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| **Identifying opportunities for earlier diagnosis of high-risk COPD in Australia** |
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| **Background:** Delayed COPD diagnosis and unrecognised exacerbations before diagnosis are associated with future exacerbations. UK and US studies conducted within the CONQUEST program identified substantial opportunities for earlier recognition of COPD in those with potential high-risk COPD. It is unknown if similar opportunities exist within other healthcare systems, such as in Australia. **Aim:**To compare identification and assessment of potentially high-risk COPD patients in Australia, to the CONQUEST quality standards (identification, assessment, treatment and follow-up for high-risk COPD) (https://conquest.care), and national/international guidelines. **Methods:** Using the Optimum Patient Care Research Database Australia (OPCRDA), we identified patients with potential COPD (ever smokers aged ≥40) at high-risk of future exacerbations (≥2 antibiotic/steroid prescriptions in the prior 12 months). Cross-sectional analyses were conducted on annual patient cohorts between 2015-2019. **Results:** Of ever smokers aged ≥40 years, 6.2% (1045/16816) to 8.3% (834/9998) of patients were deemed high-risk in 2015-2019. In the annual period when patients first became high-risk, <5% of potential high-risk COPD patients had recorded lung function, <1% had a respiratory referral and <50% had an updated smoking status recorded. 11-13% of this population were prescribed maintenance inhaled COPD therapy in each study year without a recorded respiratory diagnosis. Around 1% of undiagnosed high-risk patients received a COPD diagnosis in each study year. **Conclusions:** There is scope for earlier diagnosis of COPD among patients at high risk of exacerbation in line with guidelines and CONQUEST quality standards. **Key Words:** COPD, Primary Care, High-risk COPD**Grant Support:** This study was conducted by Optimum Patient Care Australia (OPCA) and was partially funded by AstraZeneca and Optimum Patient Care Australia (OPCA).**Acknowledgements:** We thank Dominique Novic, Ata Kichkin, Chi Ming Lau, John Pakos, Josephine Samuel-king, Bruce Willet, and the Research Working Group for their valuable contribution. |