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Abstract Group: 1.1. Clinical Problems
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Title: Medication prescribing for COPD in primary care databases

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Body: UK primary care COPD databases are heterogenous with many patients failing to fulfil diagnostic criteria upon spirometric retesting (Jones, 2008). This may suggest that patients without COPD are exposed to unnecessary medication. Using our experience of recruiting to COPD trials from primary care we examined the treatment administered to these patients. 35 local primary care practices contacted patients aged >45 on their COPD database. Interested patients were screened including spirometry and medication history. A diagnosis of COPD was present if the FEV1/FVC ratio was <0.7 in previous smokers without another primary respiratory diagnosis. 172 patients were included for analysis. Only 124/172 (72%) patients screened met diagnostic criteria for COPD. 14 patients (8%) had normal spirometry; of these 6 (43%) were prescribed at least one of a long-acting muscarinic antagonist (LAMA), long-acting beta-agonist (LABA) or inhaled corticosteroid (ICS). 34 (20%) further patients did not meet spirometric criteria for COPD; 21 (62%) were prescribed at least one of the above medications. Medication use is summarised in Table 1.

Table 1: Medication by spirometry (figures are n[%])

Spirometry	LAMA	Combined LABA/ICS	ICS	LABA	SABA	SAMA
COPD: 124(72)	64(52)	76(61)	13(10)	10(8)	96(77)	11(9)
Normal (FEV1≥100% and FEV1/FVC>0.7): 14(8)	4(29)	6(43)	0	0	6(43)	0
Other (FEV1<100% and FEV1/FVC>0.7 OR asthma): 34 (20)	13(38)	16(47)	2(6)	2(6)	22(64)	2(6)

Patients on primary care COPD databases often receive treatment for COPD without fulfilling diagnostic

criteria. Further investigation is needed into the validity of the original diagnoses, requirement for retesting and the accuracy of these databases. This may avoid unnecessary treatment, excess risk and cost.