GP. The patients were observed over a period of 12 months. Lung function tests and investigations on the quality of life were carried out over three visits at intervals of six months (at the beginning, after six months and after 12 months). The quality of life was measured using the Quality of Life Asthma (FLA) questionnaires, a validated disease-specific questionnaire and the EQ-5D (Euro-Qol). In addition, the treatment costs during the study time period were documented and evaluated.

RESULTS: During the study, the quality of life of the control group revealed no changes statistically, while the patients in the disease management group achieved significantly higher values than those at the beginning of the study. The improvements are related particularly to the “Physical and Psychic Attributes” of the FLA, although they can also be seen in the (less sensitive) generic EQ-5D. Thus, the average EQ-5D value of 62 increased to 72, while in the control group it dropped from 65 to 60. The study data additionally shows that considerable savings are possible with disease management for asthma, espe-

CONCLUSIONS: Disease management for asthma can lead to an improvement of the patient’s quality of life and a reduction in treatment costs.

IMPACT OF ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS (AECB) IN FRANCE

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OBJECTIVE: The aim of this study was to define the main characteristics of patients presenting with an AECB in general practice.

METHODS: This cross-sectional study was performed by a representative sample of 120 General Practitioners (GPs), selected by random pooling from a national database. Each GP was required to recruit prospectively and consequently a maximum of eight patients aged 35 years or more with AECB defined by at least one of the Anthonisen criteria. Socio-demographics, medical history of chronic bronchitis and the current episode management were collected. The Saint-George’s Respiratory Questionnaire (SGRQ) was self-administered by the patients.

RESULTS: One hundred one GPs recruited 417 patients from November 2000 to April 2001. The patients were on average 65 years old, with 67% over 60 years. Twenty nine percent (121) of patients were smokers and 163 (40%) were former smokers. They had been suffering from chronic bronchitis for an average of 13 years. During the last 12 months, 351 patients (85%) experienced four or less episodes of AECB (mean = 3 episodes), and 52 patients (12%) were hospitalized due to the disease. FEV1 was available for 186 patients. The value was greater than 80% for 14% of the patients, between 35% and 80% for 76%, and less than 35% for 10%. Most of the patients were classified as Anthonisen 1 (289 patients, 69%), and 104 patients (25%) as Anthonisen 2. The total mean score from the SGRQ was 54 (n = 275) (symptoms 62, activity 63, impact 46) and consistently increased with age, duration of chronic bronchitis, FEV1, number of AECB episodes and Anthonisen severity.

CONCLUSION: This observational study confirmed the importance of risk factors and the severity of AECB in patients managed by GPs, with significant burden of disease.