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## 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

### Abstract

Presentation made at the PHAA 43rd Annual Conference, 15-17 September 2014, Perth, Australia.

### Keywords

care, diagnosis, copd, context, patients, multi, perspectives, morbidity, primary

### Disciplines

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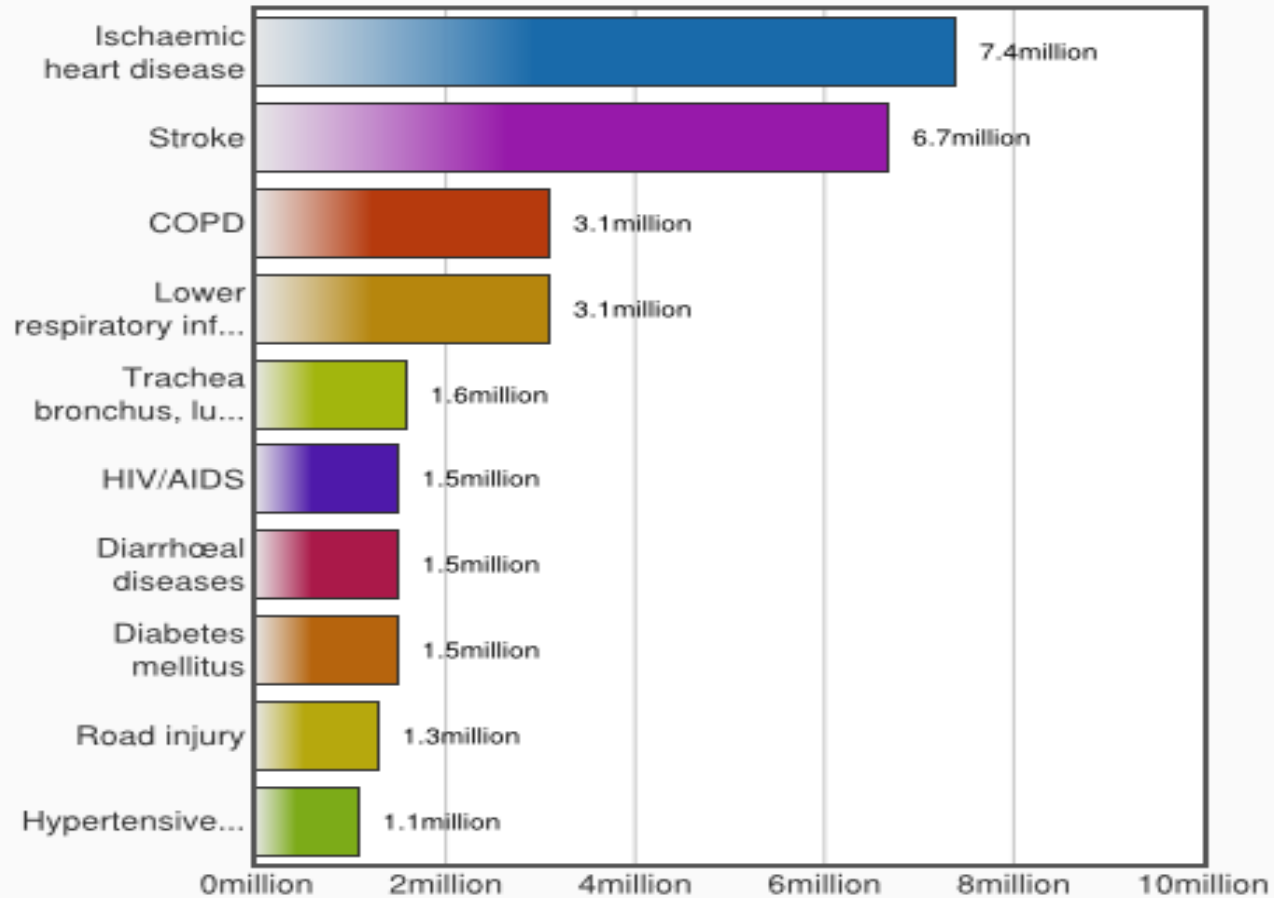
# Diagnosis of COPD in the context of multi-morbidity: primary care patients' perspectives

