

Chronic Obstructive Pulmonary Disease (COPD) Community Pharmacy Service Evaluation Hertfordshire Baseline Audit 2013/14

Executive Summary

This report presents audit data collected in pharmacies based in Hertfordshire and also summarises patient feedback forms distributed by community pharmacies between November 2013 and March 2014.

This report summarises the data collected and highlights how pharmacy services support patients with COPD and highlights issues associated with medicines optimisation opportunities.

Data was collected in 48 pharmacies relating to 85 patients and 161 patients returned feedback forms. The patient feedback form was anonymous and it was not possible to attribute responses to specific pharmacies. The patient feedback form collected data from 80 males (49.7%) with a mean age of 69.9 years and 60 females (37.3%) with a mean age of 67.2 years. The pharmacy based audit collected data relating to 50 males (58.8%) and 33 females (38.8%) and the mean age was 71.4 years.

Patients who participated in the pharmacy based audit indicated that they had the following COPD symptoms - breathlessness (n=60, 70.6%), wheeze (n=41, 48.2%) and regular sputum or phlegm production (n=38, 44.7%). However, patient feedback highlighted they had a low level of knowledge of the following sputum related issues - what to do if the colour of their sputum changes (n=40, 26.5%) and what to do if the amount of sputum increased (n=36, 24.2%). 35.9% indicated that they put up with their medical problems before they alter their medicines.

33 patients (20.5%) who completed the feedback form felt that they needed more help than they currently get with their prescribed medicine. Patients were least sure about why they need to take their medicines and what to do if they miss a dose of their medicine.

Community pharmacists signpost patients into supporting services including Influenza vaccination (40.0%) and stop smoking (34.1%). Most patients (n=138, 87.3%) who completed the feedback form indicated that they 'had a flu jab this year' but 22.4% are smokers.

This baseline audit highlights opportunities to develop a community pharmacy based COPD service that is a part of the integrated care pathway.

Introduction

This report presents audit data collected in pharmacies based in Hertfordshire between November 2013 and March 2014 and also summarises patient feedback forms distributed by community pharmacies based in Hertfordshire. Pharmacy staff collated patient data using a range of sources. Patients were invited to complete the feedback form and return it directly to the LPC office using a freepost service. Each pharmacy was supplied with 5 patient feedback forms to distribute to patients with COPD.

Data was collected from a broad range of pharmacies. This report summarises the data collected and highlights how pharmacy services support patients with COPD and highlights issues associated with medicines optimisation opportunities.

Data was collected in 48 pharmacies relating to 85 patients and 161 patients returned feedback forms. The patient feedback form was anonymous and it was not possible to attribute responses to specific pharmacies. **Patient related data is shaded blue throughout the report.**

Pharmacy teams were requested to identify patients who were prescribed Tiotropium. This drug is specific to COPD and was thought to case find patients who should be aware that they had COPD. The report will present the results from both patient and pharmacy data collection forms and highlights similarities and explores the differences.

Pharmacy Based Audit

The pharmacy based audit collected patient specific data relating to more males (n=50, 58.8%) than females (n=33, 38.8%) with the mean age of 71.4 years. Most of the time the audit was completed whilst the pharmacy team were face to face with the patient (n=64, 75.3%) and triggered 36 Medicines Use Review services (MURs).

Pharmacy teams were requested to identify patients who were prescribed Tiotropium, a drug specific to COPD and was thought to case find patients who should be aware that they had COPD. 73 patients were prescribed Tiotropium (85.9%).

82.4% indicated that they were aware of their diagnosis and less than half (n=28, 44.7%) had a COPD management plan. Most patients (n=74, 87.1%) had seen their GP or respiratory nurse in the past year.

The patient feedback form collected data from 80 males (49.7%) with a mean age of 69.9 years and 60 females (37.3%) with a mean age of 67.2 years. 21 patients did not indicate their gender.

Patients were asked to indicate if they knew if they had respiratory conditions. 46 (28.6%) patients indicated that they had asthma, 126 (78.3%) COPD and 10 (6.2%) were unsure. 73.3% agreed that they 'have a good understanding of their condition'.

33 patients (20.5%) indicated that they felt that they needed more help than they currently get with their medicines.

