Patients’ and doctors’ opinion about the disease prognosis, in stable COPD patients in Greece
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Aim: Patients and doctors opinion on the COPD status and management are rarely assessed. This study aimed to find out levels of agreement and satisfaction on COPD prognosis between doctors and patients.

Methods: A total of 544 stable COPD patients from Greece were assessed through a cross-sectional study. Patients demographic data, previous treatment, lung function testing and co-morbidity were recorded. Every patient and doctor completed an additional questionnaire respectively regarding satisfaction issues. Descriptive were estimated as well as chi-square test, which was applied on variables regarding the patients’ and doctors satisfaction about the disease.

Results: An agreement between patients and doctors was found in most of the answers. Agreement was found in 31.5% of the answers on issues as: enough worries about the disease’s status. 53.1% of the doctors believed that their patients’ disease status could be improved while the 39.4% of the patients shared the same opinion. Only, 13.7% of the doctors and 6.8% of the patients thought that the disease's status couldn't be improved in the future.

Conclusion: Patients’ and doctors’ opinions about the prognosis of the disease were significantly similar, with the doctors being more positive regarding possible disease improvement. Finally, most patients gave answers of medium or high levels of satisfaction referring to the way of coping with their disease.

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Efficacy of case method education in COPD on professional practice in primary care and patients’ health: randomized control study.

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Research question: How does a professional training program based on case methodology affect quality of COPD care by primary care physicians' (PCPs) and quality of life, health status, symptoms, exacerbations, medication and smoking cessation in patients with COPD?

Background: Research shows evidence based guidelines for COPD are poorly followed in Sweden. Interactive educational meetings are shown more efficient than traditional lectures in cardiovascular prevention in general practice. This study is an RCT aiming at assessing the effects of a professional COPD training program based on case methodology (interactive educational meetings) on professional practice and healthcare outcomes.

Possible methodology: 80 PCPs in Stockholm County and 320 randomly chosen patients to them in matched intervention and control groups participate. PCPs obtain COPD training using mixed case methodology and didactic formats (intervention), or didactic lecture only (control). Outcomes are measured in base line and one year after the intervention. Validated patient questionnaires are utilized. For PCPs, a questionnaire focusing on practical COPD management is constructed using Rasch analysis. Logistic regression and multivariate variance analysis are used.

Questions to discuss: In light of the complexity of primary care, should educational interventions for PCPs generally be based on practical interactive training in order to change PCPs’ behavior and improve patients’ health?

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COPD EXACERBATIONS RISK VARIES ACCORDING TO PATIENTS CHARACTERISTICS

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Aim: Assessing annual exacerbations is important for the COPD management, however data connecting exacerbations with patients characteristics, education level and other social and habit factors are scarce.

Methods: Data were selected from 544 stable COPD patients from Greece through a prospective cross-sectional study, with 50 private doctors as participants. Every patient and doctor completed an additional questionnaire respectively. Basic descriptive statistics were exported in SPSS 19.0 for all variables. Chi-square test and binary logistic regression were applied on several demographic and other patient’s characteristics to estimate risk for exacerbation.

Results: Most of the patients were of white/ Caucasian race, married, living at urban regions, of lower or medium level of education and of stable present disease status. No significant variation between genders was found. Their disease was first diagnosed, mainly in private clinics (65.2%) or public hospitals (21.9%). Higher risk for exacerbation was detected in patients of age >50 (OR=1.4, 95% CI=1.032-2.482, p <0.001), pensioners (OR=1.2, 95% CI=1.039-1.847, p <0.001), those of primary school education (OR=1.3, 95% CI=1.038-1.593, p <0.001), those who lived in urban regions (OR=2.1, 95% CI=1.428-3.124, p <0.001) and smokers (OR=2.3, 95% CI=1.837-3.174, p <0.001).

Conclusion: COPD exacerbations varies according to different demographic characteristics, living conditions and tobacco habit among stable patients in Greece. The risk for exacerbation of the disease depends significantly on these characteristics.

