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| **Does spirometry report format influence the accuracy of COPD diagnosis?** |
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| **Introduction/Aim:**  Spirometry demonstrating persistent airflow obstruction after administration of a bronchodilator is a key component in confirming a clinical diagnosis of chronic obstructive pulmonary disease (COPD). Incorrect interpretation or confusion regarding spirometry interpretation may contribute to misdiagnosis. The report format that spirometry is presented and the presence or absence of diagnostic criteria may influence the interpretation. This study aimed to determine whether the interpretation of spirometry results was influenced by how data is presented and the presence or absence of clinical guideline information on COPD diagnosis.  **Methods:**  An electronic survey was developed and distributed to a convenience sample of clinical staff across a range of specialties at a metropolitan health service. The survey contained eight similar clinical vignettes with associated spirometry results. Six results were supportive of a diagnosis of COPD and two results were inconsistent. Participants were randomised to be presented with spirometry results utilising one of four different report types; the current standard report both (1) with and (2) without COPD clinical guideline information, and a detailed spirometry report (based on current ATS/ERS recommendations) both (3) with and (4) without COPD clinical guideline information. For each case, participants were asked whether spirometry supported a clinical diagnosis of COPD and whether it was appropriate to continue inhaled medication for COPD. Accuracy and confidence of responses were collected and compared between report types.  **Results:**  Preliminary responses have been obtained and the analysis will examine if there are differences between report formats in respondent’s accuracy of COPD diagnosis and subsequent treatment decisions regarding inhaled medication for COPD. Comparisons will be undertaken according to experience level, clinical role and frequency of spirometry use in clinical practice.  **Conclusion:**  The results of this study will determine if the format and presence of clinical guideline information on spirometry reports influences diagnostic and treatment decisions for COPD in this setting.  **Grant Support:** None to declare.  **Key words:** COPD, spirometry, diagnosis, treatment, RFT |