

Søgeprotokol for opdatering på (nr.10) NKR KOL

Projekttitel/aspekt	Opdateret søgning på NKR for KOL - Guidelines
Projektleder	Sarah Wåhlin-Jacobsen / Henriette Edemann Callesen
Søgespecialist	Birgitte Holm Petersen / Kirsten Birkefoss
Senest opdateret	16.09.2017


Baggrund	Opdatering
Søgetermer	<p><u>Engelsk</u>: chronic obstructive lung disease, chronic obstructive pulmonary disease, chronic obstructive lung disorder, pulmonary disease, chronic obstructive, copd, coad = Chronic Obstructive Airways Disease</p> <p><u>Dansk</u>: kronisk obstructiv lungesygdom, KOL</p> <p><u>Svensk</u>: kronisk lungsjukdom, kroniskt obstruktiv lungsjukdom, luftvägssjukdom, KOL</p> <p><u>Norsk</u>: lungesykdommer, KOLS, lungesykdom, kronisk obstruktiv lungesykdom</p>
Inklusions- og eksklusionskriterier	<p>År: 2013 til juni 2017</p> <p>Publikationstyper: Guidelines, HTA og Cochrane Reviews</p>


Informationskilder


DATABASER	INTERFACE	FUND	DATO FOR SØGNING
G-I-N International	internettet	(49) 9	26.06.2017
NICE (UK)	-	(54) 4	26.06.2017
National Guideline Clearinghouse (USA)	-	(27) 8	26.06.2017
Scottish Intercollegiate Guidelines Network (SIGN)	-	ingen	26.06.2017
HTA Databasen (CRD database)	-	31	26.06.2017
SBU, Sverige	-	4	26.06.2017
Socialstyrelsen, Sverige	-	4	26.06.2017
Helsedirektoratet, Norge	-	Ingen	26.06.2017
Kunnskapssenteret, Norge	-	Ingen	26.06.2017
The Cochrane library	-	70	16.09.2017
Medline	OVID	218	07.09.2017
Embase	OVID	256	07.09.2017


Søgestrategier og fund

GIN – COPD or chronic obstructive pulmonary disease 49 fund heraf relevante 9

Relevanc e	Title	Organisat ion	Type	Date	Rel evant Co untries	Publication Status	
100 %	COPD (M26) [COPD]	NHG (NL) - Dutch College of General Practitioner s	Guid eline	Apr 01, 2015	Net herland s	Published	
84%	COPD – Nationale Versorgung sLeitlinie (NVL) [COPD – German National Disease Managem ent Guideline]	AQuMed/A EZQ (DE) - German Agency for Quality in Medicine	Guid eline	Dec 01, 2018	Ger man y	Under review	
77%	Chronisch Obstruktive Lungenerkr ankung – COPD. PatientenLe	AQuMed/A EZQ (DE) - German Agency for Quality in Medicine	Guid eline	Dec 01, 2018	Ger man y	Under review	

Relevance	Title	Organisation	Type	Date	Relevant Countries	Publication Status	
	<p>Leitlinie zur Nationalen Versorgung sLeitlinie [COPD – patient version of the German National Disease Management Guideline]</p>						
75%	<p>Systematische Leitlinienrecherche und -bewertung sowie Extraktion neuer und relevanter Empfehlungen für das DMP COPD [Systematic guideline search and appraisal, as well as extraction of new and relevant recommendations, for the DMP</p>	<p>IQWiG (DE) - Institute for Quality and Efficiency in Health Care (Former member: entries in the Guideline Library are not being updated)</p>	Evidence report	Nov 11, 2013	Germany	Published	

Relevance	Title	Organisation	Type	Date	Relevant Countries	Publication Status	
	"COPD"]						
73%	Tabakentwöhnung bei COPD. S3-LL (DGP, DGPPN, DG-Sucht) [Smoking cessation in COPD]	AWMF (DE) - Association of Scientific Medical Societies	Guideline	Jan 01, 2014	Germany	Published	
70%	COPD – Chronic obstructive pulmonary disease. In: Pulmonary (acute & chronic). Work Loss Data Institute. NGC:010110	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Oct 29, 2013	United States	Published	
70%	Diagnostik, Prävention und	AWMF (DE) - Association	Guideline	Aug 31, 2017	Germany	In development	

Relevance	Title	Organisation	Type	Date	Relevant Countries	Publication Status	
	Therapie der chronisch obstruktiven Lungenerkrankung (COPD). S2e-LL (DGP) [Diagnosis, prevention and therapy of chronic obstructive pulmonary disease (COPD)]	n of Scientific Medical Societies					
66%	Diagnosis and management of chronic obstructive pulmonary disease (COPD). Institute for Clinical Systems Improvement. NGC:009774	AHRQ (US) - Agency for Healthcare Research and Quality	Guideline Clearing Report	Mar 01, 2013	United States	Published	
63%	Support for Older People with	JBI (AU) - Joanna Briggs	Guideline	Dec 04, 2013	Australia	Published	

Relevance	Title	Organisation	Type	Date	Relevant Countries	Publication Status
	COPD in Community Settings (Best Practice 17(4))	Institute				

NICE – COPD or chronic obstructive pulmonary disease 54 fund her af 4 relevante

Chronic obstructive pulmonary disease in adults (QS10)

Evidence-based statements to deliver quality improvements in assessing, diagnosing and managing chronic obstructive pulmonary disease (COPD) in adults

Quality standard Published July 2011 Last updated February 2016

More

- [Overview](#)
- [Introduction](#)
- [List of quality statements](#)
- [Quality statement 1: Diagnosis with spirometry](#)
- [Quality statement 2: Inhaler technique](#)
- [Quality statement 3: Assessment for long-term oxygen therapy](#)
- [Quality statement 4: Pulmonary rehabilitation for stable COPD and exercise limitation](#)
- [Quality statement 5: Pulmonary rehabilitation after an acute exacerbation](#)

Chronic obstructive pulmonary disease in over 16s: diagnosis and management (CG101)

Evidence-based recommendations on diagnosing and managing chronic obstructive pulmonary disease (COPD) in over 16s

Clinical guideline Published June 2010 - **er ved at blive opdateret 2017**

- [Overview](#)
- [Introduction](#)
- [Working definition of COPD](#)
- [Patient-centred care](#)
- [Key priorities for implementation](#)
- [1 Guidance](#)
- [2 Notes on the scope of the guidance](#)
- [3 Implementation](#)