In the pharmacy patients were asked to indicate where their disease progression is in relation to the Medical Research Council Dyspnoea Scale¹. Of the 61 patients who were face to face with the pharmacy team member during the data collection process indicated that

- 15 patients (24.6%) considered that they only get breathless with strenuous exercise
- get short of breath when hurrying on the level or walking up a slight hill (n=28, 45.9%)
- 11 (18.0%) considered that they walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level
- 6 patents indicated that they stop for breath after walking about 100 yards or after a few minutes on the level.

One patient who completed the data collection process in the pharmacy indicated that they were too breathless to leave the house or that they were breathless when dressing.

Patients who completed the feedback form assessed their symptoms as being more severe than those who completed the audit in the pharmacy

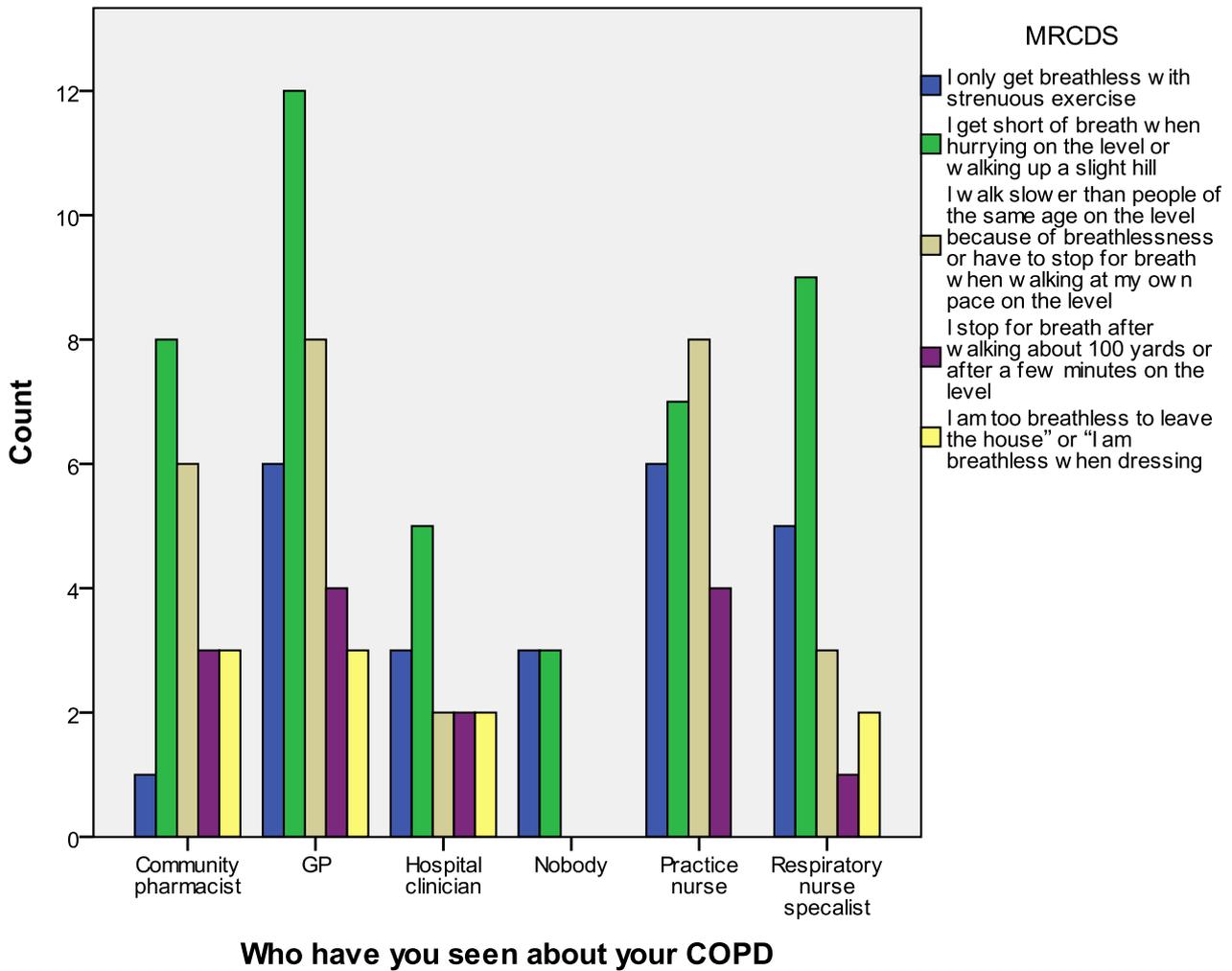
- 22 (13.7%) I am not troubled by breathlessness except on strenuous exercise
- 57 (35.4%) I get short of breath when hurrying or walking up a slight hill
- 26 (16.1%) I walk slower than other people my own age on level ground because of breathlessness or I have to stop for breath when walking at my own pace
- 29 (18.0%) I stop for breath after walking for a few minutes on level ground
- 25 (15.5%) I am too breathless to leave the house or I get breathless when getting myself dressed or undressed