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FLUTICASONE/FORMOTEROL THERAPY: TREATMENT EFFECTS IN PATIENTS BY BASELINE ASTHMA SEVERITY
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Aim: The ICS fluticasone propionate (FLUT) and the LABA formoterol fumarate (FORM) have been combined in a single inhaler (FLUT/FORM; flutiform®). A double-blind, parallel group study was carried out to assess the efficacy and safety of FLUT/FORM vs FLUT and FORM administered concurrently (FLUT+FORM). This is a post hoc analysis comparing the efficacy of FLUT/FORM 500/20μg with 100/10μg by baseline asthma severity.

Methods: 620 patients were randomised 1:1:1:1 to receive FLUT/FORM 500/20μg, 100/10μg, FLUT+FORM 500μg+24μg or FLUT 500μg (all bid), stratified by % predicted FEV1 at baseline [≥40–≤60%: severe asthma, 52% patients, vs >60%–≤80%: moderate asthma, 48% patients], to allow a post hoc analysis of spirometric and symptom-based endpoints.

Results: No dose-response was found between FLUT/FORM 500/20μg and 100/10μg for spirometric variables overall or in either group. Almost all symptom-based endpoints showed treatment effect differences between the doses (in favour of the high dose; more so in the severe asthma group), e.g. changes in mean symptom and mean sleep disturbance scores, % symptom-free and % rescue medication-free days, awakening free nights, % asthma control days, AQLQ score and asthma exacerbations. For severe asthmatics the differences between FLUT/FORM doses were statistically significant for sleep disturbance scores [treatment difference -0.138; 95% CI -0.265, -0.012; p=0.032], % awakening-free nights [treatment difference 11.754; 95% CI 2.234, 21.274; p=0.016] and mean AQLQ score [treatment difference 0.302; 95% CI 0.013, 0.591; p=0.041].

Conclusion: High-dose FLUT/FORM was consistently associated with greater symptomatic treatment benefit than low-dose for severe asthmatic patients: these data provide a rationale for dose escalation with FLUT/FORM.

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LONG-TERM SAFETY AND EFFICACY OF FLUTICASONE PROPIONATE/FORMOTEROL FUMARATE COMBINATION THERAPY IN PATIENTS WITH ASTHMA

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Aim: The ICS fluticasone (FLUT) has been combined with the LABA formoterol (FORM) in a single inhaler (FLUT/FORM; flutiform®) for the maintenance treatment of asthma. The aim of this study was to assess the long-term safety and efficacy of FLUT/FORM.

Methods: In this open-label continuation study, 280 patients (aged ≥12 years) with asthma (baseline forced expiratory volume in 1 second [FEV1] % predicted 40–80%) who had completed 12 weeks’ treatment with FLUT/FORM 250/10 µg or FLUT 250 µg b.i.d. received FLUT/FORM 250/10 µg b.i.d. for ≤60 weeks. Lung function was assessed pre-dose and at 5, 15, 30 minutes, 2 and 4 hours post-dose on day 1 and at weeks 2, 12, 24, 36, 48 and 60.

Results: The most common adverse events (AE) were nasopharyngitis (19.6%), pharyngitis (10.7%), rhinitis (8.2%), bronchitis and headache (both 7.1%). No drug-related serious AEs were reported. The incidence of severe exacerbations (asthma deterioration requiring additional therapy [e.g. systemic steroids], or A&E visit or hospitalization) was low (2.1%, n=6); mean time to onset of severe exacerbation was 237 days (range, 37–413). Increases from baseline in FEV1, FEV1 % predicted and forced vital capacity (FVC) were observed at every assessment time point from day 1; these improvements were sustained over 60 weeks (Table).

Conclusion: FLUT/FORM is generally well tolerated and provides clinically relevant, sustained improvements in lung function during long-term therapy.

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