

Clinical Research Results Abstract

Abstract ID = 11468

Presented by Hui Pang on Saturday 30th May 2020

Exploring the need for, and design of, a community “lung health” service for COPD patients in China: A Mixed Methods Study- A Breathe Well study

Hui Pang¹, Eleanor Duncan², Zihan Pan¹, Xia Kong¹, Rachel Adams², Alexandra Enocson², Peymané Adab², Chunhua Chi¹, Rachel E Jordan²

¹Department of General Practice, Peking University First Hospital, Beijing, China, ²Institute of Applied Health Research, University of Birmingham, Birmingham, UK

Aim: To explore COPD patients’ and general practitioners’ (GPs) knowledge of COPD, views on its management and the acceptability of a lung health service (LHS) offering health education, exercise, self-management, smoking cessation and mental health promotion.

Method: A convergent mixed methods design was used in Beijing, China. 96 patients with COPD completed questionnaires. 16 patients and 11 GPs participated in four separate focus groups (FGs). FGs were audio recorded and transcribed verbatim. Descriptive analysis was used for quantitative data and thematic framework analysis for qualitative data. Additional data is being collected in three other Chinese cities and all data will be combined for interpretation.

Results: Preliminary data from Beijing: Survey participants had a mean age of 67.5 (SD 8.8) years, were mainly male (85.4%), and included those with a range of COPD disease severity. 18 (18.8%) patients didn’t know the name of disease and over 50 (52.1%) patients reported not being given a prognosis for their COPD, nor any advice on dietary, exercise and management on exacerbation. The main causes of COPD were perceived as smoking (59.1%), second-hand smoke (54.3%) and air pollution (52.2%). 77 (80.2%) patients expressed willingness to participate in a LHS. Distance from home was the most important barrier. The most commonly requested components were breathing techniques (80.5%), health education (67.5%) and advice on breathlessness (51.9%). Three overarching themes were identified in the FGs: unmet needs of patients (limited knowledge and physical challenges of COPD), LHS design factors (e.g. delivery of patient education and staff training) and cultural barriers (attitudes towards physical exercise, medication, smoking cessation and primary care).

Conclusion: Patients received limited advice or information about their COPD. Most were willing to participate in a LHS. Further research is needed to establish how a culturally appropriate COPD LHS can be designed.

Declaration of Interest: The authors declare no conflicts of interest. This study was funded by the University of Birmingham’s (UK) Public Health Intercalated BMedSc programme and the National Institute for Health Research (NIHR), NIHR Global Health Research Group on Global COPD in Primary Care, University of Birmingham (grant ref: 16/137/95), using UK aid from the UK Government. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.