

Versorgung findet Patient: In Erkennen, lenken, behandeln Am Beispiel COPD

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COPD Prevalence in Salzburg, Austria*

Results From the Burden of Obstructive Lung Disease (BOLD) Study

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Michael J. Allison, BS; Michael Studnicka, MD, FCCP; Robert L. Jensen, PhD;
and A. Sonia Buist, MD

(*CHEST* 2007; 131:29–36)

Table 3—Prevalence of COPD According to GOLD Stage I and Higher COPD, GOLD Stage II and Higher COPD, and Doctor-Diagnosed COPD by Age and Gender*

GOLD Stage	40–49 yr, %	50–59 yr, %	60–69 yr, %	70+ yr, %	All, %	p Value†
I+					26.1 (1.3)	< 0.0001
Male	8.2 (2.0)	21.9 (3.0)	28.4 (3.4)	54.5 (4.5)	26.6 (1.7)	
Female	12.3 (2.5)	20.4 (3.1)	23.2 (3.4)	47.6 (5.5)	25.7 (2.0)	
GOLD II+					10.7 (1.0)	< 0.0001
Male	1.5 (0.9)	8.3 (2.0)	11.9 (2.4)	22.3 (3.8)	10.3 (1.2)	
Female	3.5 (1.4)	9.0 (2.2)	6.6 (2.0)	25.0 (4.7)	11.0 (1.5)	
Doctor-diagnosed					5.6 (0.7)	0.004
Male	1.9 (0.9)	4.9 (1.5)	5.3 (1.6)	11.5 (2.8)	5.6 (0.9)	
Female	4.3 (1.5)	5.8 (1.8)	5.0 (1.7)	7.2 (2.6)	5.6 (1.0)	

*Values are given as the mean (SE), unless otherwise indicated.

†p Values correspond to age categories.

COPD Morbidität und Mortalität in Österreich

Übersicht 12

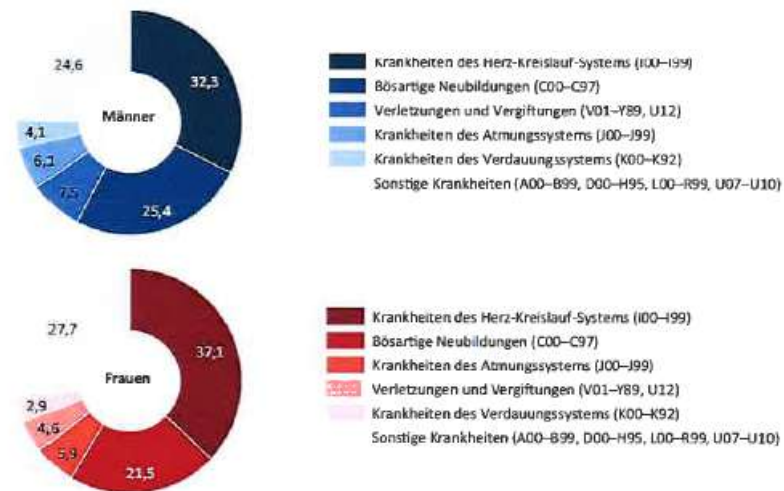
Stationäre Spitalsaufenthalte in Akutkrankenanstalten 2023 nach D

Entlassungsdiagnose (ICD-10-Kapitel) ¹	Stationäre Aufenthalte ²		
	insgesamt		Ø Aufent- haltsdauer in Tagen ⁴
	absolut	Anteil in %	
Spitalsentlassungen insgesamt ²	2 130 787	100,0	6,2
Bestimmte infektiöse und parasitäre Krankheiten (A00–B99)	47 514	2,2	7,4
Neubildungen (C00–D48)	268 587	12,6	5,6
Bösartige Neubildungen (C00–C97)	220 442	10,3	5,9
Krankheiten des Blutes und des Immunsystems (D50–D89)	16 415	0,8	6,1
Endokrine, Ernährungs- und Stoffwechselkrankheiten (E00–E90)	39 548	1,9	6,2
Psychische und Verhaltensstörungen (F00–F99)	85 549	4,0	18,2
Krankheiten des Nervensystems (G00–G99)	93 703	4,4	4,4
Krankheiten des Auges und der Augenanhangsgebilde (H00–H59)	156 825	7,4	2,4
Krankheiten des Ohres und des Warzenfortsatzes (H60–H95)	17 457	0,8	3,6
Krankheiten des Kreislaufsystems (I00–I99)	245 346	11,5	7,2
Krankheiten des Atmungssystems (J00–J99)	128 685	6,0	6,2

