

## STUDY REPORT SUMMARY

### ASTRAZENECA PHARMACEUTICALS

**FINISHED PRODUCT: No specific product**

**ACTIVE INGREDIENT:**

<b>Study No:</b> NIS-RDK-DUM-2007/1 NCT number: NCT00772733
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A Project Ensuring Quality and Cooperation in the Chronic Obstructive Pulmonary Disease (COPD) Treatment – KOSMOS.
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**Developmental Phase:**

**Study Completion Date: 31. December 2010**

**Date of Report: 21<sup>st</sup> of August 2011**

### OBJECTIVES:

The primary objective of this project was to facilitate and document evaluations at follow-up visits of patients with diagnosed COPD in clinics in general practice – in line with national guidelines.

The secondary objective was to improve collaboration and communication between general practitioners, the rehabilitation team in the municipality and the local hospital pulmonologist.

### METHODS:

All general practitioners in selected municipalities, where COPD rehabilitation was offered, were invited to participate in the study.

Inclusion criteria were patients diagnosed with COPD (verified by FEV1/FVC ratio < 0,7) and age > 35 years. Written and oral consent was obtained.

A web-based data capture tool was used to facilitate regular and planned systematic evaluations of the COPD patients. Before the study started primary care physicians and/or staff participated in educational workshops to receive training in COPD guidelines, background for registering study parameters, use of the data capture tool and local rehabilitation guidelines from the municipality. Apart from the general practitioners and staff, the local hospital pulmonologist and the local rehabilitation team from the municipality participated in the workshop.

Bi-yearly reports were provided to the general practitioners presenting data from the specific clinic compared to mean data from all participating clinics. Yearly reports were provided to the rehabilitation team in the municipality if the team actively entered rehabilitation data into the data capture tool.

The main parameters to register at visits included patient characteristics, FEV1, MRC, BMI, smoking status, COPD treatment, co-morbidities, COPD exacerbations/hospitalisations, inhalation technique, risk of osteoporosis, influenza vaccination and need for rehabilitation.

## **RESULTS:**

A total of 689 patients were enrolled at 35 clinics with a mean of 20 patients per clinic. In all 689 patients were evaluated at baseline visit and 163 patients were evaluated at a second visit. The majority of the patients (50%) had moderate COPD and 6% had very severe COPD.

Twenty six percent of the patients were referred to COPD rehabilitation at the baseline visit, the majority of these in a municipality and a few in hospital setting. Overall 75% of the patients referred to rehabilitation in the municipalities completed the assigned courses. Fewer patients participated in and completed the smoking cessation course though (58%).

Data captured at the visits in general practice showed that general practitioners registered lung function values in 98% of patients.

MRC, weight/BMI, COPD exacerbations/hospitalizations and smoking status were registered in more than 80% of patients with no major differences between procedures performed at the baseline and the second follow up visit. The need for COPD rehabilitation was evaluated in approximately 70% of patients. The risk of osteoporosis was evaluated in approximately 40% of the patients, whereas influenza vaccination coverage was in place for around 70% of patients.

When using the web-based tool for structured follow up of COPD patients, the primary care clinics were to a high degree recording parameters at follow up visits as recommended by national COPD guidelines. In particular lung function was registered for more than 90% of the patients.

Less than 30% of the patients were followed up within the recommended time intervals according to the national guidelines.