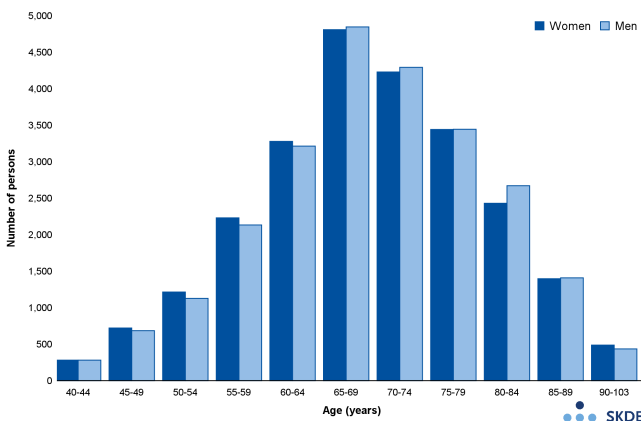


Persons who suffer from shortness of breath or suspect that they might have COPD often contact their regular GP. The reason for their first contact is often a respiratory tract infection. Persons with known COPD will normally contact their regular GP (RGP) or the emergency primary healthcare services in connection with lower respiratory tract infections or COPD exacerbations. There is no tradition for regular check-ups, even though they are recommended in the national guidelines. Spirometry, which measures lung function, is the most important examination when assessing and monitoring COPD.

Background and sample

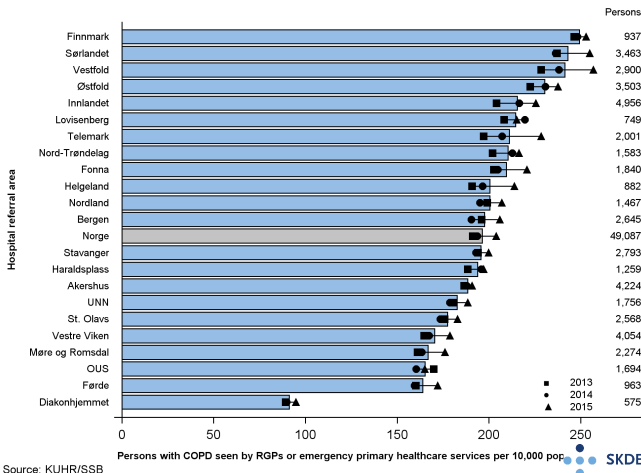
In addition to assessment, check-ups and emergency treatment, RGP attend to the general follow-up of COPD patients. This means giving patients insight into their own disease, facilitating smoking cessation and exercise, advising on psychosocial challenges, and referring patients to the specialist health service and rehabilitation when necessary.

The analyses include RGP or emergency primary healthcare consultations during the period 2013–2015 for persons aged 40 years or older, based on claims for reimbursement registered in the KUHR database. Telephone consultations are not included. Spirometry is defined using tariff codes from the Norwegian Medical Association’s normal tariff for RGPs and emergency primary healthcare.



Source: KUHR

Persons with RGP or emergency primary healthcare consultations for COPD broken down by gender and age. Average number per year.



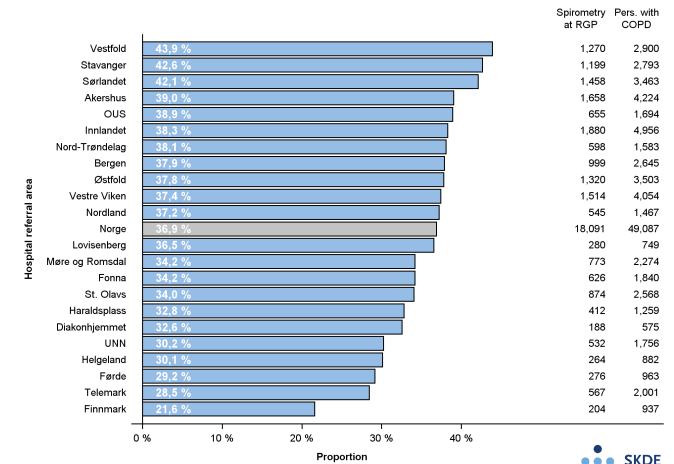
Source: KUHR/SSB

Persons with COPD seen by RGPs or emergency primary healthcare services. The numbers are standardised by gender and age per 10,000 population. Average per year.

Findings

About the same number of men and women were registered with the diagnosis COPD by RGPs and emergency primary healthcare services, and two-thirds of them were aged 60 years or older. Each year, approx. 49,000 persons consulted their GP or the emergency primary healthcare services for COPD. Residents of Finnmark Hospital’s referral area saw their GP or the emergency primary healthcare services for a COPD diagnosis twice as often as residents of Diakonhjemmet hospital referral area.

In Vestfold Hospital’s referral area, an average of 44% of people who contacted their GP or the emergency primary healthcare services for COPD had their lung function measured. The corresponding figure for Finnmark Hospital’s referral area was 22%, while the national average was 37%.



Source: KUHR/SSB

Proportion of persons with COPD seen by RGPs or emergency primary healthcare services who have had a spirometry examination at their RGP's during the year. Proportion standardised by gender and age. Average per year.

Comments

There is great geographical variation in the use of RGP and emergency primary healthcare services among persons with COPD. There is also geographical variation in the expected prevalence of COPD (see the fact sheet [Prevalence of COPD](#)). There is a strong correlation between the expected use of COPD and persons with COPD seen by RGPs or emergency primary healthcare services. This indicates that the observed variation in the use of the service could largely be a consequence of the underlying prevalence of COPD.

The number of persons with COPD who have had their lung function measured by their GP at least once a year varied significantly between hospital referral areas. In all hospital referral areas, however, the use of such examinations fell far short of the national guidelines’ recommendation that lung function should be measured at least once a year. Some patients may have had their lung function measured at outpatient clinics or by specialists in private practice under public funding contracts, thus making it unnecessary for their GP to measure it. Even if we assume that no patients have had their lung function measured in both places, this nevertheless leaves more than one third of persons with COPD who have not had their lung function measured annually.