¹ Fletcher CM, Elmes PC, Fairbairn MB et al. (1959) The significance of respiratory symptoms and the diagnosis of chronic bronchitis in a working population. British Medical Journal 2: 257–66

Patient feedback form: self assessment of COPD Scale	How many times have you visited a GP in the past year because of worsening symptoms?	How many times have you had a chest infection in the past year?	How many times have you been in hospital in the past year because of a chest infection?	What is your age in years?
	Mean	Mean	Mean	Mean
I am too breathless to leave the house, or I get breathless when getting myself dressed or undressed	3.30	3.17	0.48	68.22
I stop for breath after walking for a few minutes on level ground	1.42	1.64	0.44	73.48
I walk slower than other people my own age on level ground	2.08	1.36	0.04	67.73
I get short of breath when hurrying or walking up a slight hill	1.72	1.22	0.04	67.75
I am not troubled by breathlessness except on strenuous exercise	0.82	0.59	0.05	63.73

The pharmacy based audit asked patients who they had spoken to about their COPD in the past 6 months. The audit identified that of the 77 patients who get breathless on strenuous exercise, or short of breath hurrying on the level or walking up a slight hill, 23% (n=18) accessed support from their GP about their COPD in the past 6 months whereas 9 (12%) accessed support from their community pharmacist and 8 (10%) were seen by a hospital clinician. There may be opportunities for community pharmacists to offer COPD support to relieve GP and outpatient clinic pressures especially those patients who have mild symptoms.

The graph overleaf summarises the data collected in the pharmacy based audit.



Pharmacy Base line Audit, MRCDS and COPD advice

There are opportunities for patients to be signposted into community pharmacy services post discharge and following spirometry testing; most patients had spirometry testing within the past 3 years (n=47, 55.3%). Of the 21 patients who had been admitted to hospital in the past year, 8 patients had received a MUR post discharge and 3 patients had received the New Medicine Service following hospital discharge.

Patients with COPD are provided with support from a range of healthcare professions. When asked in the community pharmacy, patients indicated that in the past six months they had seen their GP (n=37, 43.5%), practice nurse (n=28, 32.9%), respiratory nurse specialist (n=23, 27.1%), community pharmacist (n=22, 25.9%), hospital clinician (n=16, 18.8%) and 6 patients (7.1%) indicated that they had not seen anybody. 34 patients indicated that they had seen their GP in the past three months and one patient had seen their GP six times in the this period. Although this data will be overly representative of community pharmacy engagement it does suggest that patients with COPD are supported by community pharmacists. It highlights opportunities for including community pharmacy services into the care pathway and sharing information between healthcare professionals.

126 patients (78.3%) who completed the feedback form agreed *'I feel that I can approach my GP for advice about my COPD whenever I want'*

*

96 patients (59.6%) who completed the patient feedback form agreed *'I get the chance to describe my experience of taking or using my medicines to nurses'*

*

118 patients (73.3%) who completed the patient feedback form agreed *'I feel that community pharmacists are interested in my experiences with my medicines'*

Patients were asked who they feel is in charge of overseeing their COPD treatment and care. Most indicated their GP (n=39, 45.9%), seven indicated their practice nurse (8.2%), five (5.9%) indicated the COPD nurse and two indicated their hospital consultant (2.4%). Community pharmacists could consider informing members of the respiratory team about medicines optimisation issues (eg. MUR outcomes) if patients indicate a specific team member other than their GP is overseeing their care. Interestingly, one patient indicated that they felt that they were in charge of overseeing their treatment and care.

