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**Title:** COPD in primary care in Sweden – An 11 years epidemiological register study

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**Body:** Background Analysis of longitudinal clinical practice data yields important information about disease characteristics, natural course and disease management. Objectives To describe chronic obstructive pulmonary disease (COPD) in primary care in Sweden with special reference to management, co-morbidity, and life expectancy (NCT01146392). Methods Primary care medical records' data on COPD patients  $\geq 18$  years was linked to national hospital, drug, and cause of death register data for 1999 – 2009. Index date was first COPD diagnosis. Exacerbation defined as hospitalisations, emergency room visits, prescription of oral steroids, or antibiotics for COPD. Results Study population; 21,361 patients (47% males; 68.0 years). During the two years before index 77% had exacerbations, 40% prescribed oral steroids, 62% antibiotics, and 27% had inhaled steroids (ICS). During the 11-year period, COPD was to a larger degree first diagnosed in primary care (59%, 1999; 81%, 2009); and mean age at diagnosis decreased by 7 years (73 to 66 years). Prescriptions of tiotropium and fixed ICS/LABA (long-acting  $\beta_2$ -agonists) combinations increased to 36% and 37%, respectively; while ipratropium, LABA and ICS showed stable/decreasing trends. Exacerbations simultaneously decreased from 3.0 to 1.3 exacerbations/patient/year. Diagnosis of co-morbidities increased from index to 8 years after; diabetes from 12 to 19%, heart failure 16 to 26%, and lung cancer 0.94 to 1.47%. Mean life expectancy was  $8.3 \pm 6.8$  years shorter than for the average Swedish population. Conclusion Management of COPD improved during the study period, with earlier diagnosis, primary care focus, changes in treatment options and decrease of exacerbations. Study sponsor; AstraZeneca.