Jahrbuch der Gesundheitsstatistik 2023 – Demographie und Gesundheit

Grafik 1

Gestorbene 2023 nach Geschlecht und Todesursache – in Prozent



Q: STATISTIK AUSTRIA, Todesursachenstatistik. – Rundungsdifferenzen. – Ausgewählte ICD-10-Diagnosegruppen.

Global Burden of Disease Study / 2021

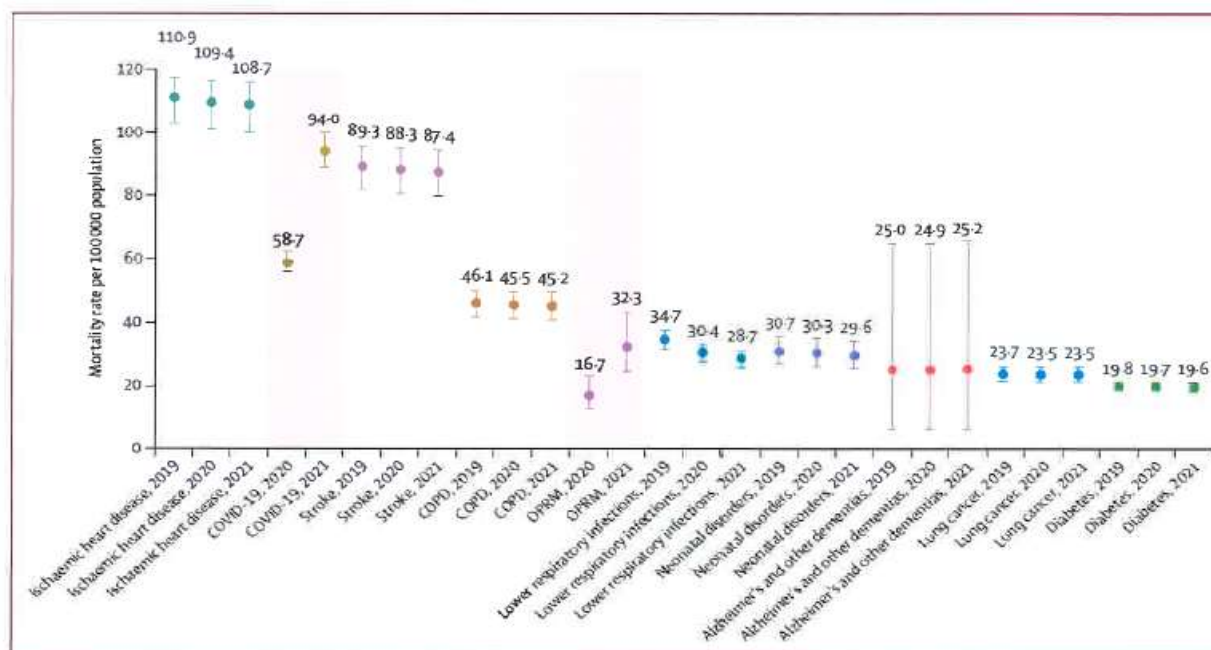


Figure 2: Age-standardised mortality rate per 100 000 population for the ten leading Level 3 causes of death globally, 2019-21