[Chronic obstructive pulmonary disease – roflumilast \[ID984\]](#)

In development [GID-TA10062] Expected publication date: 01 July 2017

Technology appraisal guidance In development

[Chronic obstructive pulmonary disease in over 16s: diagnosis and management \(update\)](#)

In development [GID-NG10026] Expected publication date: 28 November 2018

NICE guideline In development

OBS på DENNE:

Chronic obstructive pulmonary disease in over 16s: diagnosis and management (update)

<https://www.nice.org.uk/guidance/indevelopment/gid-ng10026>

In development [GID-NG10026] Expected publication date: 28 November 2018 Register as a stakeholder

This guidance will partially update the following:

(CG101)

Status In progress

Draft guidance consultation 18 June 2018 - 16 July 2018

Expected publication 28 November 2018

Developer NICE Clinical Guidelines Team

NGC – copd 27 heraf 8 relevante

Søgeord: COPD og Chronic obstructive pulmonary disease

- NGC:010698
- 2015 APR

[Prevention of acute exacerbations of COPD: American College of Chest Physicians and Canadian Thoracic Society guideline.](#)

American College of Chest Physicians; Canadian Thoracic Society

- NGC:010948

- 2016 APR 5
[Screening for chronic obstructive pulmonary disease: U.S. Preventive Services Task Force recommendation statement.](#)
U.S. Preventive Services Task Force

- NGC:009985

- 2013 SEP
[Multiple Chronic Conditions](#)
LEARN MORE ABOUT MULTIPLE CHRONIC CONDITIONS
[British Thoracic Society guideline on pulmonary rehabilitation in adults.](#)
British Thoracic Society

- NGC:010228

- 2013 DEC
[AARC clinical practice guideline: effectiveness of nonpharmacologic airway clearance therapies in hospitalized patients.](#)
American Association for Respiratory Care

- NGC:010792

- 2015 JUN
[British Thoracic Society guidelines for home oxygen use in adults.](#)
British Thoracic Society

- NGC:010862

- 2014 APR 15
[Official American Thoracic Society technical standards: spirometry in the occupational setting.](#)
American Thoracic Society

- NGC:010434

- 2014 MAY 20
[Management of obstructive sleep apnea using auto-titrating positive airway pressure \(APAP\) and continuous positive airway pressure \(CPAP\) devices.](#)
AIM Specialty Health

- NGC:010954
- 2016 APR

CRD /HTA

Line	Search	Hits	
<input type="checkbox"/>	1	(COPD OR chronic obstructive pulmonary disease*) IN HTA FROM 2013 TO 2017	31

Record #1

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XCL: There was little evidence of benefit of providing SM support to patients shortly after discharge from hospital, although effects observed were consistent with possible improvement in HRQoL and reduction in hospital admissions. It was not easy to tease out the most effective components of SM support packages, although interventions containing exercise seemed the most effective. Future work should include qualitative studies to explore barriers and facilitators to SM post exacerbation and novel approaches to affect behaviour change, tailored to the individual and their circumstances. Any new trials should be properly designed and conducted, with special attention to reducing loss to follow-up. Individual participant data meta-analysis may help to identify the most effective components of SM interventions.

TTL: Supported self-management for patients with moderate to severe chronic obstructive pulmonary disease (COPD): an evidence synthesis and economic analysis

AUT: Jordan RE, Majothi S, Heneghan NR, Blissett DB, Riley RD, Sitch AJ, Price MJ, Bates EJ, Turner AM, Bayliss S, Moore D, Singh S, Adab P, Fitzmaurice DA, Jowett S, Jolly K

XSO: Health Technology Assessment

PUB: NIHR Health Technology Assessment programme

XYR: 2015

VOL: 19(36)

XPT: HTA Technology Assessment Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

XAO: To undertake (1) a systematic review of the evidence for the effectiveness of SM interventions commencing within 6 weeks of hospital discharge for an exacerbation for COPD (review 1); (2) a systematic review of the qualitative evidence about patient satisfaction, acceptance and barriers to SM interventions (review 2); (3) a systematic review of the cost-effectiveness of SM support interventions within 6 weeks of hospital discharge for an exacerbation of COPD (review 3); (4) a cost-effectiveness analysis and economic model of post-exacerbation SM support compared with usual care (UC) (economic model); and (5) a wider systematic review of the evidence of the effectiveness of SM support, including interventions (such as pulmonary rehabilitation) in which there are significant components of SM, to identify which components are the most important in reducing exacerbations, hospital admissions/readmissions and improving quality of life (review 4).

COL: England

KWO: Pulmonary Disease, Chronic Obstructives; Self Care

XAC: 32012000376

XID: 08 Aug 2012

XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32012000376>

Record #2

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TTL: PRM™ COPD for chronic obstructive pulmonary disease
AUT: NIHR HSC
XSO: Birmingham: NIHR Horizon Scanning Centre (NIHR HSC)
PUB: NIHR Horizon Scanning Centre (NIHR HSC)
XYR: 2013
XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: England
KWO: Humans; Pulmonary Disease, Chronic Obstructive
XAC: 32013000616
XID: 08 Aug 2013
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32013000616>

Record #3

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XCL: Chronic obstructive pulmonary disease (COPD) is the fifth-leading cause of death in developed countries. The major cause is smoking. The disease is characterized by obstructive symptoms, dyspnea or shortness of breath (SOB), and decreased exercise capacity, which are progressive over time. In patients with COPD, dyspnea is closely associated with quality of life and survival. Lung spirometry and arterial blood gas measurements are used to assess the severity of COPD, but these do not always correlate with the prevailing symptom of dyspnea. In patients with COPD, respiratory muscle strength may be decreased due to deconditioning and weight loss. Due to the constellation of findings in patients with COPD, multiple measures of disease severity, well-being, and function are used to assess disease progression or improvement.
TTL: Acupuncture for treatment of Chronic Obstructive Pulmonary Disease (COPD)
XSO: Lansdale, PA: HAYES, Inc
PUB: HAYES, Inc.
XYR: 2013
XPT: Report
XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.
COL: United States
KWO: Acupuncture Therapys; Pulmonary Disease, Chronic Obstructive
XAC: 32013000833
XID: 13 Nov 2013
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32013000833>

Record #4

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XCL: Compared with tiotropium monotherapy, adding formoterol to tiotropium statistically significantly improved the lung function (FEV1) in the treatment of patients with moderate to severe COPD; Adding budesonide/formoterol to tiotropium statistically significantly improved lung function (FEV1) and reduced the frequency of severe exacerbation, and appears cost effective compared with

tiotropium monotherapy in the treatment of severe COPD. The long term comparative clinical effectiveness, harms and the cost effectiveness of these COPD treatment strategies remain to be established.

