European Respiratory Society
Annual Congress 2012

Abstract Group: 1.12. Clinical Problems - COPD
Keyword 1: COPD - management **Keyword 2:** Epidemiology **Keyword 3:** Quality of life

Title: GOLD assessment of COPD patients: Impact of symptoms assessment choice

Hana 13018 Mullerova hana.x.muellerova@gsk.com [1], Nicholas 16260 Locantore nicholas.w.locantore@gsk.com [2] and Paul 16261 Jones pjones@sgul.ac.uk [3]. [1] Worldwide Epidemiology, GlaxoSmithKline R&D, Uxbridge, United Kingdom ; [2] Clinical Statistics, GlaxoSmithKline R&D, Research Triangle Park, NC, United States and [3] Clinical Science, St. George's University, London, United Kingdom .

Body: Background: The 2011 GOLD guidelines recommend combined COPD assessment using symptoms (modified Medical Research Council Dyspnoea [mMRC] ≥ 2 or COPD Assessment Test [CAT] ≥ 10) combined with a history of exacerbations in the past 12mo {0,1} vs 2+ and spirometric classification GOLD I/II vs III/IV. Four groups are identified, A: low symptoms+low risk; B: high symptoms+low risk; C: low symptoms+high risk; D: high symptoms+high risk. Objectives: Characterize the 4 groups using the ECLIPSE (Evaluation of COPD Longitudinally to Identify Predictive Surrogate Endpoints) cohort. Methods: 2028 COPD patients, $FEV_1 < 80\%$pred, provided baseline mMRC, SGRQ and previous 12mo history of exacerbations. SGRQ score ≥ 25 was used to replace the CAT ≥ 10, using a validated conversion (Jones: BMCPulmMed 2011). Results: The 4 groups were comparable on age and gender, but had different characteristics. Size of patient groups classified by mMRC were A: 23%, B: 14%, C: 23%, D: 40%; by SGRQ, A: 9%, B: 28%, C: 3%, D: 60%. Compared to the SGRQ, patients classified as 'low symptoms' (GOLD A & C) using mMRC had worse health status, more fatigue and lower exercise capacity (6MWD). Categorising mMRC as 0 vs. ≥ 1 produced groups of similar size to those classified by SGRQ: A: 9%, B: 29%, C: 4%, and D: 59%. The kappa of agreement for group membership defined by SGRQ and mMRC increased from 0.2 (mMRC ≤ 1 vs ≥ 2) to 0.5 (mMRC 0 vs ≥ 1). Conclusions: The new assessment permits classification of COPD patients beyond airflow obstruction. GOLD recommends either CAT ≥ 10 or mMRC ≥ 2 as the symptomatic cut-point, but this analysis suggests that mMRC ≥ 1 will classify patients more closely to using the CAT. Clinicaltrials.gov NCT00292552; GSK study SCO104960.