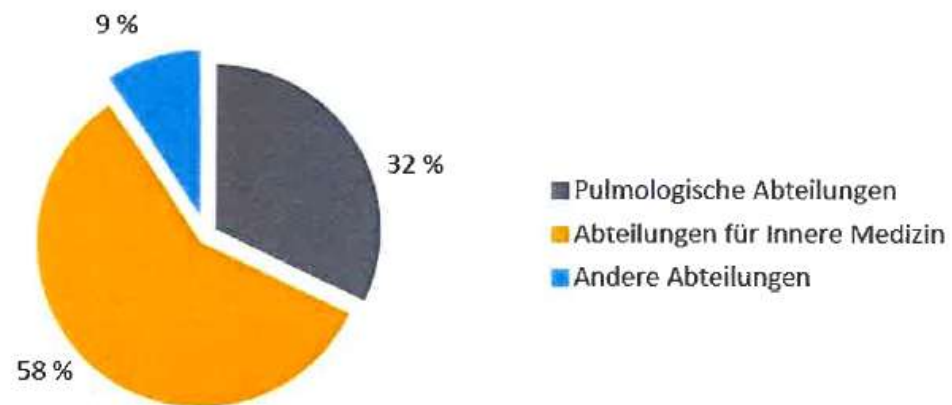
Whisker plot in which the y-axis represents the age-standardised mortality rate and the x-axis represents a selected cause-year. Causes are arranged from highest to lowest age-standardised mortality rate, with each cause assigned a distinct colour for identification. The whiskers represent the 95% uncertainty interval.

COPD=chronic obstructive pulmonary disease. OPRM=other pandemic-related mortality.

Spitalsaufenthalte mit COPD in Ö

Abbildung 4.10:

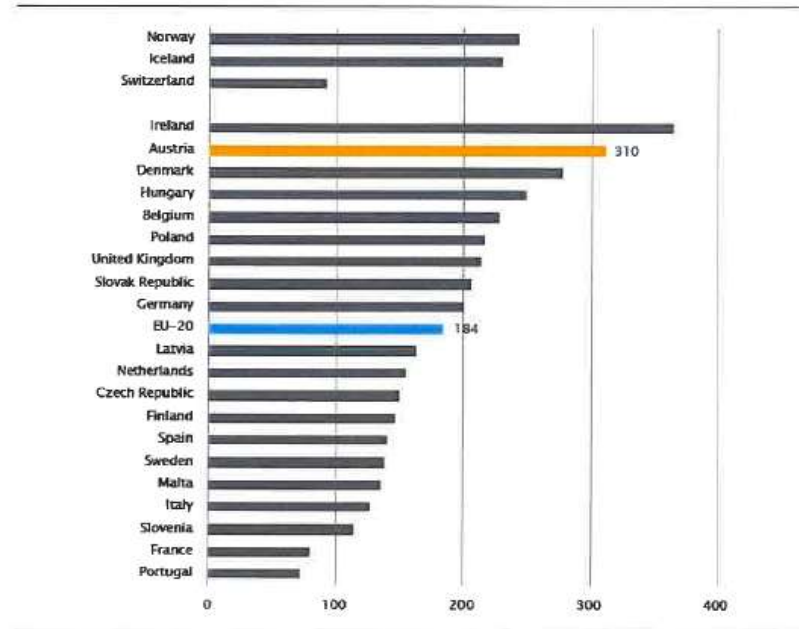
KH-Aufenthalte von COPD Patientinnen und -Patienten (HD ICD-10; J44.x, Alter ≥ 15 Jahre, exkl. Null-Tages-Aufenthalte) im Jahr 2010 nach entlassenden Abteilungen



Quellen: BMC – Diagnosen- und Leistungsdokumentation der österreichischen KA 2010;
Berechnung und Darstellung: GÖG

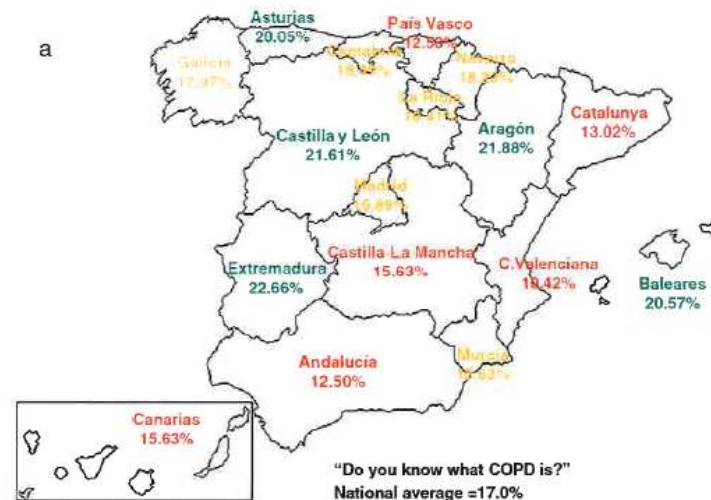
Spitalsaufenthalte mit COPD

Abbildung S.3:
COPD-Hospitalisierungsrate lt. OECD-Definition (KH-Aufnahmen/Jahr/100.000 EW; 2009 bzw. letzter verfügbares Jahr; altersstandardisiert nach Standardbevölkerung OECD 2005)



