Recent was defined as admission within the last 3 months prior to the interview. The interviews were conducted in patients’ homes. The sample comprised 12 males (63%), 7 (37%) females. The mean age for males and females was 70 years. The data was coded and grouped into 5 categories. The findings for the categories: “Going to hospital” and “Discharge from hospital” are presented.

Findings COPD patients have much experience in managing an exacerbation of their condition and can recognize significant changes in their health status requiring urgent hospitalisation. The findings for “Going to hospital” include: who patients rely on to make the decision, how the decision is made/avoided and their emotive experiences about these points in the hospitalisation journey for COPD patients. Patient experiences about these points in the journey give key insights into decision making, quality care and identify benchmarks for future reviews of service provision to COPD patients.

Methods Between 1996 and 2011, patients with A1ATD (PiZ) who had undergone lung transplantation were identified from the UK A1ATD registry. Lung function parameters, including rates of decline pre-transplant, were compared to matched subjects who did not undergo transplantation (matched for sex, age, smoking history and FEV1). HRQOL, assessed using the St George’s Respiratory Questionnaire (SGRQ), was measured pre and post-transplant together with mortality data.

Results Patients who underwent transplantation (n=32) had significantly worse HRQOL than patients who did not in all domains of the SGRQ (total score 64.2; SE±2.5 vs. 55.3±2.04, p=0.008). Markers of gas transfer (TLCO and KCO) were both significantly worse HRQOL than patients who did not in all domains of the SGRQ post transplantation. There was no relationship to pre-transplant, were compared to matched subjects who did not. Lung transplantation in patients with end-stage lung disease secondary to A1ATD significantly improved HRQOL.

Conclusion Patients who underwent lung transplantation had worse gas transfer parameters pre-transplant compared to the otherwise matched A1ATD patients who did not. Lung transplantation in patients with end-stage lung disease secondary to A1ATD significantly improved HRQOL.