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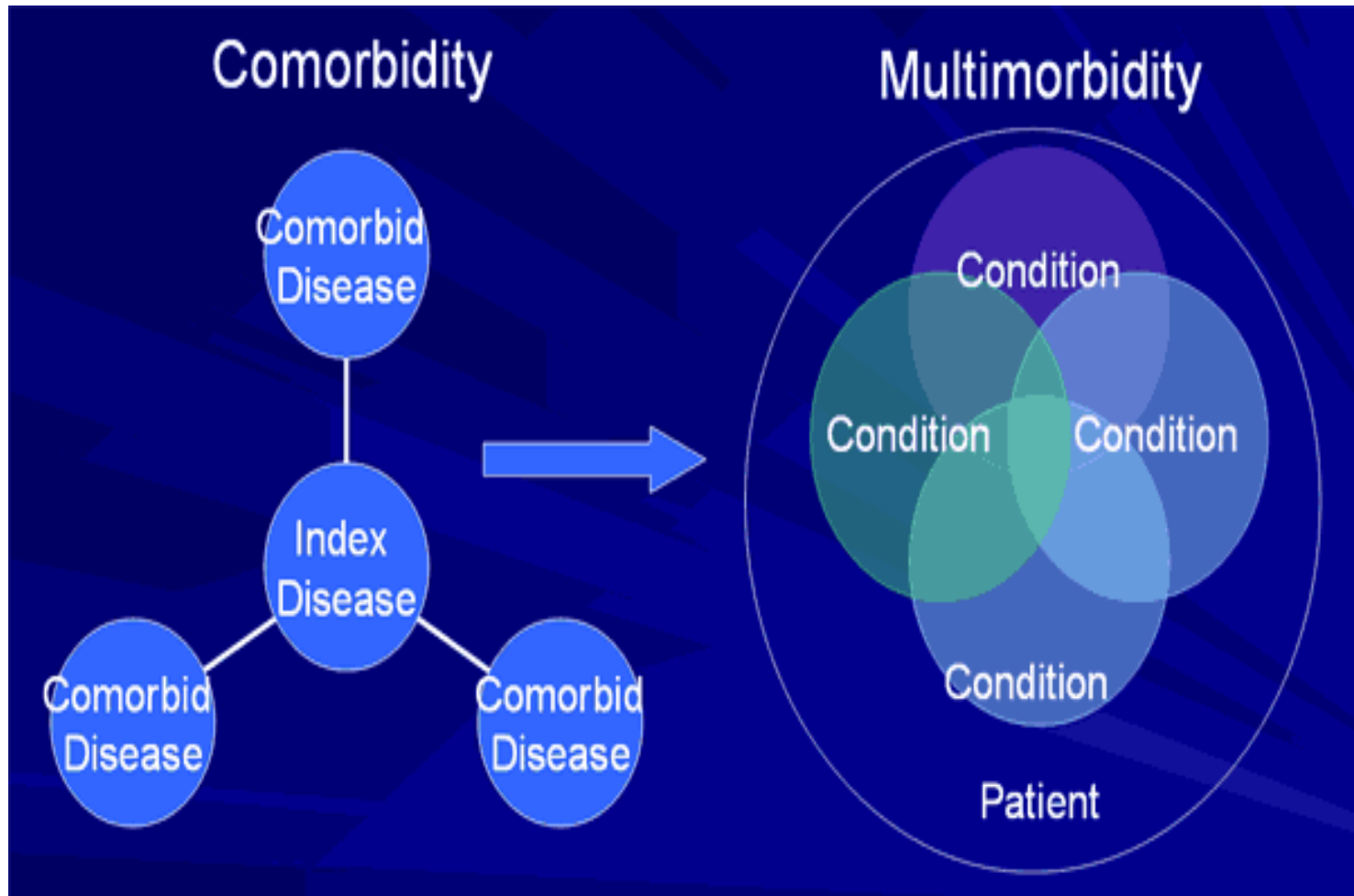
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## The 10 leading causes of death in the world 2012