TTL: Long-acting beta-agonists and inhaled corticosteroids for treatment of chronic obstructive pulmonary disease: a review of the clinical efficacy and cost-effectiveness

AUT: CADTH

XSO: Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)

PUB: Canadian Agency for Drugs and Technologies in Health (CADTH)

XYR: 2013

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada

KWO: Humans; Pulmonary Disease, Chronic Obstructive; Adrenergic beta-Agonists; Bronchodilator Agents; Corticosterone

XAC: 32014000163

XID: 28 Jan 2014

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014000163>

Record #5

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TTL: [Systematic guideline search and appraisal, as well as extraction of new and relevant recommendations, for the DMP "COPD"]

AUT: IQWiG

XSO: Cologne: Institut fuer Qualitaet und Wirtschaftlichkeit im Gesundheitswesen (IQWiG)

PUB: Institut fuer Qualitaet und Wirtschaftlichkeit im Gesundheitswesen (IQWiG)

XYR: 2013

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Germany

KWO: Pulmonary Disease, Chronic Obstructive; Practice Guidelines as Topics; Germany

XAC: 32014000697

XID: 03 Jul 2014

XLA: German

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014000697>

Record #6

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XCL: The Canadian Drug Expert Committee (CDEC) recommends that aclidinium bromide be listed for the treatment of chronic obstructive pulmonary disease (COPD) if the following conditions are met: • List in a manner similar to other long-acting antimuscarinic antagonists (LAMAs). • Drug plan costs for aclidinium bromide should not exceed the cost of any other LAMA.

TTL: Aclidinium bromide (Tudorza Genuair - Almirall Canada Ltd.) indication: chronic obstructive pulmonary disease

AUT: CADTH

XSO: Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)

PUB: Canadian Agency for Drugs and Technologies in Health (CADTH)

XYR: 2014

VOL: SR0346
XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: Canada
KWO: Humans; Pulmonary Disease, Chronic Obstructive; Tropanes
XAC: 32014000735
XID: 08 Jul 2014
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014000735>

Record #7

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XCL: The available evidence shows that for adults with diabetes, better glycemic control is achieved with group care compared with usual care. One included study found that for adults with hypertension better control of blood pressure is achieved with group care compared with usual care. However, there are variations in the structure of group care, and details on usual were not consistently described. It was assumed that usual care is likely to involve a one-to-one care provider. No information on the effectiveness group care for COPD or HIV/AIDS, and no cost-effectiveness evaluations of group care models were identified. No evidence based guideline specifically on group care for chronic disease management was identified. One guideline on diabetes management recommended that diabetes education should be delivered in groups or individually, but did not recommend a preferred model.

TTL: Group care for chronic disease management: a review of the clinical effectiveness, cost-effectiveness, and guidelines

AUT: CADTH

XSO: Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)

PUB: Canadian Agency for Drugs and Technologies in Health (CADTH)

XYR: 2013

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada

KWO: Chronic Diseases; Disease Management; Delivery of Health Care; Patient Care Team

XAC: 32014000888

XID: 17 Jul 2014

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014000888>

Record #8

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TTL: Alpha-1 antitrypsin deficiency (AATD)

XSO: Lansdale, PA: HAYES, Inc

PUB: HAYES, Inc.

XYR: 2014

XPT: Report

XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

XAO: Alpha-1-antitrypsin deficiency (AATD) is a genetic disorder that occurs due to abnormalities in the production of alpha-1-antitrypsin (AAT). The most common clinical conditions associated with AATD are chronic obstructive

pulmonary disease (COPD) and liver disease. AAT is encoded by the serpin peptidase inhibitor, clade A (alpha-1 antiprotease, antitrypsin), member 1 (SERPINA1) gene with the normal variant M and 2 main deficiency variants Z and S. The Z variant is associated with severe AATD. The number of carriers of AAT deficiency variants is estimated to be 116 million worldwide, and severe AATD is estimated to be present in 1.1 million individuals. The highest prevalence of AATD is observed in individuals of European ancestry. AATD is diagnosed based on clinical criteria, including presence of COPD or liver disease, in addition to use of laboratory methods such as estimation of AAT levels, molecular genetic testing, and protein testing. In most laboratories, these testing methods are used in combination with one another either simultaneously or in series to improve accuracy of AATD diagnosis. The current report evaluates evidence for AATD testing using methods that detect Z and S variants, including polymerase chain reaction (PCR)-based methods and isoelectric focusing (IEF). Various applications of S and Z variant and phenotype testing are assessed, including presence of these variants and phenotypes in patients with COPD or liver disease, population screening, prenatal diagnosis, and augmentation therapy response.

CO1: United States
KWO: alpha 1-Antitrypsin Deficiencies
XAC: 32014000965
XID: 06 Aug 2014
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014000965>

Record #9

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XCL: There is low quality evidence that certain airway clearance techniques have beneficial impacts on some outcomes, as described below: Airway clearance techniques that apply a positive pressure to the airways, such as intrapulmonary percussive ventilation and positive expiratory pressure (PEP), reduce the need for, and duration of, ventilation. Intrapulmonary percussive ventilation reduces the hospital length of stay in COPD patients with acute exacerbations of COPD and mild respiratory acidosis. Some airway clearance techniques may increase sputum expectoration, but the results of the supporting studies may be inaccurate given the method of measurement used. Given the low quality of evidence, further research may change the estimate of effect. Early mobilization programs: One systematic review identified 1 small RCT that assessed the effectiveness of walking programs compared to standard care. Although the study found statistically significant improvements for a number of patient outcomes, including exercise capacity and lung function for the walking program compared to standard care, the quality of evidence is poor and not generalizable to the Ontario context. However, the positive outcomes observed indicate that this may be a good area for future high-quality research.

