

MC1.2	Respiratory Medicine	13:15 Convention Hall A
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The Burden of Chronic Obstructive Pulmonary Disease (COPD) in Hospital Authority

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In 2005, chronic obstructive pulmonary disease (COPD) ranked second as the respiratory cause of hospitalisation and inpatient bed-days (BDO) (Respirology 2008). It was concluded that COPD is a costly disease, especially in the elderly population.

COPD inpatient statistics analysis of the Hospital Authority (HA) from Clinical Data Analysis Reporting System (CDARS) between 2006 and 2012 showed a steady number of discharges due to COPD (23,661 to 27,549/year). The number of headcounts (HC) of COPD was steady at 10,631 to 11,539. The average number of admissions/HC of COPD ranged from 2.2 to 2.4/year. From 2006 to 2012, there was a decreasing trend of inpatient BDO from 185,343 to 160,094/year. The percentage of BDO due to COPD out of all medical cases reduced from 8.1% to 6.4%. The average length of stay (ALOS) showed a decreasing trend from 7.1 to 6.6 days. The mean age of patients increased steadily for male, female and all patients (from 75.2, 81.5 and 76.5 years respectively to 76.6, 83.0 and 77.7 respectively). There was a fluctuating but decreasing trend of deaths due to COPD (from 739 in 2006 reduced to 654 in 2012). There was a dramatic increase in the use of non-invasive ventilation (NIV) for COPD patients from 704 episodes in 2006 to 3,516 episodes in 2012. There was also a gradual increase of mechanical ventilation for COPD patients from 82 episodes in 2006 to 169 episodes in 2012.

In conclusion, there was a persistent inpatient burden due to an increasing age of patients with COPD. The decreasing BDO, ALOS and controlled admission was probably due to better multidisciplinary, community care and medications. Despite an increasing age of patients, the decreasing trend of COPD mortality might be related to the appropriate use of NIV.