Source: WHO, May 2014



Source: The New York Academy of Sciences

# Aims

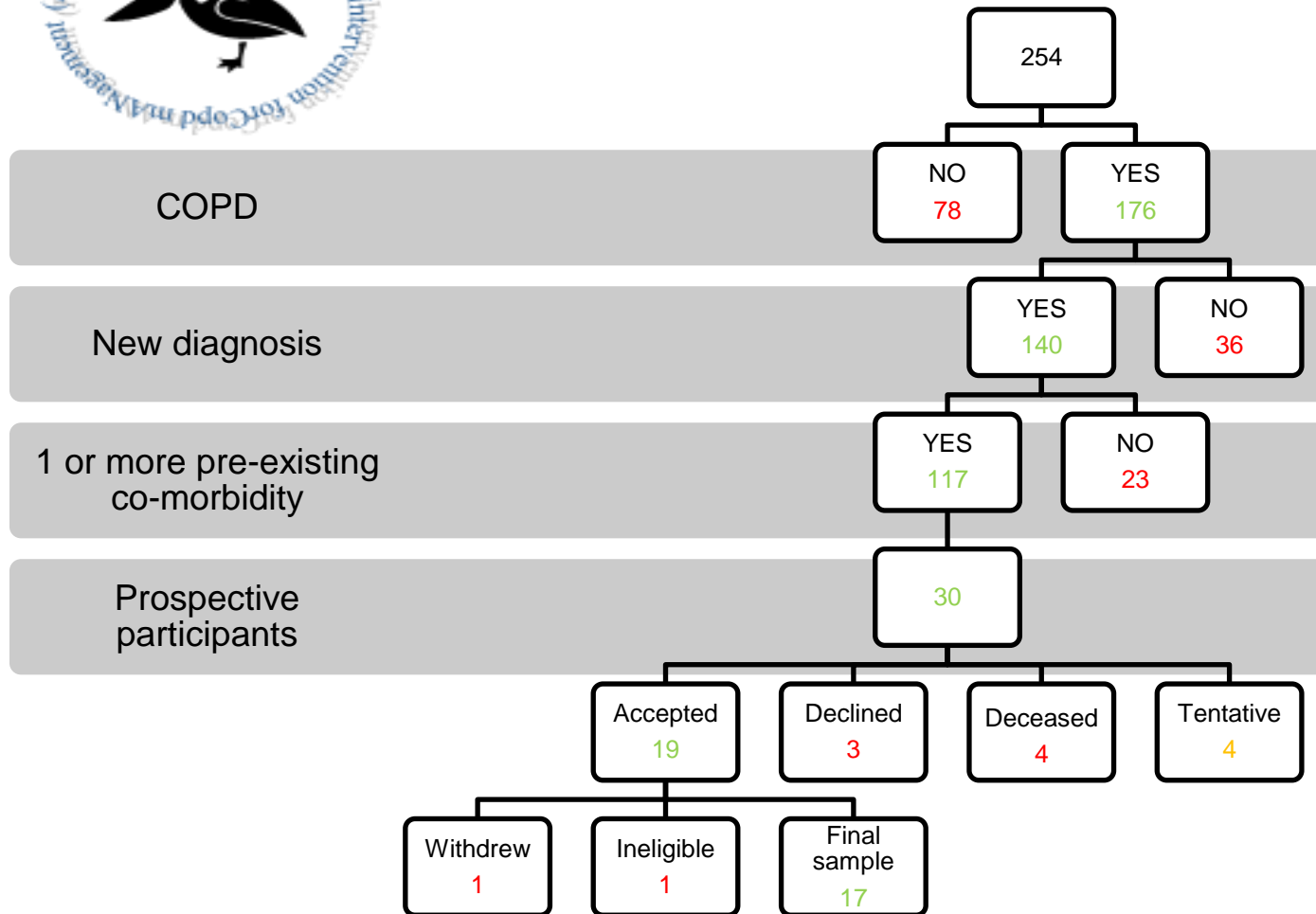
- What is the impact of a new diagnosis of COPD in primary care patients with other chronic conditions?
- To gain an understanding of how these patients incorporate COPD into their lives

# 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





# Participant characteristics

- 9 males and 8 females, 43 – 84 years
- $\leq$  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 **P**Primary care **C**OPD patients with **M**ulti-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

*npj Primary Care Respiratory Medicine*

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<http://www.nature.com/articles/npjpcrm201436>

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