Chronic Obstructive Pulmonary Disorder (COPD) and asthma have a high prevalence in Pakistan but are poorly diagnosed and managed. At Indus Hospital & Health Network (IHHN), Karachi, the Obstructive Lung Diseases (OLD) program was initiated in 2019 and expanded to six other IHHN primary care sites in Sindh and Punjab. Lung Health specialist nurses (LHNs) work with family physicians to diagnose and manage patients at risk of OLD according to international guidelines. We evaluated clinical outcomes of the OLD program from January 2019 to June 2023.

Hand-held spirometers were provided at seven sites sequentially. Local doctor and nurse were trained using bespoke e-modules and supported by pulmonologists and eventually a lead LHN. Patients with breathlessness were referred to LHNs for spirometry and counselling. Data collection included gender, FEV1, comorbidities, modified Medical Council Research (mMRC) scale, Asthma Control Test (ACT), COPD Assessment Test (CAT), GOLD staging, standardized inhaler technique score, and inhaler prescriptions were recorded (REDCap software). Excel and STATA were used for statistical analysis.

At all sites (figure 1), 7693 referrals were made to the OLD program; 88.4% had spirometry performed. Of 7614 records, 3511 (46.1%) were diagnosed with asthma (58.1% female). Comorbidities (17.9%) included hypertension (69%) and diabetes mellitus (32.8%). Median mMRC was 1 and poor disease control measured in 79% (ACT<19). Inhaled corticosteroids were prescribed to 53.1%. COPD was 1 and poor disease control measured in 79% (ACT<19). Inhaled corticosteroids were prescribed to 53.1%. COPD was diagnosed in 1526 (20%, 80.2% male) referrals and 25.5% had comorbidities (hypertension 64.5%, diabetes mellitus 34.8%). FEV1 revealed 18.6% had mild (mean CAT 12.6), 37.3% moderate (CAT 13.8), 31.8% severe (CAT 14.9) and 12.3% very severe (CAT 15.3) disease (n=1165). The median mMRC was 1–2 in all groups. Inhaled corticosteroids were prescribed to 58.2% of GOLD stages A and B; and 39.9% of stages C and D. Inhaler technique, assessed in 3496 (90.5%) prescriptions, revealed poor scores in 48.9% (moderate 24.7%, good 26.4%).

The OLD program, through capacity-building, has provided access to lung health services in low- and middle-income groups throughout Pakistan. Asthma is the predominant OLD. Patient follow-up will be integrated into the program to continue improving care.

Central London Outreach ILD Transplant Clinic Experience

Introduction Interstitial lung disease (ILD) may result in progressive fibrosis and respiratory failure. Historically, ILD patients have been disadvantaged for lung transplantation due to associated comorbidities, unpredictability of disease progression making timing of referral difficult. Additionally, there may be mismatch between the small chest cavity of the recipient and the generally larger size of donor lungs, often from fit young individuals. It is essential to time transplant referrals and manage patients and family expectations. To address these challenges, we established an outreach clinic within a Central London, national referral Centre for ILD to introduce the Royal Papworth transplant team early in the patients’ disease course.

Methods A retrospective cohort analysis of all patients reviewed in the ILD/transplant outreach clinic between 2013–2023 was conducted. Data were collected from electronic clinical records.

Results During this period, 105 patients were reviewed, of which 87 had a diagnosis of ILD. The breakdown of ILD diagnoses was as follows: 34.4% IPF, 14.9% NSIP/OP, 11.5% HP, 10.3% autoimmune ILD, 6.9% sarcoid, UIP 9.2%, other 8.0%, mixed differential or undifferentiated 5.0% (figure 1).