Patients with COPD who experience frequent exacerbations can be prescribed with steroid and antibiotic rescue packs.

Patient A who had been admitted three times has used three steroid rescue packs but was unsure of their use of antibiotic rescue packs.

Patient B had been admitted to hospital twice had used two rescue steroid packs but indicated that they had not used any antibiotic rescue packs.

Patient C had used six antibiotic rescue packs and five steroid rescue packs and not been admitted to hospital in the past year due to an exacerbation of COPD.

Patients were asked if they had used a steroid rescue pack in the last year. 22 patients (28.2%) indicated that they had used a steroid rescue pack and eight patients had used a pack of three more times in the past year. Antibiotic rescue packs were used by more patients than steroid packs (n=53, 62.1%) and 36 patients indicated that they had used three more packs in the past year (42.4%).

This data highlights that community pharmacists should reinforce the importance of both steroid and antibiotic rescue packs during an MUR.

Patients were asked to indicate ‘Which of the following COPD symptoms do they have at the moment?’ - the results are presented in the graph overleaf. As expected, most patients identified breathlessness (n=60, 70.6%), wheeze (n=41, 48.2%) and regular sputum or phlegm production (n=38, 44.7%). Treatment assessment was associated with ‘does your breathing feel easier?’ by most patients (n=65, 76.5%).

During an MUR, pharmacists could consider discussing treatment evaluation including weight changes and sputum production including volume and colour. Treatment assessment strategies could be discussed including improvement in sleep and weight gain.

The patient feedback form identified that 36 were smokers (22.4%), 99 were ex-smokers (61.5%) and 25 (15.6%) classified themselves as non-smokers

The pharmacy audit asked patients to indicate their smoking status. Most patients were ex-smokers (n=42, 49.4%), 19 (22.4%) had never smoked and 18 (21.2%) were smokers. 15 smokers had been signposted into stop smoking services and 16 were interested in quitting. Patients were asked how many cigarettes they smoked and how many years they had smoked for, the mean pack years was 32.5, with a maximum value of 150 (one pack year equates to twenty cigarettes a day for one year).

