

RECOMMENDATIONS ON COPD AND FAMILY PRACTITIONERS: WHAT IS THE LEVEL OF ADHERENCE?

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Abstract

Majority of COPD patients should receive medical care provided by family practitioners. Only the cases of severe, uncontrolled diseases must be managed by pulmonologists. That is why family practitioners must be well informed on actual requirements on diagnosis and treatment of COPD in order to give effective care to this population of patients.

Following the aim to study quality of medical care, provided to COPD patients by family practitioners, we analyzed 220 out-patient records (95 men (43,2 %), 125 women (56,8 %); mean age 69 years). Analyzing medical records the attention was mainly focused at two issues — accuracy of diagnosis formulation and correctness of treatment prescription.

It was revealed that the clinical group of disease was not mentioned in 107 (48,6 %) patients. This made impossible to prescribe maintenance treatment correctly. Long-acting anticholinergic drugs and its combinations were prescribed unreasonably rarely (11 (5 %) vs needed 97 (44,1 %) cases). On the contrary, short-acting bronchodilators (salbutamol, berodual monotherapy) and inhaled corticosteroid/long-acting beta 2 agonist combination were used in 51 (23,2 %) and 50 (22,7 %) cases, respectively. Among them 48 (48,9 %) patients required hospitalization, use of antibiotics and systemic corticosteroids. This is mainly explained by incorrect use of maintenance therapy for COPD.

The authors conclude about low adherence of family practitioners to state and international COPD guidelines. Further work is needed to increase the knowledge of physician regarding COPD diagnosis and treatment along with active consultancy of out-patient facilities by the pulmonologists.