DOCTORS' FAILURE IN OBSERVANCE OF THE COPD MANAGEMENT GUIDELINES: CASE OF THE CZECH REPUBLIC

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Ob…ves

- The primar… ctive… this study was to examine the accuracy of the GOLD 2011 strategy implementation among the Czech respiratory specialists, esp. with respect to the patients' classification [1].
- The secondary objective was to explore what effect a misclassification has on inadequate use of inhaled corticosteroids (ICS) [2].

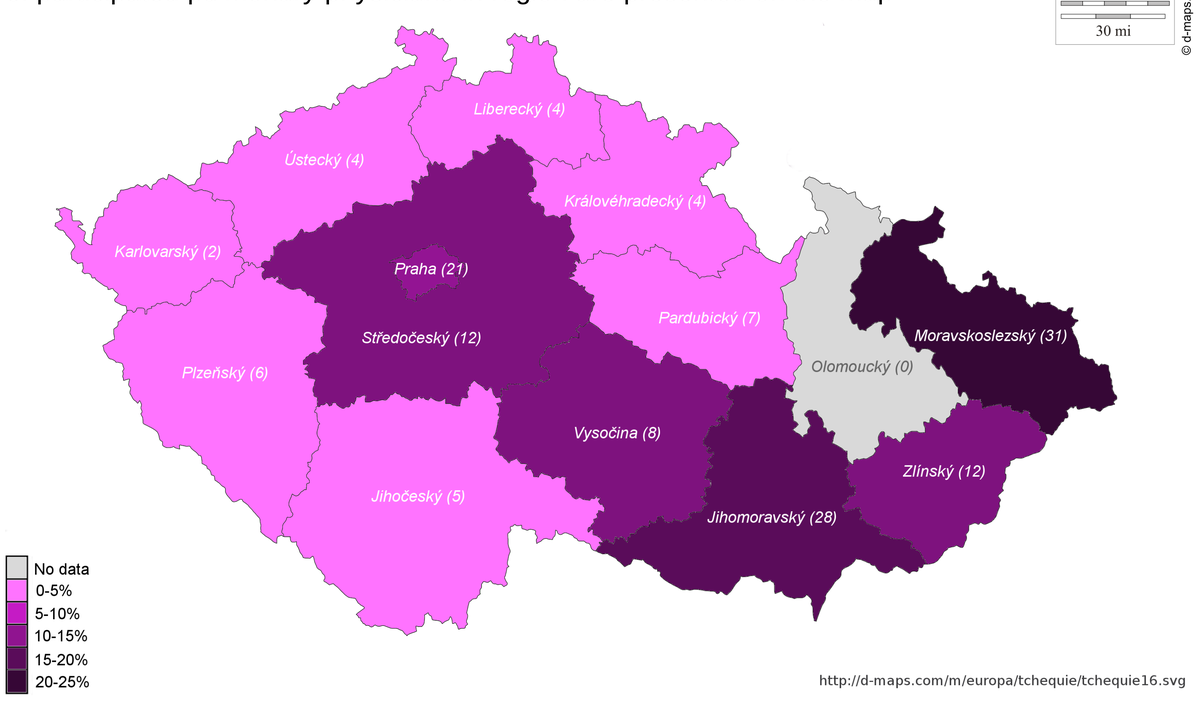
Methods

- Multicenter cross-sectional study was conducted among COPD specialists, consisting of general questionnaire and patient-specific forms [2].
- A subjective classification into the GOLD 2011 groups as practiced by the healthcare professionals was examined and then compared with the objective classification achieved by rigorous software-computed classification.
- Adequacy of the ICS prescription was evaluated with regard to the subjective classification [2, 3].