TTL: Inhospital physiotherapy for acute exacerbations of chronic obstructive pulmonary disease (AECOPD): a rapid review

AUT: McCurdy BR
XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2013
XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

CO1: Canada
KWO: Humans; Physical Therapy Modalities; Pulmonary Disease, Chronic Obstructive
XAC: 32014001027

XID: 15 Sep 2014
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014001027>

Record #10

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XCL: Based on 1 systematic review that evaluated the effectiveness of action plans with or without limited education (education sessions up to 1 hour in length) compared with usual care, the following conclusions were reached: - Action plans significantly increase antibiotic and corticosteroid use during an acute exacerbation. - Action plans significantly increase patient knowledge about COPD and what actions to take during an exacerbation. - Action plans do not impact health care utilization or other clinical outcomes including health related quality of life, mortality, lung function, functional capacity, symptoms, anxiety, or depression.

TTL: Action plans for individuals with chronic obstructive pulmonary disease (COPD): a rapid review

AUT: McCurdy BR

XSO: Toronto: Health Quality Ontario

PUB: Health Quality Ontario (HQO)

XYR: 2013

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

CO1: Canada

KWO: Humans; Pulmonary Disease, Chronic Obstructive; Delivery of Health Care, Integrated

XAC: 32014001026

XID: 15 Sep 2014

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014001026>

Record #11

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XCL: As the prevalence of long-term conditions increases there is a greater focus on encouraging people to manage their condition(s). Self-care has been identified as integral to maintaining the health and wellbeing of people with COPD. There is consistent evidence that multicomponent interventions reduce respiratory-related hospital admissions and improve quality of life for people with COPD. Multicomponent interventions that include action plans, exercise, education and smoking cessation are likely to be beneficial. Smoking cessation programmes are more successful when people are informed about the link between smoking and COPD, have an action plan, and make use of social support. Hospital- and community-based pulmonary rehabilitation has some short-term impact on health-related quality of life and hospital admissions, but the effects of home-based rehabilitation are unclear.

TTL: Self-care support for people with COPD

AUT: Centre for Reviews and Dissemination

XSO: York: Centre for Reviews and Dissemination (CRD)

PUB: University of York

XYR: 2014

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

CO1: England

KWO: Pulmonary Disease, Chronic Obstructives; Self Care
XAC: 32014001374
XID: 17 Nov 2014
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014001374>

Record #12

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XCL: Telehealth is a broad term used to describe the use of communication and information technologies that aim to provide healthcare at a distance. Vale of York Clinical Commissioning Group inherited a telehealth service that had failed to provide the expected benefits. They have requested an evidence briefing to inform their commissioning of telehealth services. The focus of this briefing is telehealth interventions for people with chronic obstructive pulmonary disease (COPD), diabetes or heart failure. Although there is a large amount of available evidence, much of it is weak and/or contradictory. However, there is good evidence that telehealth monitoring can reduce mortality in patients with heart failure, particularly those recently discharged from hospital. Studies evaluating the cost-effectiveness of telehealth generally have methodological weaknesses that limit their reliability and generalisability to NHS settings. Many of the conditions that have favoured the successful large-scale implementation of telehealth in other settings (remote populations, centralised IT infrastructure and decision-making) are not replicated in the NHS. Implementing telehealth systems more incrementally at a pace that enables greater system integration and local adaptation may offer a better chance of success than a 'big bang' approach. Monitoring resource use, patient experience and impact on clinical outcomes will be integral to any service deployment.

TTL: Telehealth for patients with long term conditions

AUT: Centre for Reviews and Dissemination

XSO: York: Centre for Reviews and Dissemination (CRD)

PUB: University of York

XYR: 2013

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: England

KWO: Humans; Telemedicine; Long-Term Care

XAC: 32014001367

XID: 17 Nov 2014

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32014001367>

Record #13

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XCL: The Canadian Drug Expert Committee (CDEC) recommends that acclidinium bromide be listed for the treatment of chronic obstructive pulmonary disease (COPD) if conditions are met.

TTL: Acclidinium bromide (Tudorza Genuair – Almirall Canada Ltd.) indication: chronic obstructive pulmonary disease

AUT: CADTH

XSO: Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)

PUB: Canadian Agency for Drugs and Technologies in Health (CADTH)

XYR: 2014

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: Canada
KWO: Humans; Pulmonary Disease, Chronic Obstructive; Muscarinic Antagonists; Tropanes
XAC: 32015000213
XID: 06 Mar 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000213>

Record #14

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DOI: 10.1177/1060028013512615
XCL: The Canadian Drug Expert Committee (CDEC) recommends that fluticasone furoate/vilanterol (FF/V) be listed for the long-term, once-daily maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema, and to reduce exacerbations of COPD in patients with a history of exacerbations, if clinical criteria are met.
TTL: Fluticasone furoate /vilanterol (Breo Ellipta – GlaxoSmithKline)
indication: chronic obstructive pulmonary disease
AUT: CADTH
XSO: Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)
PUB: Canadian Agency for Drugs and Technologies in Health (CADTH)
XYR: 2014
XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: Canada
KWO: Adrenergic beta-2 Receptor Agonists /adverse effects /pharmacology /therapeutic use; Androstadienes /adverse effects /pharmacology /therapeutic use; Benzyl Alcohols /adverse effects /pharmacology /therapeutic use; Bronchodilator Agents /therapeutic use; Chlorobenzenes /adverse effects /pharmacology /therapeutic use; Drug Combinations; Forced Expiratory Volume /drug effects; Glucocorticoids /adverse effects /pharmacology /therapeutic uses; Pulmonary Disease, Chronic Obstructive /drug therapy /physiopathology
XAC: 32015000174
XID: 06 Mar 2015
XLA: English
XPR: 24259654
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000174>

Record #15

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XCL: The findings of the Pulmonary Rehabilitation in Ontario Survey suggest that: The capacity in Ontario to provide PR services to people with COPD is limited. Although some increase in capacity has occurred since the last survey in 2005, PR resources in Ontario are insufficient to support clinical practice guideline recommendations.
TTL: Pulmonary Rehabilitation in Ontario: OHTAC Recommendation
AUT: Ontario Health Technology Advisory Committee
XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2015
XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: Canada
KWO: Humans; Recovery of Function; Pulmonary Disease, Chronic Obstructive
XAC: 32015000481
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000481>

Record #16

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XCL: Although some increase in capacity has occurred since a similar survey in 2005, PR resources in Ontario are insufficient to support the delivery of care to people with COPD in accordance with clinical practice guideline recommendations.

