

Research suggests up to 241,000 Victorians may be missing out on crucial medical assistance

– New Australian Lung Foundation report presents opportunity for Victoria to lead the country in helping lung disease sufferers –

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The majority of Victorians with lung disease may be missing out on critical therapies, The Australian Lung Foundation and leading medical specialists have said today.

The Australian Lung Foundation report, which was presented to Health Minister Daniel Andrews on Wednesday,¹ highlights that there are a number of barriers which prevent access to basic rehabilitative programs – called pulmonary rehabilitation – in Victoria.

The research identifies several major barriers to treatment, chiefly transport difficulties as well as low awareness among patients and GPs of the available rehabilitative programs.² The study also shows a significant funding gap: half of the identified pulmonary rehabilitation programs are funded solely through redirecting already stretched hospital budgets.²

“The Australian Lung Foundation estimates that up to 241,000 Victorians may be missing out on significant health benefits because they are not aware of their condition, and thus not being directed to crucial therapies that will improve their wellbeing,” said Ms Heather Allan, Executive Director of The Australian Lung Foundation.

“We have had a very positive and constructive meeting with Minister Andrews,” said Ms. Allan, “and have discussed that while the Victorian health system in many ways is doing well in their support of people with lung disease, there is more that needs to be done.”

“For example, the establishment of 750 new pulmonary rehabilitation spots, along with ongoing hospital and community programs to maintain the benefits of pulmonary rehabilitation, could significantly benefit the wellbeing of Victorians with lung disease,” Ms. Allan added. “An increase in programs would also make it more likely that patients experiencing transport difficulties could access a program closer to where they live.”

Ms Allan explained that under the plans, the Victorian Government could save local taxpayers an estimated \$29-66 million over four years.³ For instance, pulmonary rehabilitation has been shown to reduce hospital admissions by between 25-50%^{4,6} for people with Chronic Obstructive Pulmonary Disease (COPD), resulting in significant cost savings to the health system.

COPD is a long term disease of the lungs that includes emphysema and chronic bronchitis, which causes shortness of breath. It is Australia’s fifth⁷ biggest killer, second⁸ most common cause of avoidable hospitalisations, and third⁹ leading cause of disease burden after heart disease and stroke.

The Australian Lung Foundation estimates that up to one in six* Victorians aged 45 or over have some form of COPD.¹⁰ This equates to approximately 320,000 people in Victoria,¹¹ up to half of whom will go on to have advanced lung disease which requires therapeutic intervention such as pulmonary rehabilitation¹².

Dr Christine McDonald, Respiratory Physician at The Austin Hospital, said that improving access to pulmonary rehabilitation could make a big difference in improving the lung health of Victorians.

“While Victoria has the second-highest overall number of pulmonary rehabilitation programs in the country, they lack a central funding mechanism, being primarily supported by existing hospital resources. Additionally, program coordinators overwhelmingly identify lack of awareness on the part of primary care providers and transport difficulties as the two major

barriers preventing patient access to these programs; simply put, people with COPD in Victoria cannot benefit from pulmonary rehabilitation if they don't even know it's available or can't get to it."

In addition to pulmonary rehabilitation, The Australian Lung Foundation has identified two other crucial avenues to improve the lives of Victorians with COPD:

- *Access to home oxygen:* Oxygen therapy is crucial to maintaining the wellbeing of people with COPD. While Victoria is considered a leader in oxygen access, there are still improvements that can be made based on ongoing research. By maintaining a funding outlay of only \$180-\$200 per month per assessed patient and ensuring centralized administration, Victorians may be able to enjoy potentially longer and higher-quality lives than they would without oxygen therapy;¹³⁻¹⁶ in fact, after four to six weeks, many may be so improved as to no longer need oxygen treatment.¹⁷
- *Improved community awareness:* Three out of four people in Victoria who have COPD, or up to 241,000 people, are not aware they have the condition.¹⁸ This means they are not taking the crucial steps to manage their condition and stem its progress. A statewide community awareness campaign can not only help in the early diagnosis and management of COPD, but can prevent new cases from developing by making people aware of its contributing influences (primarily smoking). In addition, the program would also educate GPs about the availability of local pulmonary rehabilitation programs for their patients.