Results

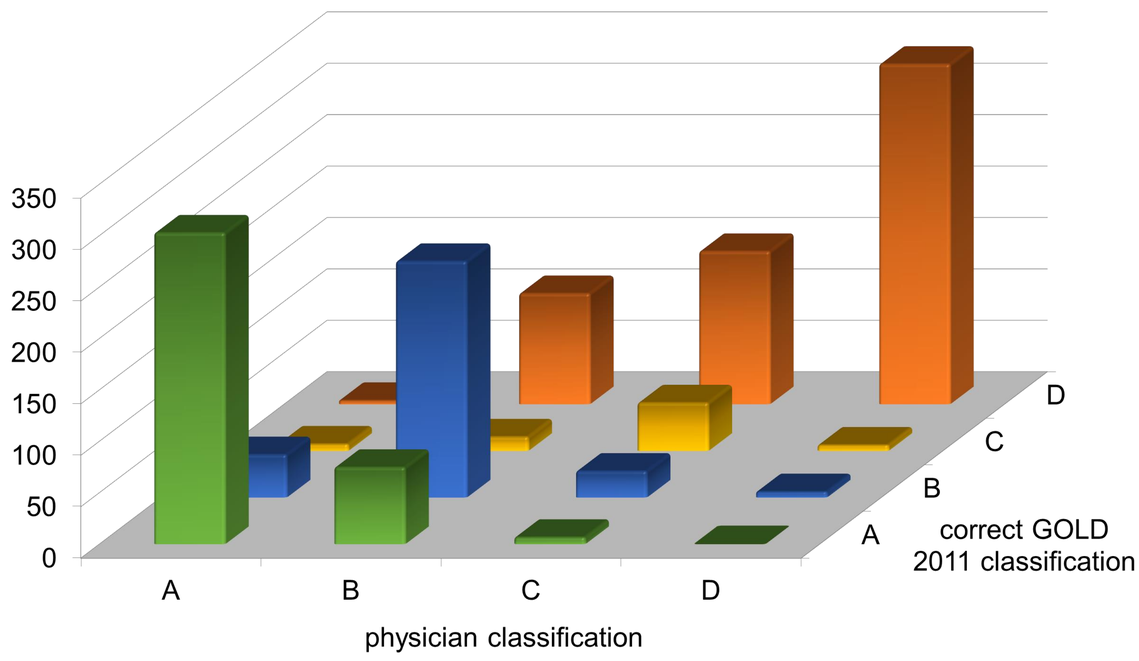
- GOLD 2011 were claimed to be the leading guidelines for 143 out of 144 specialists involved, often accompanied by CPPS guidelines (83.3%) and the ACP/ACCP/ATS/ERS standards (50.7%) (Figure 1).

Figure 1: Map of the Czech Republic with visible density of participated pulmonary physicians. Shades of colour indicate the density. Name of region and number of participated pulmonary physicians in region are presented on the map.



- Based on 1355 patient forms, a discrepancy between the subjective and objective classification was found in 32.8% of cases (Figure 2).

Figure 2: Correct rigorous classification by authors of this poster versus subjective classification by pulmonary specialist.



- The most common reason for incorrect classification was erroneous symptoms assessment resulting in either under-estimation in 23.9% of cases and over-estimation in 8.9% of the examined patients' records (Figure 3 & 4) .
- Specialists seeing more than 120 patients per month were most likely to misclassify their condition, i.e. in 36.7% of all seen patients.

Figure 3: Misclassification rate versus number of COPD patients per month (in out-patient clinic). The greatest error rate was observed in a group of specialists with more than 120 patients per month, followed by a group of specialists with fewer than 80 patients per month.

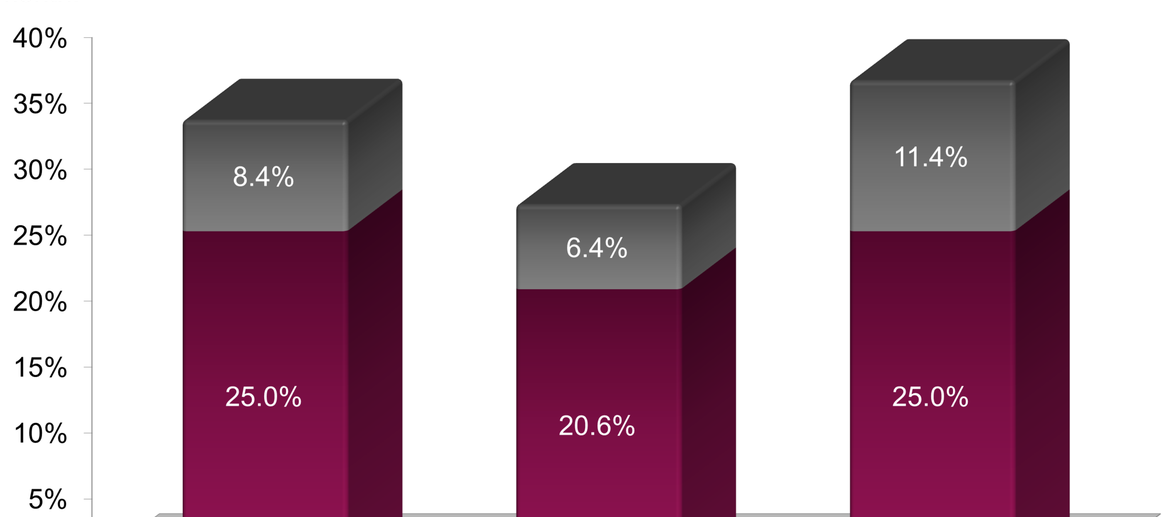
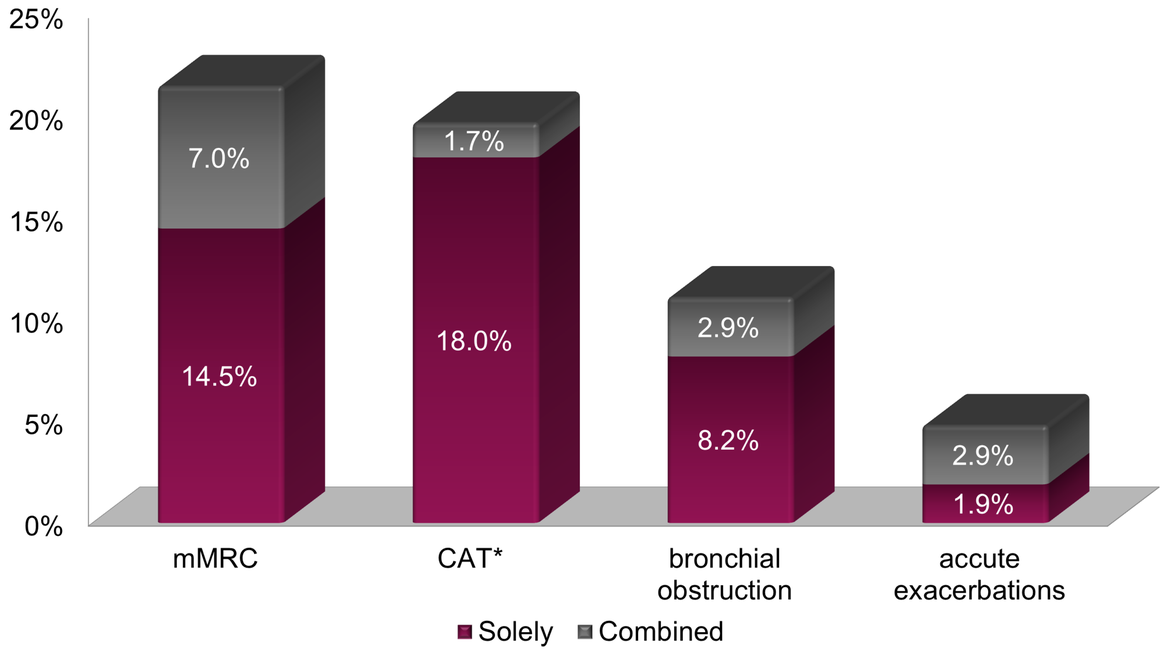


