European Respiratory Society Annual Congress 2012

Abstract Number: 7044 Publication Number: 1644

Abstract Group: 1.12. Clinical Problems - COPD

Keyword 1: COPD - management Keyword 2: No keyword Keyword 3: No keyword

Title: GOLD 2011: Combined COPD assessment of patients from the European health-related quality of life study

Lukasz 356 Adamek lukasz.p.adamek@gsk.com MD¹, Paul 357 Jones pjones@sgul.ac.uk MD², Gilbert 358 Nadeau gilbert.a.nadeau@gsk.com¹ and Norbert 359 Banik norbert.n.banik@gsk.com⁴.¹ Respiratory Centre of Excellence, GlaxoSmithKline, Uxbridge, United Kingdom ;² Clinical Science, St. George's, University of London, London, United Kingdom and ³ Biostatistics and Epidemiology, GlaxoSmithKline, Munich, Germany .

Body: The 2011 Global Initiative for chronic obstructive lung disease (GOLD) guidelines recommend a combined assessment for measuring the impact of COPD which considers current symptoms and future exacerbation risk (A: low risk, less symptoms; B: low risk, more symptoms; C: high risk, less symptoms; D: high risk, more symptoms). Two symptom cut-points are proposed: COPD Assessment Test (CAT) score \geq 10 and modified Medical Research Council Dyspnoea (mMRC) score \geq 2. This analysis examined health status scores split by these cut-points, using CAT and mMRC data together with SGRQ and SF-12 Physical Function (PC) scores, in a primary care population from the Health Related Quality of Life in European COPD Study. Data from 1817 patients (mean [SD] FEV₁ 1.6 [0.6] L; age 64.9 [9.6] years; males 72%) could be used. The SGRQ and SF-12PC scores are tabulated. The mMRC classified 57.2% patients as having low symptoms versus 17.2% with the CAT. The distribution of low symptom patients into low risk and high risk categories differed. Patients categorised by mMRC as having low symptoms (Groups A & C) had much higher SGRQ scores (>3 times the minimum clinically important difference) than those categorised by CAT.

The mMRC cut-point of \geq 2 classified a high proportion of these patients as having low symptoms, despite having moderately high SGRQ scores and poor SF-12 PC scores.