

It's Time to Let the 'CAT' out...Patient!

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International guidelines on the management of chronic obstructive pulmonary disease (COPD) recommend that both lung function and health status are regularly assessed to guide changes in the therapeutic approach to the disease [1]. In this respect, the evaluation of the respiratory symptom-related health status is gaining increasing importance, and quality of life is becoming one of the most widely used outcomes in clinical trials of new as well as existing pharmacological therapies for COPD [2]. Several questionnaires assessing health status in COPD are currently employed in experimental conditions. Among them, the COPD-specific version of the St. George Respiratory Questionnaire (SGRQ) appears to be the most reliable, valid and accurate [3]. Although the questionnaire provides a wide range of useful information with regard to the impact of COPD on the patient's health status, including those associated with daily symptoms and activity limitation, it is judged by physicians as being too lengthy and based on scoring algorithms, factors that limit its routine use in clinical practice. A new tool that is easy to complete and interpret, and therefore more readily incorporated into routine care, is strongly advocated. The study by Kelly et al. [4] in this issue of *Respiration* has the merit of introducing and validating a new questionnaire, which specifically addresses COPD-related health

conditions in daily clinical practice, thus removing the existing gap between the world of research and the field of real life.

The COPD Assessment Test (CAT), which has been developed in recent years [5, 6], is an 8-item questionnaire designed to assess and quantify the impact of COPD symptoms on health status. The items used to create the CAT were generated in a qualitative study based on interviews and focus groups with COPD patients. The first 21 items which best described the subject's health status underwent a structured approach to item reduction to obtain the final version of the questionnaire. Internal consistency and reliability of the finalized instrument was then demonstrated. The CAT correlates very well with the SGRQ both in stable COPD patients and in patients experiencing an exacerbation. It also has the advantage of being easy to perform and to interpret [5].

In addition to the tracking of changes in patients' overall health status, the features of the CAT allow it to contribute to improved communication between patients and healthcare professionals. This is of great importance when managing chronic diseases in which better understanding of the disease and a closer relationship between patient and physician help to optimize the management of COPD and to improve adherence to treatment. The

current study clearly shows that this is the case in patients who were not enrolled in clinical trials and were unmotivated for reasons other than clinical ones. The study by Kelly et al. [4] confirms that, despite (or because of) its simplicity, the CAT is a mine of information. In particular, a strong association was found between the CAT score and the rate of exacerbations and the degree of dyspnea perception in an unselected outpatient population. COPD exacerbations impair quality of life and are envisaged as the main factor accelerating lung function decline [7]. The CAT provides a reliable score of exacerbation severity and could perhaps be proposed as an indirect estimate of frequent exacerbators. Moreover, being closely associated to the perception of dyspnea, the CAT likely describes in a more comprehensive fashion the overall health-related quality of life of COPD patients, supplementing measurements of lung function especially in

outpatient settings. Finally, since the CAT encourages patients to express themselves meaningfully, it is plausible to imagine that the test would enable patients and physicians to 'speak the same language' in order to gain a common understanding of the impact that COPD has on a patient's life.

It is clear that the CAT cannot be used to diagnose COPD or to guide healthcare professionals when making specific decisions about treatments. The CAT cannot replace the evaluation of lung function; however, the findings of Kelly et al. [4] suggest that, in outpatient settings, the CAT scores can assist in the management of individuals with COPD. Revealing changes in the impact of COPD on a patient's life can be more useful than demonstrating improvements in conventional lung function. A new tool is definitively available and it is time to use it in daily practice.

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