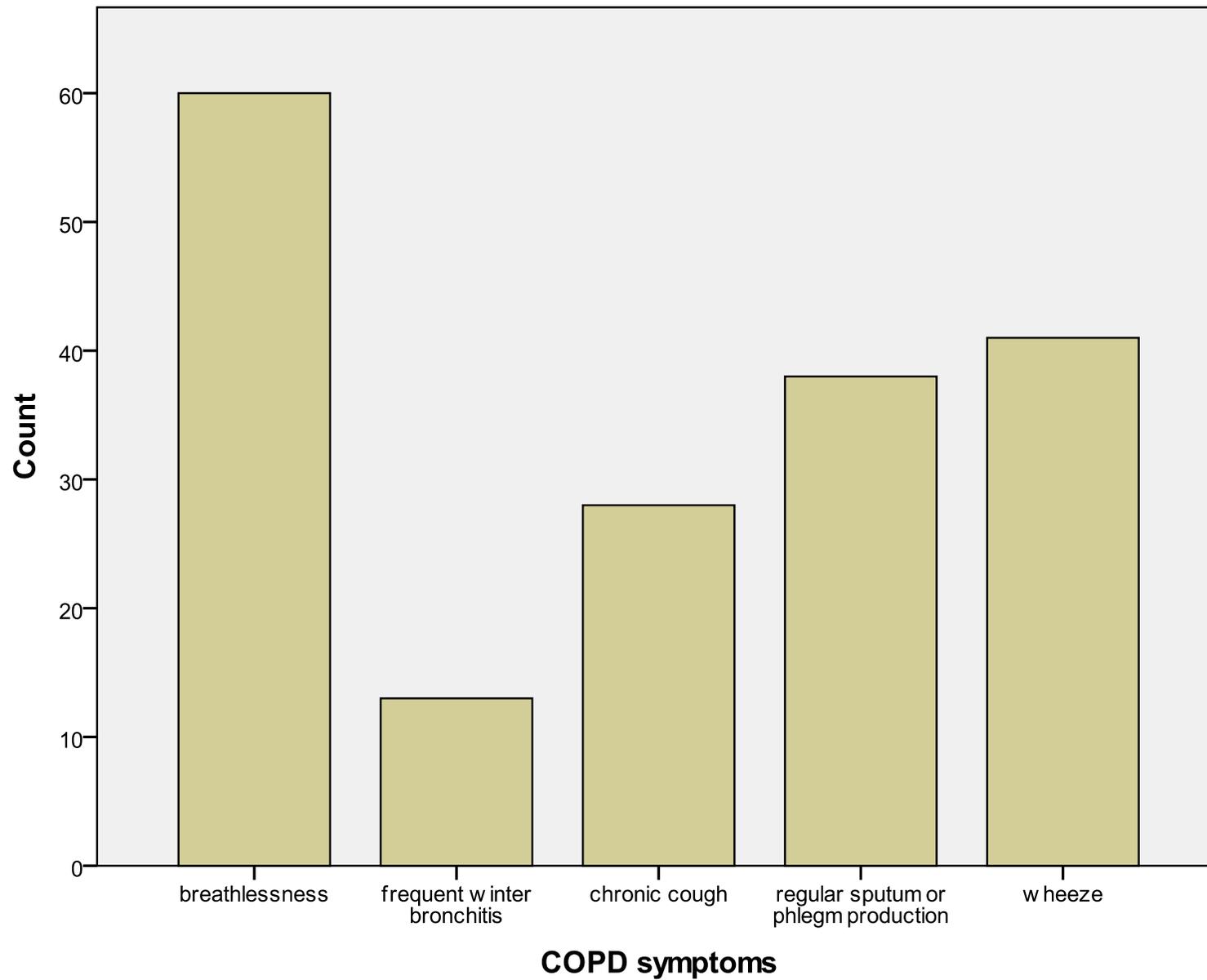
The table below highlights the pharmacy audit data relating to the past year for patients that had been signposted into the following services - pharmacy teams were unsure for 19 patients (22.4%):

<u>Signposted into services</u>	<u>Count (%)</u>
Stop smoking	29 (34.1%)
Diet and nutrition	19 (22.4%)
Physical activity	24 (28.2%)
Influenza vaccination	34 (40.0%)
Pneumovax II vaccine	14 (16.5%)
Alcohol	2 (2.4%)
Weight management	9 (10.6%)

