

Waarom belanden COPD patienten op de spoedeisende hulp?

No registrations found.

Ethical review	Positive opinion
Status	Other
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON26285

Source

NTR

Health condition

COPD

Sponsors and support

Primary sponsor: Orbis Medical Center, Sittard-Geleen, The Netherlands

Source(s) of monetary or material Support: None

Intervention

Outcome measures

Primary outcome

Distribution of respiratory and non-respiratory emergency room visits of COPD patients.

Secondary outcome

1. Distribution of medical specialism whom COPD patients are primarily referred to at their emergency room visits.

2. Phenotypical differences between COPD patients with respiratory and non-respiratory emergency room visits.

3. Percentage of COPD patients registered at our hospital visiting the emergency room.

4. Overview of diagnoses

5. Admission percentage

6. Mortality analyses

Study description

Background summary

INTRODUCTION

Reports on health care utilization of patients with chronic obstructive pulmonary disease (COPD) have shown high rates of hospital admissions for COPD-related medical emergencies, mostly acute exacerbations (1, 2). It is now well-established that COPD is a multi-component disease with high comorbidity rates of, for example, cardiovascular diseases, diabetes mellitus, and cancer (3). No data are available on non-respiratory reasons that force patients with COPD to present at the emergency room (ER). Such data will provide more insight into the burden of these patients and will be valuable to respiratory physicians, ER staff, as well as other specialists treating non-respiratory emergencies in patients with COPD.

METHODS

This retrospective study will be performed at Orbis Medical Center, a 425-bed rural teaching hospital in Sittard-Geleen, The Netherlands. All patients with COPD who visited the ER for any referral indication between 1 January 2012 and 31 December 2012 will be included. Patients with COPD will be identified by electronically screening patients' medical history documents. Subsequently, medical charts will be individually reviewed by a medical doctor (BvdB and KB) and the following data will be extracted: age, gender, height, weight, pulmonary function, Charlson co-morbidity index, referral indication, referral specialism, time and day of the week of the ER visit, decision at the ER (discharge or admission), admission duration, diagnoses at discharge from ER or hospital, vital status at time of data collection, and the last date of contact in those who are still alive.

Respiratory visits are defined as ER visits with respiratory symptoms (dyspnea, cough, haemoptysis, suspected pneumonia) as the primary reasons for the ER visit. All other ER visits are defined as non-respiratory ER visits.

Descriptive statistics will be used to provide summary characteristics of respiratory and non-respiratory ER visits. Survival difference will be analyzed by Kaplan-Meier curve analysis and predictors for mortality will be analyzed by Cox regression analyses. Date of last contact will be used for censoring.

REFERENCES

1. Kim J, Rhee CK, Yoo KH, Kim YS, Lee SW, Park YB, et al. The health care burden of high grade chronic obstructive pulmonary disease in Korea: analysis of the Korean Health Insurance Review and Assessment Service data. *Int J Chron Obstruct Pulmon Dis*. 2013;8:561-8. PubMed PMID: 24277985. Pubmed Central PMCID: 3838475.
2. Agustin C, Alison L, Agustina M, Demian G, Silvana C, Edgardo S. The Epidemiology and Burden of COPD in Latin America and the Caribbean: Systematic Review and Meta-Analysis. *COPD*. 2013 Oct 10. PubMed PMID: 24111903.
3. Barnes PJ, Celli BR. Systemic manifestations and comorbidities of COPD. *Eur Respir J*. 2009 May;33(5):1165-85. PubMed PMID: 19407051.

Study objective

It is expected that approximately 50% of the emergency room visits of COPD patients are not directly related to COPD.

Study design

Not applicable.

Intervention

None

Contacts

Public

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Eligibility criteria

Inclusion criteria

This retrospective study will be performed at Orbis Medical Center, a 425-bed rural teaching hospital in Sittard-Geleen, The Netherlands. Any patient with COPD who visited the emergency room between 1 January 2012 and 31 December 2012.

Exclusion criteria

None

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Other
Start date (anticipated):	12-05-2014
Enrollment:	1300
Type:	Unknown

Ethics review

Positive opinion	
Date:	06-05-2014
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL4458
NTR-old	NTR4581

Register

Other

ID

Orbis Medisch Centrum, Sittard-Geleen : 14.032

Study results