7.04 The development and implementation of a MDT-focussed clinic for COPD

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COPD is a heterogenous disease. We introduced a systematic assessment outpatient clinic(CARA) for COPD patients with high symptom burden and healthcare use. Patients undergo multidisciplinary review with relevant laboratory, radiology and oxygen assessments, Figure 1. The clinical characteristics and necessary CARA clinic interventions of the first 34 patients are described.The mean age was 69(7.8) years, 56% female, and BMI 28.5 (9.4)kg/m2. All were smokers(38.2% current). The mean FEV1 was 47.5(19.6)%. One-third were prescribed oxygen therapy (LTOT and/or ambulatory) and 27% home NIV. Eosinophil count was ≥300cells/m^3 in 57.6%. Mean hospitalisation rate pre-CARA was 1.85(1.81)/per year. Comorbidity was prevalent -asthma(26.5%), cardiovascular disease(53%), bronchiectasis(17.7%), GORD(8.8%), OSA(8.8%), pulmonary hypertension(11.8%), rhinosinusitis(23.5%) and polypharmacy(97%). Maintenance inhaled corticosteroids(ICS) were prescribed for 78% pre-CARA and 81% post. Half of those prescribed high dose ICS(31%) had ICS dose reduction at the clinic; 40% required a change of inhaler device. Four patients commenced oxygen therapy and two home NIV. One third required airway clearance education and 72% pulmonary rehabilitation referral. Additional diagnoses made at CARA included impaired immune response(n=4), pseudomonas colonisation(n=2), patent foramen ovale(n=1), and diabetes mellitus(n=1). A multidisciplinary outpatient COPD clinic facilitates a personalised approach to the assessment and treatment of patients with this complex condition.

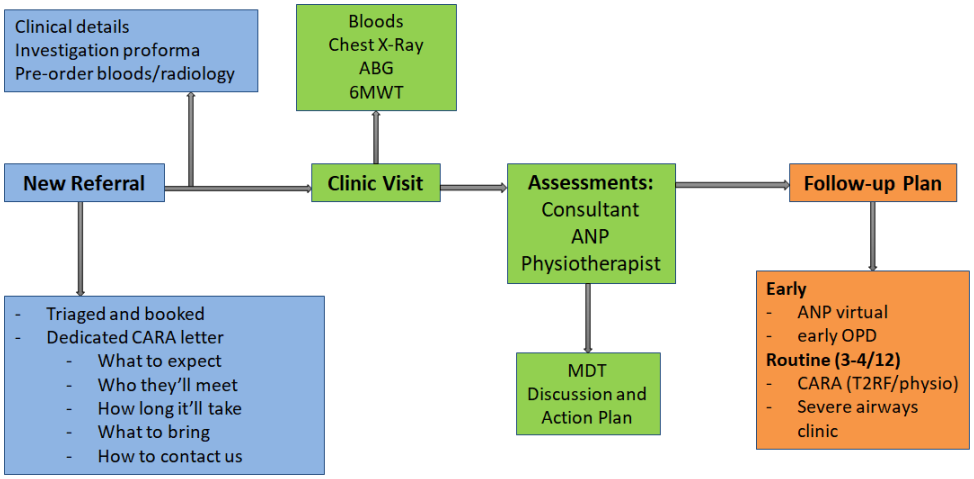

Figure 1(7.4): COPD At-Risk Assessment (CARA) Clinic Outline

Conflict of Interest: *None to declare*