

3.02 An evaluation of physician-diagnosed airways disease versus physiological confirmation

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Background: Physiological confirmation of asthma and COPD avoids inappropriate treatments and missing other diagnoses. (1, 2) Clinical diagnoses can be frequent with limited community access to pulmonary function tests (PFTs).

Aims: To evaluate a cohort of new patients referred to the respiratory National Treatment Purchase Fund (NTPF) waiting list clinic with physician-diagnosed airways disease for the prevalence of true airways disease.

Methods: A prospective analysis of all patients with physician-diagnosed asthma or COPD attending a respiratory NTPF-funded waiting list initiative between September 2022 and May 2023.

Results: Of the 206 new patients reviewed, 48.5% (n=100) had physician-diagnosed airways disease [asthma 21.8% (n=45); COPD 26.7%,(n=55)] (see Table 1). Of these, 90% (n=90) had never completed PFTs and 21% (n=21) had non-respiratory working diagnoses on consultant review. Following PFTs, 52% (n=52) had confirmed airways disease and 36% (n=36) had non-respiratory diagnoses. 73% (n=73) were discharged following their second appointment with stable symptoms or non-respiratory diagnoses.

Conclusion: The frequent non-respiratory diagnoses and early discharges highlight the importance of primary care PFT access. The discrepancy between GP, specialist and PFT diagnoses suggests a role for risk-stratification tools to enhance predictive probability of disease.

Disclosures: The authors declare that they have no conflict of interest.

References:

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Table 1. Characteristics of patients with physician-diagnosed airways disease (COPD or asthma) (n=100)

		No. (%)
Age	Range: 19-92 years Median: 58 years	
Sex	Male Female	46 (46%) 54 (54%)
Smoking status	Active smoker Ex-smoker, active vaping Ex-smoker Never smoker Unknown	27 (27%) 10 (10%) 36 (36%) 25 (25%) 2 (2%)
PFTs previously	Yes No	10 (10%) 90 (90%)
Already on regular inhaled therapy	Yes No	69 (69%) 31 (31%)
Working diagnosis post Respiratory Consultant review	COPD alone COPD + exacerbating co-morbidity* Asthma Asthma + exacerbating co-morbidity* ACOS Non-airways disease	24 (24%) 26 (26%) 5 (5%) 14 (14%) 3 (3%) 21 (21%)
PFT results	Normal PFTs Obstruction, no bronchodilator reversibility Obstruction, significant bronchodilator reversibility Awaited/did not attend Unable to perform Preserved ratio, impaired spirometry Restriction	39 (39%) 34 (34%) 11 (11%) 8 (8%) 5 (5%) 2 (2%) 1 (1%)

Final diagnosis	COPD	35 (35%)
	Asthma	13 (13%)
	ACOS	4 (4%)
	Likely asthma, awaiting bronchial provocation study	4 (4%)
	Rhinitis	
	GORD and rhinitis	13 (13%)
	GORD	11 (11%)
	DNA/PFTs delayed	7 (7%)
	Other	8 (8%)
		5 (5%)
Disposition	Discharged by first return review	73 (73%)
	Further appointment scheduled	27 (27%)

*Exacerbating co-morbidities: Rhinitis, GORD, OSA, deconditioning.