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Title: Long-term oxygen therapy (LTOT): Retrospective audit on ten years prescriptive appropriateness

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Body: Background: Guidelines focus on three key issues for appropriate prescription of LTOT: patients should be nonsmokers, in a stable condition, and they should use oxygen for at least 15 h/day Aim: to evaluate prescriptive appropriateness in a group of patients with Chronic Respiratory Failure during a period of ten years. Methods 702 patients (mean age 74 ± 11 , 56% males) were prescribed with LTOT between 2002 and 2011. Prescriptive appropriateness based on PaO₂ or non invasive SaO₂, as indicated by the ERS guidelines. Results: O₂ source: 84.1% liquid, 13.5% concentrator, and 2.3% gas. Main reason for prescription was pulmonary: 88.4%, 69.1% for COPD. Among patients with PaO₂ and SaO₂ traceable values (n=609), the prescription resulted appropriate for 240 (39.4%). Pneumologists showed higher prevalence of LTOT appropriateness than other prescribers: difference not significant. We noted low appropriateness from 2002 to 2006, followed by a constant improvement: at that time we performed an educational program for all prescribers. On 2011 we noted a new drop in appropriateness. Conclusion: The results confirm that a considerable amount of patients are inappropriately prescribed. Efforts need to improve the adherence to the published international guidelines for LTOT prescription through continuous educational programs aimed to all prescribers.