OBJECTIVE: To understand the hemoglobin (Hb) thresholds Pulmonologists (PULs) use to assess anemia severity in COPD.

METHODS: A survey was conducted to identify Hb thresholds representing presence and severity of anemia in COPD.

RESULTS: One hundred PULs completed the survey at a specialty society meeting in 2004. All were either board-certified or eligible in Pulmonary Medicine. Forty-seven percent have been in practice for <5 years, with 30% and 23% in practice for 5–15 years and >15 years, respectively. The vast majority (86%) see almost exclusively adult patients, 41% of the responders follow <250 patients, while 41% see 250–1000 and 12% see >1000 patients with lung disease. Responders estimated that COPD accounts for 49% of their lung disease patients, followed by asthma (24%), lung cancer (13%) and obstructive sleep apnea (13%). Only 21% of the PULs considered anemia to be Hb <12g/dL. Furthermore, 57% of the responders considered Hb <10g/dL to represent only mild anemia. Hb ≤9g/dL was identified by 47% to represent moderate anemia, while Hb ≤8g/dL was deemed to represent severe anemia by 75% of the responders.

CONCLUSIONS: Despite the accepted WHO definition of anemia (men, Hb <13g/dL; women, Hb <12g/dL), the majority of PULs surveyed do not consider anemia to be present in COPD patients until the Hb is <11g/dL, and a substantial number consider a Hb <10g/dL as only mild anemia. Results of this survey suggest that PULs may not recognize mild anemia which could lead to severe anemia and other complications.

AN ASSESSMENT OF DIAGNOSIS AND TREATMENT OF COPD IN PRIMARY CARE VIA AN ELECTRONIC MEDICAL RECORD DATABASE

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The characteristics of Chronic Obstructive Pulmonary Disease (COPD) patients and the patterns of treatment have not been well characterized in primary care settings. Determining how drug treatment patterns align with COPD diagnosis and severity may help optimize care. OBJECTIVE: This study was designed to explore treatment patterns at the time of and post COPD diagnosis. METHODS: A national electronic medical record database was queried to identify patients with at least six-months history prior to a diagnosis of COPD (ICD-9 codes 491.xx, 492.xx, and 496). Pulmonary function test (PFT) results closest to the first diagnosis of COPD were evaluated to characterize disease severity using the Global Initiative for Chronic Obstructive Lung Disease (GOLD) criteria. Prescription data were evaluated at the time of diagnosis. All descriptive statistics were conducted using STATA statistical software.

RESULTS: A total of 14,691 patients had COPD and six-months of data. Prescription data at diagnosis were available for 9334 (64%) of these patients. Of these, over 50% (n = 5264) had a prescription on the date of diagnosis. The average number of days between diagnosis and the first prescription was 106 (SD=256.4). The beta-adrenergic class was the most commonly prescribed therapy (64%) post diagnosis. Only 273 (2%) of the 14,691 COPD patients had PFT data adequate to determine the GOLD severity class. For this group, the average time from diagnosis to first prescription was inversely related to severity: 163 (SD=288.2) days for Stage one and 124 (SD=152.3) days for Stage four.

CONCLUSIONS: COPD is often not diagnosed or treated until the later stages of the disease, nor is PFT used routinely to diagnose, stage or guide treatment decisions. COPD severity seems to influence the time between the date of diagnosis and physician prescription order.