collaborate with the group on a worldwide basis; a pre-requisite to collaboration must be the ability to contribute primary care patient data on COPD.

Reference


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