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The role of inhaled corticosteroids (ICS) in the long-term management of COPD is still unclear. Therefore, we performed a meta-analysis of the three two-year studies published on this subject (Kerstjens et al: Am J Med 1992; 327: 1413-9, Derome et al: Am J Respir Crit Care Med 1995; 151: A463, Kerstjens et al: Chest 1996; 109: 1566-72). Patients with "asthmatic features" were excluded by analyzing the original data. The effect on FEV1 was assessed by a multiple repeated measurement technique in which time and drug effects were investigated. 95 (of the original number of 140) Patients treated with ICS (81 with 1500 mg beclomethasone, 8 with 1600 mg budesonide, and 8 with 800 mg budesonide) were included. 88 Patients treated with placebo were included (of the initially 144 patients). No baseline differences were observed (mean age 61 years, mean FEV1 = 45%pred, > Worsening of the disease was the drop-out reason in 4 patients of the Netherlands, *Dept. of Pulmonology, University of Nijmegen, The Netherlands, P.C.M. Pasker-de Jong1, P.N.R. Dekhuijzen4, C.J.L. van Herwaarden 4, C. van Weel, Dept. of General Practice and Social Medicine, University of Nijmegen, The Netherlands, 1Dept. of Epidemiology, University of Nijmegen, The Netherlands, 2Dept. of Pulmonology, University of Groningen, The Netherlands, 3Dept. of Pulmonology, Hospital Pitié-Salpêtrière, Paris, France.

2510 When to perform arterial blood gases (ABG) in stable chronic obstructive pulmonary disease (COPD)?
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In patients with stable COPD, there is no agreement on the FEV1 threshold above which ABG are unnecessary to identify patients who would require supplemental O2 therapy. The American Thoracic Society and French guidelines recommend to perform ABG when FEV1 is less than 50% predicted, whereas the European Respiratory Society recommends to perform ABG when FEV1 is less than 70% predicted. Several studies have shown a poor correlation between spirometry and ABG measurement of ABG are not necessary in stable COPD patients. The purpose of our study was to assess if domiciliary oxygen therapy (DO) in COPD patients, is effective to reach, breathing oxygen, a resting SaO2 > 90% and diurnal PaO2 > 60 mm Hg and a CTO2 of ≤ 60 mm Hg, were.

2511 Survey of prescription of long term oxygen therapy outside guidelines

Guidelines for the prescription of long term oxygen therapy (LTOT) have been published but many surveys have found a large proportion of patients prescribed LTOT to have arterial oxygen pressure above guideline thresholds. We have surveyed prescribers of LTOT to patients enrolled in the ANTADOR (French National Respiratory home network) Observatory, 2001 questionnaires were sent to prescribers identified by 20 regional associations asking if they ever prescribed LTOT to stable COPD patients with PaO2 > 60 mmHg and asking them to mark any of 9 suggested situations or "other reason" for such prescription, 654 replies have been received. The mean age of doctors was 43.5 ± 7 yr. and 81% were respiratory physicians. 1176/64 (78.8%) had never prescribed LTOT at PaO2 ≥ 60 mmHg. The remaining 537 marked a median of three options, 154 marked 5 options. The most common motives for prescription outside guidelines were "nocturnal desaturations" (38%), "pulmonary hypertension" (33%), and "recent clinical right heart failure" (34%). 172 (31%) doctors ticked at least three situations together. In contrast the options of prescription "in response to demand by the patient" or "family" were only chosen 40 times. 309 prescribed for "effort desaturation", 215 for dyspnea, 193 for "poly-cthysmia". We conclude that physicians prescribe LTOT outside guidelines for objective rather than subjective reasons of perceived severity of disease and trials of efficacy of LTOT in these circumstances are required.

2512 Assessment of domiciliary oxygen therapy effectiveness by means of arterial blood gas analysis at home and long-term oximetry in patients with COPD
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Aim: 1. To assess if domiciliary oxygen therapy (DO) in COPD patients, is effective to reach, breathing oxygen, a resting PaO2 > 60 mm Hg and a CTO2 of ≤ 60 mmHg, were.

2. To assess the cause of DO failure: Malfunctioning oxygen delivery system (MODS), Insufficient prescribed oxygen dose (IOD), Patient’s mistake (PM), or Mixed reasons (MR). 3. To analyse the sensitivity of long-term oximetry in detecting patients with a resting, breathing oxygen, PaO2 > 60 mm Hg.

Methods: 73 clinically stable COPD patients with chronic respiratory insufficiency, without other heart, pleural, lung or thorax notable pathologies that have been using DO for at least 1 year (55 concentrations, 8 cylinders and 1 liquid oxygen system) were consecutively recruited from medical control of 5 Hospitals.

Interventions and Measurements: Arterial blood gases determined at rest, breathing oxygen at patient’s home and breathing room air in the hospital. Technical check of oxygen sources using a gas analyzer and a precise rotameter. Oximetry recordings during the oxygen therapy time, considering two different periods: "day with oxygen (DOX)" and "sleep with oxygen (SOX)".

Results: 1) 9 patients (12.3%) of 73 studied were excluded because they had a resting room air PaO2 ≥ 60 mm Hg.
2) 29 patients (45.3%) of 64 with a resting room air PaO2 < 60 mm Hg, were poorly controlled with their DO: 13 (23.6%) showed a resting, breathing oxygen, PaO2 > 60 mm Hg. 16 (25%) had a CTO2 > 15% during DOX and/or SOX. 3) 26/73 (36%) oxygen delivery systems supplies flow lower or equal to 50% of flow indicated on their calibrated. 54/55 concentrators deliver oxygen with concentration greater than 95%.
4) The causes of DO failure were: MODS 6/29, IOD 14/29, PM 2/29 and MR 7/29. 5) 25 patients with a resting breathing oxygen PaO2 < 60 mm Hg had a CTO2 > 15% during DOX and/or SOX. Sensitivity of oximetric recording was 92.3%.

Conclusions: 1) The inefficient oxygen flow by MODS, IOD, PM or MR produce unsatisfactory control of hypoxemia in 45% of COPD patients with DO studied. 2) The long-term oximetry is an adequate method to evaluate the effectiveness of DO. It should be used systematically.