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Title: COPD: GOLD 2011 and implications for clinical practice

Ms. Dulce 24084 Apolinário dulce.apolinario@sapo.pt MD ¹, Mr. Ricardo 24085 Reis ricardomcreis@gmail.com MD ¹, Ms. Ana Isabel 24086 Loureiro ani.roque@gmail.com MD ¹, Ms. Cláudia 24087 Pinto csmnspinto@gmail.com MD ¹ and Mr. Abel 24088 Afonso abelafonso@hotmail.com MD ¹. ¹ Pulmonology, Centro Hospitalar De Trás-os-Montes e Alto Douro, Vila Real, Portugal .

Body: INTRODUCTION The 2011 Global Initiative for Chronic Obstructive Lung Disease (GOLD) contains significant changes in terms of classification and treatment. AIMS To compare the GOLD 2011 and 2010 classification system in COPD patients and evaluation of its clinical and therapeutic implications. METHODS Application of both GOLD classifications in COPD patients followed in a Pulmonology consultation who consecutively performed pulmonary function tests (PFTs) from March to August/2012. Data were collected by clinical consultation or telephone interview, two weeks or less after PFTs. RESULTS Sixty-five patients were evaluated (69.2% men, mean age 68.8+10.7years), 58.5% with smoking habits. Using the GOLD 2010, 49.2% were stage II, 23.1% stage III, 13.8% stage IV and 13.8% stage I. With GOLD 2011, 40% belonged to group B, 38.5% group D, 15.4% group A and 6.2% group C. The mean COPD Assessment Test (CAT) score was 17.8+10.1. One year history of exacerbations was present in 49.2% patients. CAT score was correlated with FEV1 (r = -0.39) (p<0.001) and with number of exacerbations (r = +0.47) (p<0.001). Regarding the GOLD classifications, short-acting bronchodilators were, respectively, indicated in 13.8% (2010) and 15.4% (2011), long-acting bronchodilators (LABD) in 49.2% (2010) and 40% (2011), LABD with inhaled corticosteroids (ICC) in 26.2% (2010) and 33.8% (2011) and oxygen in 10.8% (both). The 2011 GOLD classification lead to treatment change in 21.5% patients. CONCLUSIONS We found a significant correlation, albeit weak, between symptoms, and both airflow obstruction and exacerbations reinforcing the inclusion of clinical scores in the classification. Implementation of the 2011 GOLD resulted in treatment changes in 21.5% of patients.