Quelle: Health at a Glance: Europe 2012; OECD 2012;
Darstellung: GOG

Wissen um COPD in der Bevölkerung



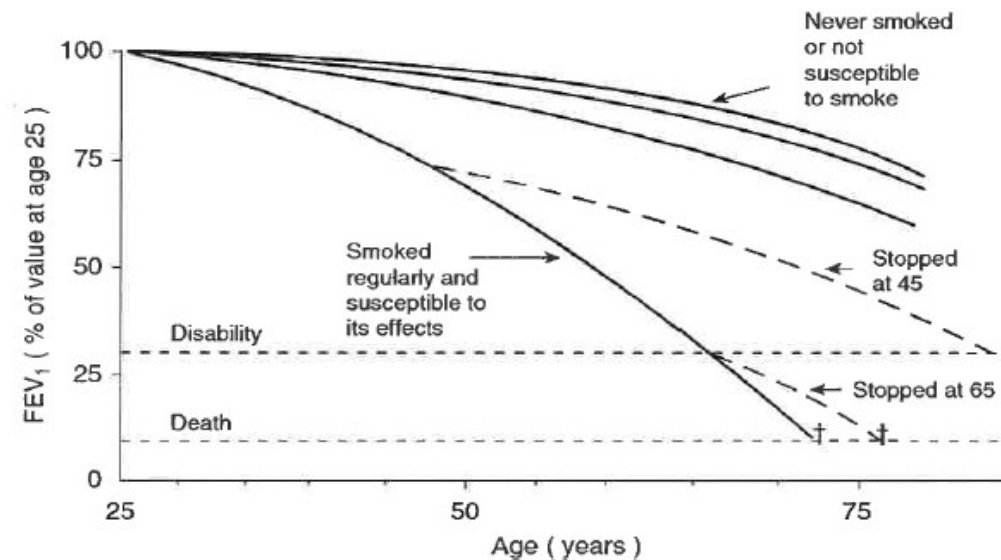
The General Public's Knowledge of Chronic Obstructive Pulmonary Disease and Its Determinants: Current Situation and Recent Changes[☆]

Joan B. Soriano,^{a,*} Myriam Calle,^b Teodoro Montemayor,^c José Luis Álvarez-Sala,^b Juan Ruiz-Manzano,^d Marc Miravittles^e

The natural history of chronic airflow obstruction

CHARLES FLETCHER, RICHARD PETO

British Medical Journal, 1977, 1, 1645-1648



Early Diagnosis and Treatment of COPD and Asthma — A Randomized, Controlled Trial

S.D. Aaron, K.L. Vandemheen, G.A. Whitmore, C. Bergeron, L.-P. Boulet, A. Côté, R.A. McIvor, E. Penz, S.K. Field, C. Lemièrre, I. Mayers, M. Bhutani, T. Azher, M.D. Lougheed, S. Gupta, N. Ezer, C.J. Licskai, P. Hernandez, M. Ainslie, G.G. Alvarez, and S. Mulpuru, for the UCAP Investigators*

