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COPD registry provides useful information for strategic service planning
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Introduction
Chronic obstructive pulmonary disease (COPD) is a prevalent and costly disease associated with substantial morbidity and mortality worldwide. Aims of management include relief and amelioration of symptoms, and reduction of risk of future adverse health events such as exacerbation. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines 2012 classified patients into four groups based on symptomatology, lung function and exacerbation phenotypes. Different treatment options were assigned to each group. We studied a cohort of COPD patients being managed in our specialist outpatient clinic (SOPD) to gather information for strategic service planning.

Objectives
1. To define different groups of COPD patients being managed in SOPD of Department of Respiratory Medicine of Kowloon Hospital (KH RMD).
2. To assess prevalence of co-morbidities
3. To examine treatment adherence to GOLD guidelines

Methodology
A COPD registry was set up in SOPD of KH RMD in January 2012. All out-patients with a clinical diagnosis of COPD were included. Their demographic data, medical co-morbidities, latest spirometry results, COPD Assessment Test (CAT) score, pharmacological and non-pharmacological treatment received were recorded. They were classified into groups A (mildest), B, C & D (most severe) according to GOLD guidelines. Patients with spirometry confirmed COPD were included in statistical
analyses.

**Result**

Since January 2012 till January 2015, 760 patients were included in the COPD registry. Diagnosis was confirmed by spirometry in 84.6% of them. They were mostly elderly men (mean age 74.2±9.6; 92.4% male). Most of them smoked (smoking history in 95.8%) and suffered from severe COPD (71.9% were either groups C or D). Nine patients from group D required home NIV. About 92.6% of LTOT users belonged to group C or D (162/175, p<0.05). There was a higher prevalence of ischaemic heart disease and hypertension in patients from groups C or D compared with patients from groups A or B (p<0.05). Long acting bronchodilators and/or combination therapy (inhaled steroid plus long acting beta-agonists) were appropriately given to 97% of our patients as recommended by GOLD guidelines. Vaccination rate was less than 50% for both influenza (40.2%) and pneumococcal (32.3%) vaccines. Recruitment rates for pulmonary rehabilitation program (PRP) and patient self-management program were low (24.9% and 4% respectively). Effort should be made to promote vaccination and encourage patient recruitment to PRP and patient self-management program. In conclusion, a COPD registry helped us understand our COPD patients, identify current service gap and guide future service planning.