TTL: Pulmonary Rehabilitation in Ontario: A Cross-Sectional Survey
AUT: Bowen JM, Campbell K, Sutherland S, Brooks D, Bartlett A, Qureshi R, Goldstein R, Gershon AS, Prevost S, Samis L, Kaplan AG, Hopkins RB, MacDougald C, Nunes E, O'Reilly DJ, Goeree R

XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2015
XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada
KWO: Humans; Recovery of Function; Pulmonary Disease, Chronic Obstructive
XAC: 32015000478
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000478>

Record #17

%%%

XCL: On the basis of six systematic reviews evaluating the effectiveness of educational or self-management programs, the following conclusions were reached:

- Low quality of evidence indicates that a patient's information provision has no impact on HRQoL or ADL among stroke patients.
- Moderate quality of evidence shows that the majority of RCTs (5 of 8) were in favor of self-management programs in relation to HRQoL among stroke patients, although findings were mixed.
- Moderate quality of evidence supports the hypothesis that self-management programs reduce hospital admissions and increase HRQoL among CHF patients.
- Moderate quality of evidence supports the hypothesis that general patient educational programs reduce hospital admissions and improve HRQoL in CHF patients.
- Moderate quality of evidence indicates that general patient educational programs reduce hospital admissions and improve HRQoL in COPD patients.
- Moderate quality of evidence indicates that self-management programs reduce hospital admissions and improve HRQoL in COPD patients.

TTL: Self-management and educational interventions in the postacute stroke population: a rapid review
AUT: Kabali C
XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2015

XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: Canada
KWO: Stroke; Self Care; Health Knowledge, Attitudes, Practices
XAC: 32015000498
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000498>

Record #18

%%%

XCL: One relevant systematic review by Vieira et al 2010 was identified and within the review four relevant RCTs compared home-based pulmonary rehabilitation with outpatient-based pulmonary rehabilitation. Statistically or clinically significant differences were in general not found for the outcomes of exercise capacity or health-related quality of life between home-based versus outpatient-based pulmonary rehabilitation (GRADE quality: very low).
TTL: Pulmonary rehabilitation in the home versus other settings for individuals with chronic obstructive pulmonary disease (COPD): a rapid review
AUT: Wang M
XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2015
XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.
COL: Canada
KWO: Humans; Home Care Services; Pulmonary Disease, Chronic Obstructive; Recovery of Function; Home Care Services, Hospital-Based
XAC: 32015000495
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000495>

Record #19

%%%

XCL: There were no studies that reported the effect of RT services on the time interval between acute exacerbations. Based on the results of a very small RCT with serious limitations due to risk of bias, COPD educational strategies involving an educational guide, RT home visit, or a combination did not have an effect on HRQOL, compared with usual care. Based on a large RCT with some limitations due to risk of bias, a community-based COPD-specific disease management program led by an RT reduced ED visits and hospitalizations and led to a smaller decline in HRQOL over a 1-year period, compared with usual care.
TTL: Respiratory therapy services in home care for individuals with chronic obstructive pulmonary disease (COPD): a rapid review
AUT: Health Quality Ontario
XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2015
XPT: Report
XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

CO1: Canada
KWO: Humans; Pulmonary Disease, Chronic Obstructive; Respiratory Therapy; Home Care Services
XAC: 32015000491
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000491>

Record #20

%%%

XCL: The evidence yielded mixed results on the effectiveness and safety of the prophylactic use of the antibiotic azithromycin (AZM) for COPD patients. From the examination of 1 systematic review of RCTs (in Rapid Review, proper): Compared with placebo, prophylactic treatment with AZM in moderate to severe COPD patients at increased risk of future exacerbations significantly: o increased time to first exacerbation (GRADE quality of evidence: Moderate) o decreased the frequency of exacerbations (GRADE: Moderate) o shortened the duration of exacerbations (GRADE: Low) Compared with placebo, prophylactic treatment with AZM in moderate to severe COPD patients at increased risk of future exacerbations was associated with significant occurrence of adverse events, including: o GI adverse events (GRADE: Very low) o hearing impairment (GRADE: Moderate) o increased likelihood of colonization with macrolide-resistant organisms (i.e., increased risk of macrolide resistance) (GRADE: Moderate) From the examination of 2 RCTs (in addendum to Rapid Review): Based on a single RCT conducted on COPD patients who had experienced 3 or more exacerbations in the previous year, prophylactic AZM therapy compared with placebo: o increased the time to first exacerbation o reduced the frequency of exacerbations o increased the likelihood of diarrhoea o reduced the likelihood of colonization with macrolide-resistant organisms (i.e., reduced risk of macrolide resistance), for which no explanation was provided Based on a single RCT conducted on COPD patients with chronic productive cough, no difference was found between the AZM and placebo groups in o effect on exacerbations o GI adverse events The evidence showed both a general trend of beneficial effect on patients' COPD exacerbation rates and uncertainty around the risk of adverse events and antibiotic resistance associated with prophylactic AZM therapy.

TTL: Prophylactic antibiotics for individuals with Chronic Obstructive Pulmonary Disease (COPD): a rapid review

AUT: Health Quality Ontario
XSO: Toronto: Health Quality Ontario
PUB: Health Quality Ontario (HQO)
XYR: 2015
XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

CO1: Canada
KWO: Antibiotic Prophylaxis; Pulmonary Disease, Chronic Obstructive
XAC: 32015000489
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000489>

Record #21

%%%

XCL: There was no evidence found on exercise programs for pneumonia patients. Despite some methodological flaws, based on 1 meta-analysis of 6 randomized controlled trials (RCTs) on COPD patients that evaluated a variety of types of

exercise programs following PR: There was a significant benefit to exercise capacity for those enrolled in a maintenance exercise program compared to those in usual care at 6 months follow-up (GRADE: Low) but not 12 months follow-up. (GRADE: Low). There was no difference in HRQOL between those enrolled in a maintenance exercise program compared to those in usual care at 6 months follow-up (GRADE: Low) or 12 months follow-up. (GRADE: Very low).

