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Title: Use of prognostic indicators to identify patients with end stage COPD: A survey of South-West (SW) England clinicians

Dr. Marianne 4942 Tinkler mariannetinkler@hotmail.com MD ¹, Dr. Mark 4943 Gillam markwgillam@gmail.com MD ² and Dr. Tobenna 4944 Onyirioha Tobenna.onyirioha@gwh.nhs.uk MD ². ¹ Respiratory Department, Musgrove Park Hospital, Taunton, United Kingdom, TA1 5DA and ² Respiratory, Great Western Hospital, Swindon, United Kingdom, SN3 6BB .

Body: The application of prognostic indicators to identify COPD patients approaching end of life is recommended in UK NICE Quality Standards. Identification facilitates advanced care planning. The extent to which clinicians apply or appreciate these indicators is unclear. A questionnaire was sent to 185 West Country Chest Society (WCCS) members. on their use of prognostic indicators. Response rate was 30% (55/185). 53% consultants, 32% SpR's, 8% COPD Nurses, & 6% GP's. 92% felt they had sufficient experience to identify end stage disease, 22% thought they did this well. Time limited 61%. 93% felt experienced & capable to have end of life discussions.

Prognostic Indicators Used for Identification

	Always	Often	Rarely	Never
FEV1	53%	24%	11%	2%
Weight loss	26%	46%	6%	22%
Number of admissions	44%	40%	4%	2%
Right Heart Failure	42%	18(33%)	7(13%)	2%
Number of Steroid Courses	33%	20(37%)	9(16%)	2%
Other Co-Morbidities	33%	26(47%)	1(2%)	6%
Albumin level	0%	13%	49%	22%
Skipped Question				11%

There were wide differences in the value respondents placed upon indicators: 57% considered predicted FEV1 < 30% equated with end-stage disease but 11% don't use. 27% don't use weight loss. 21% use NIV during admission, 62% home NIV & 61% LTOT as an indicator. Psychological/social impacts of disease were assessed respectively by 29%/37% ("always") and 51%/59% ("often"). **DISCUSSION** There is variable

use of prognostic indicators. Reasons may reflect individual clinician's learning requirements, experience or confidence in the indicators themselves and further study is needed to understand the specific causes for the variable approach and the constraints time places upon this important aspect of care.