

## **PS1.275**

### **Diagnosis of COPD in a family health unit**

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**Background & Aim:** Chronic Obstructive Lung Disease (COPD) is a common respiratory disease characterized by a persistent airflow limitation, is a progressive and a major cause of morbidity and mortality. According to the “Global Initiative for Chronic Obstructive Lung Disease”(GOLD), a spirometry is required to make the diagnosis. A post-bronchodilator  $FEV_1/FVC < 0.70$  confirms COPD. The aim of this paper is to evaluate and improve the quality of the COPD’s diagnosis in a Family Health Unit (FHU).

**Methods:** Type of study: Observational, descriptive, cross-sectional Population: all the COPD patients (coded with R95 by ICPC-2) Source of data: electronic clinical process from MedicineOne® Parameter Evaluated:  $FEV_1/FVC < 0.70$  in the spirometry 1st evaluation: 30/10/2013 Intervention: Mars 2014 2nd evaluation: 30/10/2014 Statistic analysis: Microsoft Excel 2010®.

**Results:** On the first evaluation we obtained 166 patients classified has having COPD. From this patients, 19.28% had a requested spirometry, of which 48.9% confirmed COPD, 37.5% had a post-bronchodilator  $FEV_1/FVC > 0.70$  and in 15.6% the result wasn’t registered. On the intervention, we presented this results and discuss improvement strategies. On the second evaluation, one year after, we obtained 85 patients classified has having COPD. From these, 68.2% had a requested spirometry, of which 58.6% confirmed COPD, 22.4% had a post-bronchodilator  $FEV_1/FVC > 0.70$  and in 19.0% the result wasn’t registered.

**Conclusions:** We verified an improvement of the quality of COPD diagnosis. After our intervention there was an increase of use of spirometry to confirm COPD and consequently a decrease of patients classified has having COPD without confirmation. In conclusion, it’s important to sensitize the health care workers for the fact that the clinical symptoms are not enough to establish the diagnosis, being the spirometry the key step.

No conflict of interest declared.