TTL: Exercise programs after pulmonary rehabilitation for patients with chronic obstructive pulmonary disease (COPD): a rapid review

AUT: Health Quality Ontario

XSO: Toronto: Health Quality Ontario

PUB: Health Quality Ontario (HQO)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada

KWO: Pulmonary Disease, Chronic Obstructives; Exercise Therapy; Recovery of Function

XAC: 32015000488

XID: 15 Apr 2015

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000488>

Record #22

%%%

XCL: One systematic review was included that examined airway clearance techniques for patients with stable COPD. The 19 studies (4 of which were only available as abstracts) were generally of low quality, based on risk of bias assessment; due to the heterogeneity in study design, interventions, and reporting, the evidence could not be analyzed using GRADE for our specific outcomes of interest. Thirteen of the 19 studies showed potential improvement through the use of airway clearance techniques for patients with stable COPD for the following outcomes: exacerbations, hospitalizations, health-related quality of life, pulmonary function, gas exchange, symptoms, sputum clearance, exercise tolerance, or antibiotic use; but there were considerable study limitations and differences in techniques examined. Further well-designed studies are required to determine with certainty the effectiveness of airway clearance techniques for patients with stable COPD.

TTL: Airway clearance techniques for patients with stable chronic obstructive pulmonary disease (COPD): a rapid review

AUT: Wang M

XSO: Toronto: Health Quality Ontario

PUB: Health Quality Ontario (HQO)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada

KWO: Humans; Pulmonary Disease, Chronic Obstructive; Respiratory Therapy

XAC: 32015000487

XID: 15 Apr 2015

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000487>

Record #23

%%%

XCL: Cognitive-behavioural therapy did not significantly reduce symptoms of anxiety or depression in patients with mild to severe chronic obstructive pulmonary disease (COPD), compared with usual care or education. (GRADE: Low) Based on 4 randomized controlled trials with considerable limitations due to risk of bias, cognitive-behavioural therapy had mixed effectiveness on improving the quality of life of patients with moderate to severe COPD, compared with usual care, wait list controls, or education.

TTL: Cognitive-behavioural therapy for anxiety and depression in patients with chronic obstructive pulmonary disease (COPD): a rapid review

AUT: Health Quality Ontario

XSO: Toronto: Health Quality Ontario

PUB: Health Quality Ontario (HQO)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada

KWO: Anxiety; Cognitive Therapys; Pulmonary Disease, Chronic Obstructive; Depressive Disorder

XAC: 32015000486

XID: 15 Apr 2015

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000486>

Record #24

%%%

XCL: This literature review could not determine whether hospitals or home and community locations are the most cost-effective setting for pulmonary rehabilitation programs for adults with COPD. We identified only one published study that compared the costs and QALYs of pulmonary rehabilitation across different settings. The study showed that hospital-based pulmonary rehabilitation is more costly and more effective than community-based pulmonary rehabilitation. The resulting cost per QALY gained was £28,820 (equivalent to \$65,800 in 2013 Canadian dollars). The study was designed to be pragmatic, without overly strict inclusion criteria. Approximately 60% of patients in each arm completed each rehabilitation program. The cost of each program was similar and comprised a small proportion of the total cost for each group. The main difference in total cost was attributed to prescriptions, which were £824 more expensive in the hospital-based group. No reason for this difference was proposed. The cause of the difference in QALYs is unclear. Improved quality of life in the hospital-based group could be due to a small increase in walking ability compared with the community-based group. However, it may also be due to the fact that quality of life was included as a secondary outcome and therefore the study was not powered to detect changes between groups for this outcome.

TTL: Pulmonary rehabilitation setting for adults with chronic obstructive pulmonary disease (COPD): an economic rapid review

AUT: Bermingham SL

XSO: Toronto: Health Quality Ontario

PUB: Health Quality Ontario (HQO)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Canada

KWO: Humans; Pulmonary Disease, Chronic Obstructive; Cost-Benefit Analysis; Community Health Services; Hospitalization; Home Care Services; Rehabilitation; Quality-Adjusted Life Years; Delivery of Health Care
XAC: 32015000490
XID: 15 Apr 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000490>

Record #25

%%%

XCL: Umeclidinium/vilanterol (as trifenate) (Anoro® Ellipta®) is recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).

TTL: Umeclidinium/vilanterol (as trifenate) (Anoro® Ellipta®)

AUT: All Wales Medicines Strategy Group (AWMSG)

XSO: Penarth: All Wales Therapeutics and Toxicology Centre (AWTTC), secretariat of the All Wales Medicines Strategy Group (AWMSG)

PUB: All Wales Therapeutics and Toxicology Centre (AWTTC), secretariat of the All Wales Medicines Strategy Group (AWMSG)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Wales

KWO: Administration, Inhalation; Animals; Benzyl Alcohols /administration & dosage /pharmacokinetics; Chlorobenzenes /administration & dosage /pharmacokinetics; Cholinergic Antagonists /administration & dosage /pharmacokinetics; Drug Combinationss; Pulmonary Disease, Chronic Obstructive /drug therapy /metabolism; Quinuclidines /administration & dosage /pharmacokinetics; Randomized Controlled Trials as Topic /methods

XAC: 32015000594

XID: 01 Jun 2015

XLA: English

XPR: 24736248

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000594>

Record #26

%%%

XCL: Olodaterol (as hydrochloride) (Striverdi® Respimat®) is recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment in patients with chronic obstructive pulmonary disease (COPD).

TTL: Olodaterol (as hydrochloride) (Striverdi® Respimat®)

AUT: All Wales Medicines Strategy Group (AWMSG)

XSO: Penarth: All Wales Therapeutics and Toxicology Centre (AWTTC), secretariat of the All Wales Medicines Strategy Group (AWMSG)

PUB: All Wales Therapeutics and Toxicology Centre (AWTTC), secretariat of the All Wales Medicines Strategy Group (AWMSG)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

COL: Wales

KWO: Pulmonary Disease, Chronic Obstructives; Bronchodilator Agents; Adrenergic beta-2 Receptor Agonists; Benzoxazines

XAC: 32015000588
XID: 01 Jun 2015
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32015000588>

Record #27

%%%

XCL: The Canadian Drug Expert Committee (CDEC) recommends that tiotropium bromide (Spiriva Respimat) be listed for the long-term once-daily maintenance bronchodilator treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema, and for the reduction of exacerbations, if the following condition is met: List in a manner similar to Spiriva HandiHaler.

