Diagnosis of COPD in the context of multi-morbidity: primary care patients' perspectives

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Diagnosis of COPD in the context of multi-morbidity: primary care patients’ perspectives

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The 10 leading causes of death in the world 2012

- **Ischaemic heart disease**: 7.4 million
- **Stroke**: 6.7 million
- **COPD**: 3.1 million
- **Lower respiratory infections**: 3.1 million
- **Trachea bronchus, lung cancer**: 1.6 million
- **HIV/AIDS**: 1.5 million
- **Diarrhoeal diseases**: 1.5 million
- **Diabetes mellitus**: 1.5 million
- **Road injury**: 1.3 million
- **Hypertensive disease**: 1.1 million

Source: WHO, May 2014
Aims

• What is the impact of a new diagnosis of COPD in primary care patients with other chronic conditions?

• To gain an understanding of how these patients incorporate COPD into their lives
Methods

• Study design: Qualitative, descriptive

• Sampling: Convenient, maximum variation

• Data collection: Semi-structured telephone/face-to-face interviews

• Analysis: Thematic inductive, constructivist
Sampling and recruitment

COPD

New diagnosis

1 or more pre-existing co-morbidity

Prospective participants

- New diagnosis: 254
  - Yes: 176
  - No: 78

- 1 or more pre-existing co-morbidity: 30
  - Yes: 117
  - No: 23

Final sample: 17
- Accepted: 19
- Declined: 3
- Deceased: 4
- Tentative: 4

Accepted
- Declined
- Final sample

Withdrawn
- Ineligible

Ineligible

Declined

Deceased

Tentative
Participant characteristics

• 9 males and 8 females, 43 – 84 years
• ≤ 24 months since COPD diagnosis
• 1 - 7 co-morbidities
• GOLD I or II
• Smoking status:
  ➢ Ex-smoker: 10
  ➢ Current: 4
  ➢ Quit following COPD diagnosis: 3 (1 resumed)
1. Reaction to COPD diagnosis

I guess it just confirmed what I already knew

F2

I didn’t really believe it, but obviously it’s true

M10
2. Impact of COPD on function and health behaviour

I miss being able to walk as much as I used to. There’s so many beautiful places around here and I miss some of them - M6

Sometimes I get bronchitis and sometimes I’ll get a lung infection - F8
3. Factors influencing self-management capacity of COPD

When I’ve got to go and see the specialist, I’ve got to come up with over $200, so I’m going to struggle to get that one - F1

Probably only my depression, sometimes that will just bring me to a halt a little bit - F3
4. Healthcare utilisation for COPD

Spiriva once a day and the other one is Symbicort twice, I really only use that if I have got a cold or flu but not often - F9

I don’t take any medication or anything for it (COPD) - M15
5. Interplay of COPD and co-morbidities

I think the diabetes, for me anyway, because I’ve been taken off the tablets and I now have needles - F4

I think the high iron is the biggest problem because apparently that’s genetic - M5
Key findings

• Limited understanding of the salience of COPD
• Low prioritisation of COPD due to other co-morbidities
• Suboptimal self-management capacity of COPD
• Underutilisation of relevant healthcare services
Implications

• Incorporation of patient perspectives in primary care
• Development of patient-centred, personalised care plans
• Tailored education for improving self-efficacy of COPD patients with other chronic conditions
• Primary care is the setting for interventions aimed at activating patients with multi-morbidity
What next?

- Activating Primary care COPD patients with Multi-morbidity - APCOM Pilot Project
- Pre-post test study with mixed method evaluation
- Tailored education based on Health Belief Model delivered by trained practice nurses
- Active engagement of patients in managing their COPD in the context of multi-morbidity
Reference
Patients’ perspectives on the impact of a new COPD diagnosis in the face of multimorbidity: a qualitative study

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