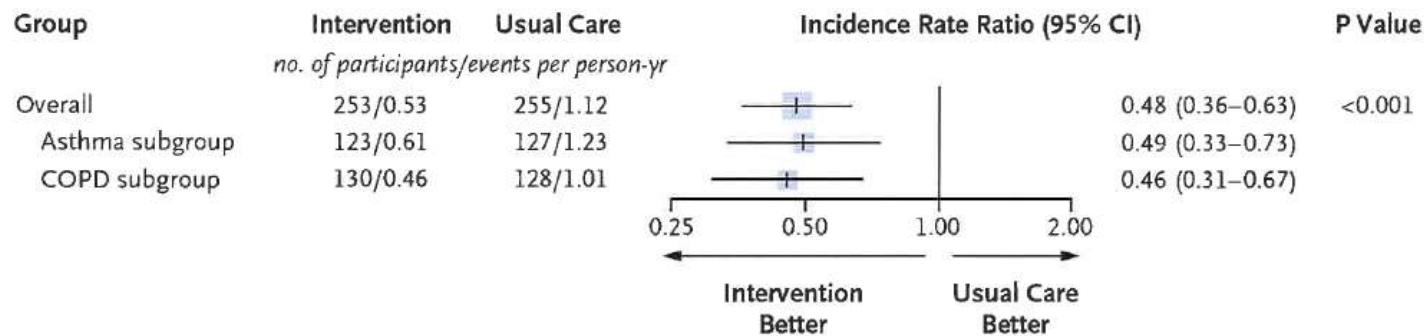
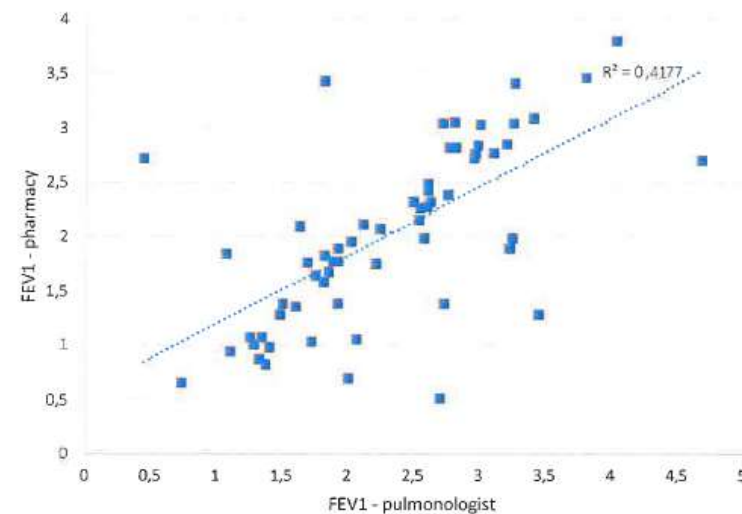
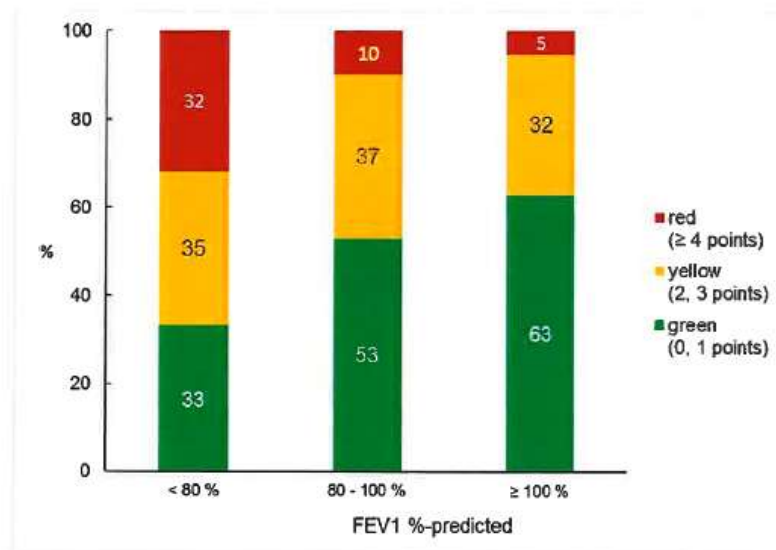


Figure 2. Primary and Subgroup Analyses of the Primary Outcome.

The incidence rate ratio of patient-initiated health care utilization events for respiratory illness over 1 year is shown for the overall cohort (primary-outcome analysis) and for the two subgroups defined according to diagnosis.