Figure 4: Contribution of an individual clinical component to GOLD 2011 misclassification.



- In general, whilst examining the subjectively-driven ICS prescription, it was found that 19.5% of patients received ICS incorrectly, while in 12.2% of cases the ICS was erroneously omitted (Figure 5 & 6).
- Furthermore, with consideration to the objectively computed classification, it was discovered that 15.4% received ICS unnecessarily, whereas in 15.8% of cases the ICS was not prescribed though, in fact, it would be adequate seeing the patient's condition.
- Women failed in correct prescription more frequently than men, predominantly by overprescribing ICS.

Figure 5: Inhaled corticosteroids in routine pulmonary out-patient care. ICS prescription vs. GOLD 2011 classification pronounced by specialists.

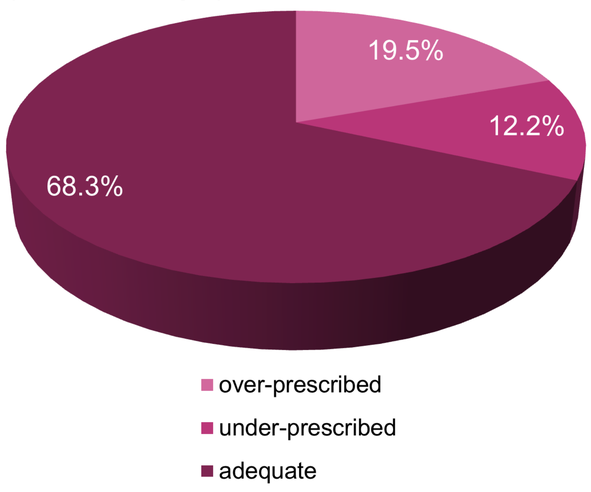
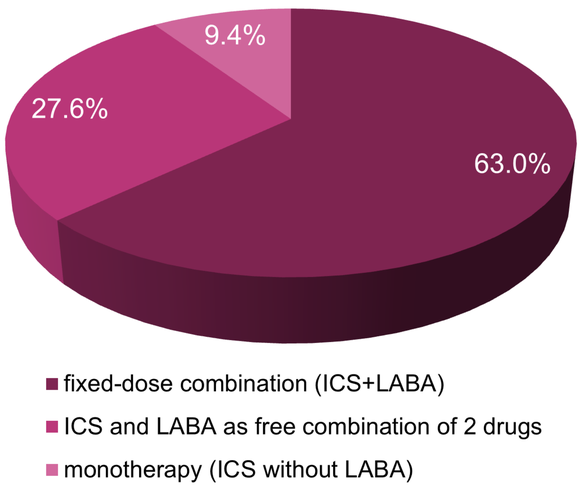


Figure 6: Structure of inhaled corticosteroids usage.



Conclusions

- Despite high awareness of the GOLD 2011 guidelines, its implementation is insufficient.
- Czech specialists tend to either under-classify or overuse the ICS.

 # T12:PRS84

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