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| **Clinical and demographic parameters of Aboriginal patients with bronchiectasis vary between remote communities in the Northern Territory** |
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| **Introduction/Aim:** A previous study from our centre noted significant variance in bronchiectasis prevalence between remote communities in the Top End Health Service region of the Northern Territory. This study aims to define the community demographic and clinical factors associated with the bronchiectasis disease burden among adult Aboriginal patients residing in these remote communities. **Methods:** Demographics and clinical information of allAboriginal Australians aged >18 years with chest computed tomography (CT) confirmed bronchiectasis between 2011 and 2020, residing in remote Aboriginal communities with >10 active cases were assessed. **Results:** Thirteen remote towns were identified, with patient numbers ranging from 12 to 82 (median 17, total 318 patients). Age varied significantly between communities from a median 41.4-53.2 years (p=0.05), as did female percentage from 25-75% (p=0.03). In nine communities *H. influenzae* was the most commonly cultured microorganism (46.2-86.7%), while in four communities, fungal species were the most commonly cultured (58.3-64.3%). Comorbid COPD was highly prevalent, and ranged from 58.3-100%, with hypertension being the next most common comorbidity, ranging from 25-85%. The proportion of patients with a hospitalisation in the last two years ranged from 46.7-81.8%, and the proportion deceased from 14.3-58.3%. Significant variation in the rate of ICS prescription was noted between communities, ranging from 16.7-80% (p=0.04). In multivariate regression, adjusting for age, sex, comorbid COPD and hospitalisations in the last two years, certain remote community a patient resided in remained a significant factor associated with mortality.**Conclusion:** There is notable disparity in clinical and demographic parameters among patients with bronchiectasis between remote communities. Further studies are needed to investigate factors associated with higher rates of bronchiectasis in certain Aboriginal communities.**Grant Support:** This research received the TSANZ - Robert Pierce Grant-In-Aid for Indigenous Lung Health. The TSANZ did not have any role in the study design, data collection, analysis, or interpretation. |