Table 3. Secondary Outcomes.			
Outcome	Intervention	Usual Care	Mean Difference (95% CI) [‡]
SGRQ total score [†]			
At baseline	39.0	38.3	
At 12 mo	28.8	31.5	
Change over 12 mo — points	−10.2	−6.8	−3.5 (−6.0 to −0.9)
CAT total score [‡]			
At baseline	17.5	17.5	
At 12 mo	13.7	14.9	
Change over 12 mo — points	−3.8	−2.6	−1.3 (−2.4 to −0.1)
Prebronchodilator FEV ₁ [§]			
At baseline — % of predicted normal value	76.1	78.9	
At 12 mo — % of predicted normal value	80.8	80.4	
Change over 12 mo — percentage points	4.7	1.5	3.2 (1.5 to 4.9)
SF-36 total score [¶]			
At baseline	61.9	64.2	
At 12 mo	66.3	66.7	
Change over 12 mo — points	4.4	2.5	1.9 (−0.4 to 4.2)

COPD case finding in 536 pharmacies in Austria, Krug P et al.



Findet COPD Patient: In Versorgung

① HAPPY SMOKER



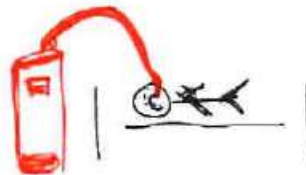
- unbekannt im Gesundheitswesen

② LESS HAPPY / INHALETER



- Allgemeinmed., FÄ, ambulante Rehab

③ UNHAPPY DEPENDENT



- ambulante / stationäre Versorgung / Exazerbator

Findet COPD Patient: In Versorgung

①

HAPPY SMOKER



- Gesundheitswissen
primäre und sekundäre
Prävention

②

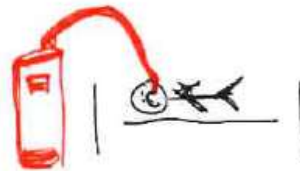
LESS
HAPPY INHALER



- Prävention
Zugang zu amb (Tele)-Rehab

③

UNHAPPY
DEPENDENT



- Beatmungsversorgungsplan
LUTX
Palliation / Frailty

Exacerbations Predict Severe Cardiovascular Events in Patients with COPD and Stable Cardiovascular Disease—A Nationwide, Population-Based Cohort Study

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Jesper Lykkegaard ⁷

¹Department of Medicine, Little Belt Hospital, Vejle, Denmark; ²Department of Regional Health Research, University of Southern Denmark, Odense, Denmark; ³Medical Department, Copenhagen University Hospital-Herlev, Herlev, Denmark; ⁴Department of Public Health, Section of Epidemiology, University of Copenhagen, Copenhagen, Denmark; ⁵i2Minds, Aarhus, Denmark; ⁶AstraZeneca Nordic, Södertälje, Sweden; ⁷Research Unit for General Practice, Institute of Public Health, University of Southern Denmark, Odense, Denmark

Table 4 Multivariate Logistic Regression Model of CV Events (Fatal and Non-Fatal) or Death Due to a Cause Other Than a CV Event

Parameter	CV Event (Fatal and Non-Fatal)				Death Due to Other Cause			
	OR	CI 95%		P-value	OR	CI 95%		P-value
		LCL	UCL			LCL	UCL	
Severe exacerbation	6.4	4.5	9.1	<0.0001	11.2	6.0	21.1	<0.0001
Moderate exacerbation only	1.5	1.0	2.1	0.0338	1.4	0.6	3.0	0.4548
No exacerbation	Ref.							
FEV ₁ <50 severe–very severe	0.8	0.6	1.1	0.2771	1.7	0.9	3.1	0.0734
FEV ₁ 50+ mild–moderate	Ref.							
mMRC high 3–5	1.3	0.9	1.9	0.1539	3.0	1.2	7.9	0.0226
MRC low 1–2	Ref.							

Findet COPD Patient:In Versorgung ... wir treffen uns in 10 Jahren

- Tabakprävention
 - Früherkennung der COPD (Fall-finding)
 - Unterstützung von COPD Selbsthilfegruppen / Gesundheitswissen
 - Ambulanter (Tele)Rehab
 - Nikotinersatz auf Krankenschein
 - Standardisierte Pfade für Sauerstofftherapie und Maskenbeatmung
 - COPD Spezialambulanzen /-zentren
 - Standardisierte Dokumentation von Pack-years und Nikotinstopp
 - COPD Edukation durch Respiratory Nurses (APNs)
-
- **National, multiprofessionelle Versorgungsleitlinie zu COPD**
 - **Nationale Taskforce zu COPD**

Besten Dank

