DOCTORS' FAILURE IN OBSERVANCE OF THE COPD MANAGEMENT GUIDELINES: CASE OF THE CZECH REPUBLIC

Conclusions

Despite high awareness of the GOLD 2011 guidelines, its implementation is insufficient.

The most common reason for incorrect classification was erroneous symptom assessment resulting in either under-estimation in 23.9% of cases and over-estimation in 8.9% of the examined patients' records (Figure 3 & 4).

Specialists seeing more than 120 patients per month were most likely to misclassify their condition, i.e. in 36.7% of all seen patients.

In general, whilst examining the subjectively-driven ICS prescription, it was found that 19.5% of patients received ICS incorrectly, while in 12.2% of cases the ICS was erroneously omitted (Figure 5 & 6).

Furthermore, with consideration to the objectively computed classification, it was discovered that 15.4% received ICS unnecessarily, whereas in 15.8% of cases the ICS was not prescribed though, in fact, it would be adequate seeing the patient’s condition.

Women failed in correct prescription more frequently than men, predominantly by overprescribing ICS.

Czech specialists tend to either under-classify or overuse the ICS.

Methods

Multicenter cross-sectional study was conducted among COPD specialists, consisting of general questionnaire and patient-specific forms [2].

A subjective classification into the GOLD 2011 groups as practiced by the healthcare professionals was examined and then compared with the objective classification achieved by rigorous software-computed classification.

Adequacy of the ICS prescription was evaluated with regard to the subjective classification [2, 3].

Results

GOLD 2011 were claimed to be the leading guidelines for 143 out of 144 specialists involved, often accompanied by CPPS guidelines (83.3%) and the ACP/ACC/ATS/ERS standards (50.7%) (Figure 1).

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