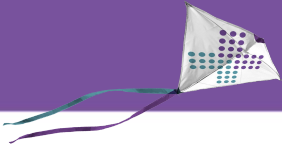




# [ERS] A home-centered disease management program in severe chronic obstructive pulmonary disease (Results of the COPD patient Management European Trial-COMET)

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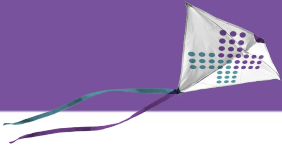


## Introduction.-

Severe COPD impacts deeply on daily activities and is associated with high hospitalisation rate and prognosis.

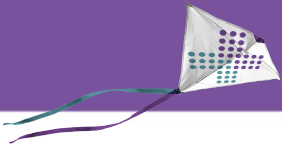
## Objective.-

To investigate the effectiveness of **home-centered disease management program** in reducing all-cause hospitalisations in severe COPD.



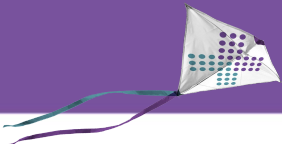
## Methods.-

- GOLD III/IV COPD patients with at least 1 exacerbation in the previous year were randomised to disease (DM) or usual (UM) management.
- DM intervention included self-management coaching (“Living Well With COPD”) and decision support in case of clinical worsening over about 1 year.



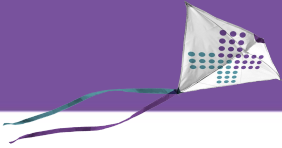
## Results.- (I)

- 319 patients (74.3% on HOT, 27.3% on HMOV) entered follow-up (Intention-To-Treat, ITT).
- Difference in yearly number of unscheduled all-cause hospital days (primary outcome) was -5,32 days [95%CI -13,69; 3,05](DM  $17.4 \pm 35.4$ , UM  $22.6 \pm 41.8$ ,  $p=0.161$ , *Wilcoxon*, ITT).
- It was -7.99 days [95%CI -16.62; 0.64],  $p=0.070$ ) in Per Protocol (PP, eligibility criteria not fulfilled and/or having received <25% of planned coaching, n=288).



## Results.- (II)

- When considering acute care hospital days (without nursing facility days), adjusted means difference was -6.90 days ([95%CI -14.49; 0.68],  $p=0.074$ ) in ITT and -8.26 ([95%CI -16.39; -0.12],  $p=0.047$ ) in PP.
- No between-group differences were found in health status (SGRQ total score).
- More patients died in UM (n=23) than in DM (n=3,  $p<0.001$ ,  $Chi^2$ ), mainly from respiratory cause (16 patients).



## Conclusions.-

- This 1-yr intervention in severe COPD showed a non-statistically significant reduction of all-cause hospital days (those including nursing facility).
- Significant reductions in acute care hospital days (PP) and a lower number of deaths were shown with DM.