

8.17 Enhanced diagnostic assessment in the integrated care setting to guide primary care management of COPD

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Background: COPD is a common, treatable illness, often managed entirely in the primary care setting. There is a potential significant economic benefit of early diagnosis and treatment of COPD.¹ **Methods:** We piloted an enhanced physiology testing program for GP spirometry requests, by recording validated PROMS (mMRC, CAT scores), medication and exacerbation history, and blood eosinophils. 131 cases over six months were assessed. 56 patients were referred to confirm a GP-diagnosis of COPD; 16 had spirometry-defined COPD (GOLD airflow stage 1/2/3 n= 6/7/3 respectively), with three in GOLD-2023 Category A, eight in Category B and three in Category E. Symptom scores were not available for two patients. **Results:** Five patients were suitable for long acting bronchodilator monotherapy, 10 for LABA/LAMA and one for ICS/LABA/LAMA.² At time of testing, three (19%) were on appropriate inhalers. Three patients were on SABA PRN where a regular bronchodilator was indicated, and three were not on any inhalers. Seven patients were on ICS without a clear indication, including one patient on two separate ICS/LABAs. **Conclusion:** Enhancing community-based spirometry by recording clinical information can deliver a comprehensive physiologist-led assessment, and can provide primary care physicians with the information required to institute guideline-directed COPD management plans in the community. **Conflict of Interest:** The authors declare that they have no conflict of interest.