TTL: Tiotropium bromide

AUT: CADTH

XSO: Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH)

PUB: Canadian Agency for Drugs and Technologies in Health (CADTH)

XYR: 2014

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

CO1: Canada

KWO: Humans; Pulmonary Disease, Chronic Obstructive

XAC: 32016000153

XID: 28 Jan 2016

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32016000153>

Record #28

%%%

TTL: Hand-held Fourier transform infrared (FTIR) spectroscopy to diagnose and monitor COPD

AUT: NIHR HSRIC

XSO: Birmingham: NIHR Horizon Scanning Research&Intelligence Centre

PUB: NIHR Horizon Scanning Research&Intelligence Centre

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

XAO: The hand-held Fourier transform infrared (FTIR) spectroscopy device, developed by Glyconics Ltd., analyses the composition of sputum from patients with chronic obstructive pulmonary disease (COPD), to diagnose and monitor the disease. The device is intended to be used in the home by health professionals, as well as in primary care and hospital outpatient clinics.

CO1: England

KWO: Humans; Fourier Analysis; Monitoring, Physiologic; Pulmonary Disease, Chronic Obstructive; Spectroscopy, Fourier Transform Infrared

XAC: 32016000449

XID: 08 Mar 2016

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32016000449>

Record #29

%%%

TTL: BuddyWOTCH™ to monitor COPD
AUT: NIHR HSRIC
XSO: Birmingham: NIHR Horizon Scanning Research&Intelligence Centre
PUB: NIHR Horizon Scanning Research&Intelligence Centre
XYR: 2015
XPT: Report
XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.
XAO: BuddyWOTCH™ is a smartwatch that can be worn all the time at home to monitor the health of patients with chronic obstructive pulmonary disease (COPD). It has sensors that record walking, oxygen levels in the blood, temperature and heart rate. The developer says it can detect and warn the patient of a COPD 'flare-up', so that they can access treatments quicker.
CO1: England
KWO: Humans; Monitoring, Physiologic; Pulmonary Disease, Chronic Obstructive
XAC: 32016000464
XID: 08 Mar 2016
XLA: English
DBN: HTA
RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32016000464>

Record #30

%%%

XCL: Following that meeting, the NHC is now publishing Chronic Obstructive Pulmonary Disease (COPD): A Pathway to Prioritisation which recommends five areas for assessment within COPD: expanding pulmonary rehabilitation services, reducing long-term oxygen therapy variation, improving diagnosis and case-finding, improving non-invasive ventilation services and expanding the practice of advance care planning.

TTL: Chronic obstructive pulmonary disease: a pathway to prioritisation

AUT: New Zealand National Health Committee (NHC)

XSO: Wellington: New Zealand National Health Committee (NHC)

PUB: New Zealand National Health Committee (NHC)

XYR: 2014

XPT: Report

XST: This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

XAO: In 2013, the NHC published Strategic Overview: Respiratory Disease in New Zealand which highlighted COPD as an area of high materiality in terms of health gain and expenditure. Following this publication, the NHC explored the drivers of COPD health loss and identified areas along the COPD pathway of care where there existed the potential for health improvements and reduced expenditure. This analysis formed the basis for discussion amongst a multi-disciplinary respiratory working group (RWG). The RWG comprises sector-nominated representatives from across the field of respiratory care and met in Auckland in early 2014 to discuss where it felt areas of need existed on the COPD spectrum of care.

CO1: New Zealand

KWO: Humans; Pulmonary Disease, Chronic Obstructive; Risk Factors; Health Care Evaluation Mechanisms

XAC: 32016000573

XID: 23 Mar 2016

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32016000573>

Record #31

%%%

XCL: standard treatment for hypercapnic chronic obstructive pulmonary disease (COPD) patients at the Sahlgrenska University Hospital. The present analysis suggests that NIV may slightly reduce mortality, may improve HRQoL and dyspnoea, and may result in little or no difference in sleep efficiency, hospitalisation, exacerbations and 6MWT (GRADE++00). For an estimated 23 patients the total change in cost by using NIV in hypercapnic COPD patients is estimated to 896,000 SEK during 2016. There are no serious side effects of the treatment.

TTL: Home mechanical ventilator treatment for chronic obstructive pulmonary disease patients with chronic hypercapnia

AUT: Becker H, Bossios A, Daxberg E, Eriksson M, Hemlin M, Jivegård L, Persson J, Svedmyr S, Sjögren P

XSO: Gothenburg: The Regional Health Technology Assessment Centre (HTA-centrum), Region Vastra Gotaland

PUB: The Regional Health Technology Assessment Centre (HTA-centrum)

XYR: 2015

XPT: Report

XST: This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

COI: Sweden

KWO: Humans; Chronic Disease; Hypercapnia; Pulmonary Disease, Chronic Obstructive; Ventilators, Mechanical

XAC: 32016000605

XID: 29 Mar 2016

XLA: English

DBN: HTA

RUR: <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32016000605>

SBU, sverige

SBU:s upplysningstjänst

Svarar på avgränsade medicinska frågor

Visar 1 av 1 träffar

- [Upprepad intramuskulär injektion med kortison för att behandla artros och kroniskt obstruktiv lungsjukdom](#)

Lästid ca 5 minuter Publicerad 2017-05-08

och **kroniskt obstruktiv lungsjukdom** Artros och **kroniskt obstruktiv lungsjukdom** (KOL) är **kroniska** sjukdomar ... injektion", är verksamt mot artros och **kroniskt obstruktiv lungsjukdom** (KOL)? Sammanfattning SBU:s upplysningstjänst

Regional HTA

Systematiska översikter från regionala HTA- enheter som är medlemmar i HTA-nätverket

Visar 1-2 av 2 träffar

- [Hemventilatorbehandling för patienter med kronisk obstruktiv lungsjukdom och kronisk hyperkapni](#)

Lästid mindre än en minut Publicerad 2015-12-15

Hemventilatorbehandling för patienter med kronisk obstruktiv lungsjukdom ... Hemventilatorbehandling för patienter med **kronisk obstruktiv lungsjukdom** och **kronisk hyperkapni** HTA-rapport publicerad

