Poster sessions

13.4 (range 2–40), 44 (38%) were still smoking and 17 of these accepted referral to cessation services, 27 of the other 125 smokers assessed but not thought to have COPD also accepted referral.

Case finding using this method in people already attending primary care clinics has a high yield (1 in 5) takes little time and deserves wider adoption.

REFERENCES

M21 SPACE TO BREATHE: A NEW HOSPICE BASED PALLIATIVE CARE, RESPIRATORY AND PSYCHOLOGY PROGRAMME FOR PATIENTS WITH SEVERE COPD AND THEIR CARERS

1SF Hudson, 2R Colclough, 3F Campbell, 3P Pereira, 3J Leek, 3A Sullivan, 1C Davies, 1C Wei; 1Birmingham St Mary’s Hospice, Birmingham, West Midlands; 2University Hospitals Birmingham, Birmingham, West Midlands

Background People with severe COPD have a burden of symptoms, often greater than those with lung cancer and have unmet need (Gore and Brophy 2000). A local palliative care needs analysis was conducted across primary and secondary care. Gaps were identified in the management of anxiety, breathlessness, social isolation, advance planning and carer support. Patients had high comparative admission rate and length of stay. A team, including a psychologist, OT, palliative and respiratory medicine and physiotherapy and a palliative care CNS, developed and delivered the programme. The programmes focus was behavioural change through psycho-education, exercise and relaxation, underpinned by CBT.

Method Referral was from acute respiratory service for those with at least 2 acute admissions in the previous 6 months, FEV1 of <50% predicted and optimised medical management. They attended the hospice programme for 5 weeks with transport provided. Two programmes were completed with a total of 12 patients and 3 carers HADS and CATs were taken at week 1 and week 6. 6 month pre and post course admission data was collected.

Results Patients described; improvement in confidence and quality of life and improved management of their exacerbations. HADS and CATs remained unchanged. Initial data from programme 1 demonstrated reduction in total admissions from 7 to 4 and reduction in total bed days from 47 to 20, over a 6 month period.

Conclusions Patient evaluated improvement in function and quality of life and reduction in hospital bed days would suggest continuation of the programme with a change in quality of life measurement.

REFERENCE
Gore JM, Brophy CJ, Greenstone MA. How well do we care for patients with end stage chronic obstructive pulmonary disease? Thorax 2000; 55:1000

M22 THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE ASSESSMENT TOOL (CAT) IN PATIENTS ADMITTED TO HOSPITAL FOR EXACERBATION

1KH Hayes, 2AS Sheehan, 2DLF Forrester, 2SJJ Johnson, 2AJK Knox, 2CEB Bolton; 2Respiratory Medicine, Nottingham University Hospital Trust, Nottingham, England

Abstract M22 Table 1. Results for the 72 patients with confirmed COPD.

| Gender: Male: Female | (n) | 49:23 |
| Age (years) | Median (range) | 68 (48–86) |
| Length of Stay (days) | Median (range) | 3 (1–20) |
| 6MWD (m) at 4 week follow-up | Median (range) | 140 (5–420) |
| FEV1%pred at 4 week follow-up | Mean (SD) | 46 (16) |
| MRC score at 4 week follow-up | Median (range) | 4 (1–5) |
| Admission CAT score | Mean (SD) | 28(7) |
| Follow-up CAT score | Mean (SD) | 21 (8) |

M23 COPD EXACERBATIONS OF LONGER DURATION WORSENS HEALTH RELATED QUALITY OF LIFE


Introduction Patient’s quality of life is related to the frequency of COPD exacerbations [Seemungal et al AJRCCM 1998: 157: 1418–1422]. There is increasing interest in reducing the duration of exacerbations but little evidence that this benefits patient’s quality of life.