Other previous research findings from COPD patients include:¹⁹

- Pulmonary rehabilitation is the number one reason why people with COPD report experiencing an improvement in their well-being since diagnosis; of those patients who are able to access this treatment, 82% select it. Other important interventions nominated include: support from doctors (76%), medication (76%), support from other healthcare professionals (65%) and joining a local COPD support group (61%).
- Treatment and support is important, as within the first six months of being diagnosed 52% of patients said they had feelings of depression.

People with COPD and their carers can contact The Australian Lung Foundation for information to help them understand and best manage their condition, as well as to put them in contact with local support groups,. For further information, help and support please call for free on 1800 654 301 or visit The Australian Lung Foundation website at www.lungnet.com.au

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Editor's notes:

- (*) Research undertaken in three inner south-eastern Melbourne electorates among 1,224 adults aged between 45 and 69 (95% CI, 15.3% - 21.6%).⁸
- Victorian prevalence figures calculated using ABS 45+ population data,⁹ and separate research showing up to one in six⁸ Australians aged 45 or over has the condition.

FURTHER INFORMATION

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References

1. The Australian Lung Foundation. COPD: Knocking the Wind Out of Over 33,000 Tasmanians. August 2007.
2. The Australian Lung Foundation. Pulmonary Rehabilitation Survey June 2007.
3. The Australian Lung Foundation. COPD: Knocking the Wind Out of Over 33,000 Tasmanians. August 2007.
4. Lacasse Y, Brosseau L, Milne S *et al.* Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database of Systematic Review. 2001; Issue 4
5. Griffiths TL, Phillips CJ, Davies S *et al.* Cost effectiveness of an outpatient multidisciplinary pulmonary rehabilitation programme. *Thorax* 2001;**56**:779-784
6. Golmohammadi K, Jacobs P, Sin DD. Economic evaluation of a community-based pulmonary rehabilitation program for chronic obstructive pulmonary disease. *Lung* 2004;**182**:187-196
7. AIHW, Chronic Diseases Mortality, http://www.aihw.gov.au/cdarf/data_pages/mortality/index.cfm
8. Page A, Abrose S, Glover J *et al.* Atlas of Avoidable Hospitalisations in Australia: ambulatory care-sensitive conditions. Adelaide PHIDU. University of Adelaide

9. Mathers C, Vos T, Stephenson C. 1999 The Burden of Disease and Injury in Australia. ISBN 1-74024-019-7. AIHW Cat. No. PHE-17
10. Abramson MJ. Respiratory symptoms and lung function in older people with asthma or chronic obstructive pulmonary disease. *MJA* 4 July 2005; 183(1):S23-S25
11. ABS. Population by Age and State.
12. The Australian Lung Foundation Advocacy document. September 2004.
13. Eaton T, Lewis C, Young P Long-term oxygen therapy improves health related quality of life. *Respir Med* 2004; Vol 98; 285-93
14. Medical Research Council Working Party. Long term domiciliary oxygen therapy in chronic hypoxic cor pulmonale complicating chronic bronchitis and emphysema. *Lancet* 1981; 1:681-686
15. Nocturnal Oxygen Therapy Trial Group. Continuous or nocturnal oxygen therapy in hypoxemic chronic obstructive lung disease: a clinical trial. *Ann Intern Med* 1980; 93:391-8
16. The COPD-X Guidelines, developed jointly by The Australian Lung Foundation and The Thoracic Society of Australia and New Zealand, detail best practice treatment for the management of patients with COPD, www.copdx.org.au.
17. Eaton TE, Grey C, Garrett JE, An evaluation of short term oxygen therapy: the prescription of oxygen to patients with chronic lung disease hypoxic at discharge from hospital. *Respir Med* 2001; Vol 95; page 582-7
18. Frith P. Prevalence and Treatment of Chronic Obstructive Pulmonary Disease (COPD) in Australia. Australian Lung Foundation, Nov 2004
19. The Australian Lung Foundation. COPD Patient Survey May 2006.