- [Endobronkiell lungvolymsreduktion för patienter med svår kroniskt obstruktiv lungsjukdom \(2013:59\)](#)

Lästid mindre än en minut Publicerad 2013-01-01

lungvolymsreduktion för patienter med svår **kroniskt obstruktiv lungsjukdom** (2013:59) Rapport från Västra Götalandsregionen ... lungvolymsreduktion för patienter med svår **kroniskt obstruktiv lungsjukdom** (2013:59) SBU, Statens beredning

Hemvård – en kartläggning av översikter

Lästid ca 4 minuter Publicerad 2014-12-22


livskvalitet vid kronisk obstruktiv lungsjukdom (**KOL**). Sjukgymnastik eller arbetsterapi i den äldres hem ... grupp. För området hemsjukvård Färre personer med **KOL** blir återinlagda på sjukhus om de får avancerad hemsjukvård





Socialstyrelsen, Sverige

Riktlinjerna omfattar rekommendationer för vård vid astma och kroniskt obstruktiv lungsjukdom (KOL). Rekommendationerna gäller alla åldersgrupper inom diagnostik och utredning, läkemedelsrelaterad behandling, omvårdnad och rehabilitering samt symtombedömning och uppföljning. Rapporten vänder sig främst till beslutsfattare.

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- [Beställ](#)
- [Visa varukorgen](#)

Bilagor

-  [Tillstånds- och åtgärdslista](#)
-  [Vetenskapligt underlag](#)

-  [Hälsoekonomiskt underlag](#)
-  [Indikatorer](#)
-  [Metodbeskrivning](#)
-  [Mest sjuka äldre och nationella riktlinjer](#)

Sammanfattning

Dessa nationella riktlinjer är ett stöd för styrning och ledning av hälso- och sjukvården. I riktlinjerna ger Socialstyrelsen rekommendationer om vården vid astma och kroniskt obstruktiv lungsjukdom (KOL).

[Läs hela sammanfattningen](#)



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Nationella riktlinjer - Målnivåer - Vård vid astma och **KOL**

Datum: 2015-11-24 [Visa med sökorden markerade](#)

Ladda ner sida RSS I rapporten presenteras målnivåer för indikatorer inom de nationella riktlinjerna för vård vid astma och **KOL**. Vi har fastställt fyra målnivåer för astma hos vuxna, fem för astma hos barn och ungdomar och fem för **KOL**. Målnivåerna ...

Sökväg:

Start / Publikationer 2015 / Nationella riktlinjer - Målniv...

[Nyckelord](#)

Nationella riktlinjer för vård vid astma och **KOL** - Stöd för styrning och ledning

Datum: 2015-11-24 [Visa med sökorden markerade](#)

Ladda ner sida RSS Riktlinjerna omfattar rekommendationer för vård vid astma och kroniskt obstruktiv lungsjukdom (**KOL**). Rekommendationerna gäller alla åldersgrupper inom diagnostik och utredning, läkemedelsrelaterad behandling, omvårdnad och rehabilitering ...

Sökväg:

Start / Publikationer 2015 / Nationella riktlinjer för vård...

[Nyckelord](#)

Nationella riktlinjer - Utvärdering 2014 - Vård vid astma och **KOL** - Förbättringsområden, bedömningar och sammanfattning

Datum: 2015-01-28 [Visa med sökorden markerade](#)

Ladda ner sida RSS Resultatet av utvärderingen av vården vid astma och kroniskt obstruktiv lungsjukdom (**KOL**) presenteras i två rapporter. Denna rapport sammanfattar det viktigaste från utvärderingen och innehåller Socialstyrelsens bedömningar. Knappar ...

Sökväg:

Start / Publikationer 2015 / Nationella riktlinjer - utvärd...

Medline (reference findes i RefWorks)

Database(s): Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R)

Search Strategy:

#	Searches	Results
1	exp Pulmonary Disease, Chronic Obstructive/	48705
2	(chronic obstructive lung adj (disease or disorder*)).ti,kw.	1171
3	(chronic obstructive pulmonary adj (disease or disorder*)).ti,kw.	16086
4	(chronic obstructive airway* adj (disease or disorder*)).ti,kw.	249
5	(copd or coad or kol).ti,kw.	17351
6	or/1-5	59213
7	(Guideline* or practice guideline* or clinical guideline* or guidance or recommendation*).ti,kw.	114688
8	6 and 7	636
9	limit 6 to (guideline or practice guideline)	164
10	8 or 9	682
11	limit 10 to (yr="2013-2017" and (danish or english or french or german or norwegian or swedish))	218

Embase (reference findes i RefWorks)

Database(s): **Embase** 1974 to 2017 September 06

Search Strategy:

#	Searches	Results
1	exp chronic obstructive lung disease/	104177
2	(chronic obstructive lung adj (disease or disorder*)).ti,kw. and (2015* or 2016* or 2017*).em.	1771

3	(chronic obstructive pulmonary adj (disease or disorder*)).ti,kw. and (2015* or 2016* or 2017*).em.	25991
4	(chronic obstructive airway* adj (disease or disorder*)).ti,kw. and (2015* or 2016* or 2017*).em.	378
5	(copd or coad or kol).ti,kw. and (2015* or 2016* or 2017*).em.	31486
6	or/1-5	111380
7	*practice guideline/	53580
8	6 and 7	619
9	limit 8 to (yr="2013-2017" and (danish or english or french or german or norwegian or swedish))	256

Cochrane Reviews

Search Name: KOL
Date Run: 16/09/17 16:03:57.390
Description:

ID	Search	Hits
#1	MeSH descriptor: [Pulmonary Disease, Chronic Obstructive] explode all trees	3428
#2	(chronic obstructive lung near (disease or disorder*)):ti,kw	3737
#3	(chronic obstructive pulmonary near (disease or disorder*)):ti,kw	5853
#4	(chronic obstructive airway* near/2 (disease or disorder*)):ti,kw	144
#5	(copd or coad or kol):ti,kw	7311
#6	#1 or #2 or #3 or #4 or #5	12656
#7	#6 Publication Year from 2013 to 2017, in Cochrane Reviews (Reviews and Protocols)	70
