FACTORs AFFECTING QUALITY OF LIFE OF ASTHMATIC AND COPD PATIENTs
Meszaros A, Orosz M, Mesko A
Semmelweis University, Budapest, Hungary

OBJECTIVES: Understanding and identifying impaired quality of life (QoL) is now recognised as an important component of asthma and COPD management. The aim of the study was to assess which factors affect patient’s QoL, to examine the relationship between these factors (outcomes) and the QoL data; as well as to evaluate the possible differences between patients with and without a significant high level of anxiety/depression.

METHODS: A total of 130 patients (70 asthmatics and 60 COPD) were analysed in the study. Patients were asked to respond to self administered questionnaires: the St George’s Respiratory Questionnaire (SGRQ), the EQ-5D, the Beck depression scale and a range of questions concerning smoking habits, inhaler use technique, disease management. Data was analysed by using Statistical Programme Package for Social Sciences statistical software 15.0; linear multiple regression and factor analysis were conducted.

RESULTS: We found at 5% significance level notable correlation between the SGRQ score and EQ-5D = 0.648; Beck score 0.690; FEV1 0.522; age 0.505. We implied a linear multiple regression model, where the dependent variable was the SGRQ score and the independent variables were: FEV1 and the Beck score (R² = 0.48; P = 0.001) in model 1; and disease severity/hospitalisation and Beck score (R² = 0.55; P = 0.005) in model 2.

In the factor analysis the loading of the 9 outcomes (age, sex, anxiety/depression, smoking status, lung function, disease severity/hospitalization, inhaler use technique, disease management) onto 5 identifiable factors suggest that, patients actual health status is mainly affected by age, sex, the Beck scale (depression) and smoking.

CONCLUSIONS: Our results suggest that however correlation is moderately strong between QoL and clinical outcomes, patients QoL impairment is mainly attributable to depression status, inhalation technique and smoking status. All of these can be improved by adequate, regular patient education, resulting in optimal asthma and COPD control.

QUALITY OF LIFE DURING ACUTE EXACERBATIONS OF COPD: COMPARENG EQ-5D, SF-12 AND SGRQ
Menn P1, Weber N2, Häußinger K2, Holle R1
1Institute of Health Economics & Health Care Management, Helmholtz Center Munich, Neuherberg, Germany; 2Asklepios Fachkliniken, München-Gauting, Germany

OBJECTIVES: To compare generic (EQ-5D, SF-12) and disease-specific (SGRQ) instruments for measuring the impact of severe acute exacerbations on quality of life (QoL) in patients with chronic obstructive pulmonary disease (COPD) treated in hospital with regard to acceptance, ceiling effects, sensitivity to change and discrimination between groups with different disease severities.

METHODS: Patients treated for acute exacerbations of COPD in the Asklepios-Fachkliniken München-Gauting, Germany, were asked to complete the questionnaire at admission and again before discharge. Information about patients’ age, sex, smoking status and disease severity according to GOLD classification was collected and EQ-5D, SF-12 and SGRQ were answered as self-administered questionnaires. Utility values were calculated for the EQ-5D and the SF-12 on the basis of published utility weights. For the SGRQ, impact, symptom, activity and total scores were calculated. T-tests were conducted to compare proportions of missing values and sensitivity to change. The impact of different GOLD stages on QoL was assessed using linear mixed models.

RESULTS: Preliminary analyses showed the highest acceptance for the EQ-5D, with the lowest percentage of missing utility values. No ceiling or floor effects occurred for the SF-12, whereas the SGRQ showed floor effects particularly for the dimension activity at both time points. Ceiling effects occurred for the EQ-5D at discharge. Sensitivity to change was highest for EQ-5D and SGRQ, whereas only minor changes were observed for the SF-12. However, differences between GOLD stages after adjusting for age and sex were best captured by the SF-12.

CONCLUSIONS: The main problem of the SF-12 and the SGRQ is the high proportion of missing values although the former differentiates best between GOLD stages. The EQ-5D seems well suited for this patient group, yet ceiling effects pose a problem with this severe disease.

CHALLENGING ASTHMA MANAGEMENT WITH THE USE OF LABA/ICS COMBINATION VIA A TURBUHALER DEVICE, BOTH FOR MAINTENANCE AS WELL AS RELIEF, AND ITS INFLUENCE ON ASThma CONTROL AND PATIENTs’ WELL-BEING IN GREECE
Rasidakis A1, Kostagiolas L1, Daskos G2
1Metropolitan Hospital, Athens, Greece, 2AstraZeneca SA, Athens, Greece

OBJECTIVES: Current asthma treatments according to GINA 2007 guidelines have been designed to offer a better asthma control and thereby optimal patient well-being. This study aims to demonstrate their impact on a Greek asthmatic population.

METHODS: A total of 747 patients were included in the study. 614 were included in the analysis (261 males / 353 females, mean age 49/46 years). They were visiting their primary care physician (52% general practitioners, 48% specialists) for their asthma. All patients had moderate to severe asthma and were treated with a LABA/ICS combination, both for maintenance and relief (budesonide/formoterol via Turbuhaler® according to the approved dosage), according to current clinical practice for at least one month prior to their enrollment. They completed a package of questionnaires; the Asthma Control Questionnaire (ACQ), the Asthma Quality of Life Questionnaire (AQLQ), and questions on treatment satisfaction.

RESULTS: Eighty-five percent of the patients perceived their asthma as controlled. Of these patients, 67% were well controlled or partly controlled (WCoPC) (ACQ < 1.5), 33% were uncontrolled/poorly controlled (UNPC) ACQ > 1.5. Almost half of all patients were on low maintenance doses (1 inhalation bid) and the other half on high maintenance doses (2 inhalations bid). 55% of patients on low maintenance doses were WCoPC compared 40% on high maintenance doses. Patients with WCoPC reported a good health-related quality of life (average AQLQ = 6.4), which were