

Identifying opportunities for earlier diagnosis of high-risk COPD patients in Australia: an observational study

Andrew P Dickens, Christine Jenkins, Alexander Evans, Kerry Hancock, Anita Sharma, Belinda Cochrane, Paul Leong, Brian Ko, Florian Heraud, Porsche Le Cheng, Alexander Roussos, Sinthia Bosnic-Anticevich, Fabio Botini, Victoria Carter, Angelina Catanzariti, Clare Ghisla, Thao Le, Chantal Le Lievre, Ruth Murray, Kanchanamla Ranasinghe, Deb Stewart, Marije van Melle, Rebecca Vella, Russell Wiseman, and David Price

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Background

Delayed COPD diagnosis and unrecognised exacerbations before diagnosis are associated with future exacerbations. UK and US studies conducted within the CONQUEST program identified substantial opportunities for earlier recognition of COPD in those with potential high-risk COPD. It is unknown if similar opportunities exist within other healthcare systems, such as in Australia.

Aim

To compare identification and assessment of potentially high-risk COPD patients in Australia, to the CONQUEST quality standards (identification, assessment, treatment and follow-up for high-risk COPD) (<https://conquest.care>), and national/international guidelines.

Methods

Using the Optimum Patient Care Research Database Australia (OPCRDA), we identified patients with potential COPD (ever smokers aged ≥ 40) at high-risk of future exacerbations (≥ 2 antibiotic/steroid prescriptions in the prior 12 months). Cross-sectional analyses were conducted on annual patient cohorts between 2015-2019.

Results

Of ever smokers aged ≥ 40 years, 6.2% (1045/16816) to 8.3% (834/9998) of patients were deemed high-risk in 2015-2019. In the annual period when patients first became high-risk, $<5\%$ of potential high-risk COPD patients had recorded lung function, $<1\%$ had a respiratory referral and $<50\%$ had an updated smoking status recorded. 11-13% of this population were prescribed maintenance inhaled COPD therapy in each study year without a recorded respiratory diagnosis. Around 1% of undiagnosed high-risk patients received a COPD diagnosis in each study year.

Conclusions

There is scope for earlier diagnosis of COPD among patients at high risk of exacerbation in line with guidelines and CONQUEST quality standards.