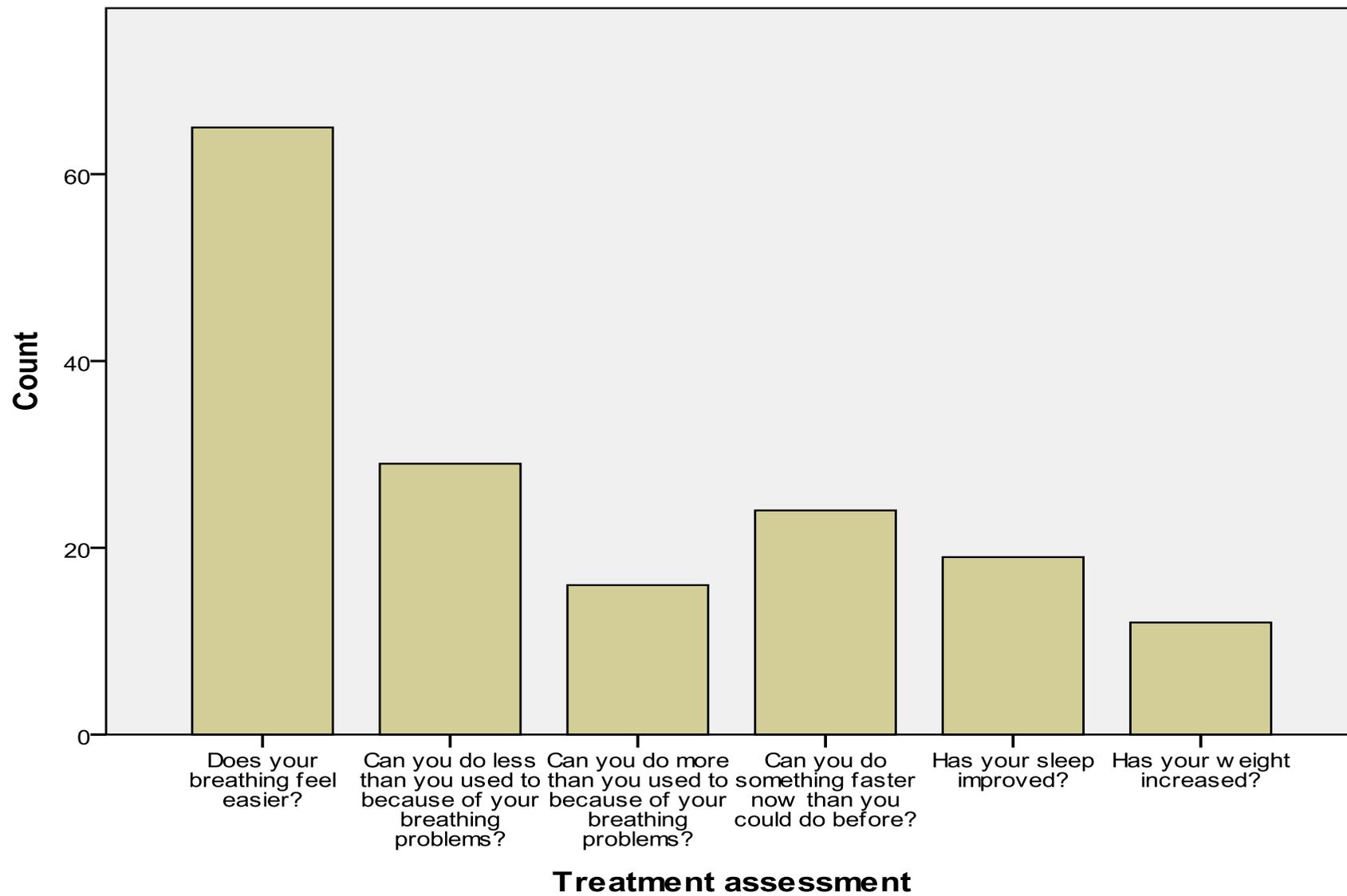
The patient feedback form identified that 138 patients (85.7%) had a flu jab this year

This demonstrates that community pharmacy teams are well placed to refer patients into and deliver public health services. However, there is no referral process into the pulmonary rehabilitation service or physical exercise groups.

Pharmacists could support patients if they were made aware of integrated care pathways and were able to refer patients into pulmonary rehabilitation.



Pharmacy baseline audit 'Which of the following COPD symptoms do they have at the moment?'



Pharmacy baseline audit - patients' self assessment of treatment

Patient experience: Condition and Medicines relation issues

The tables below summarise patients' responses to questions about access to information about their condition and medicines related issues

	Agree	Unsure	Disagree	Missing data
I am satisfied with the information my doctor shares with me	136 (84.5%)	12 (7.5%)	9 (5.6%)	4
I feel that I can approach my GP for advice about my COPD whenever I want	126 (78.3%)	17 (10.6%)	10 (6.2%)	8
I have a good understanding about my condition	118 (73.3%)	28 (17.4%)	2 (1.2%)	13
I get confused about how medicines can help my condition	23 (14.3%)	21 (13.0%)	109 (67.7%)	8
I have the chance to be honest about what medicines I decide not to take or use	81 (50.3%)	29 (18.0%)	37 (23.0%)	14
I believe natural remedies are safer than medicines	7 (4.3%)	44 (27.3%)	100 (62.1%)	10
The community pharmacist helps me understand why I need to take or use my medicines	110 (68.3%)	23 (14.3%)	24 (14.9%)	4
I do not take all of my medicines as I am concerned about the side effects from them	5 (2.1%)	9 (5.6%)	142 (88.2%)	5
I feel that community pharmacists are interested in my experiences with my medicines	118 (73.3%)	24 (14.9%)	16 (9.9%)	3
I get the chance to describe my experience of taking or using my medicines to nurses	96 (59.6%)	21 (13.0%)	35 (21.7%)	9
I have been prescribed medicines in the past year that I probably will not take or use	9 (5.6%)	8 (5.0%)	139 (86.3%)	5
When I feel that my breathing is under control I sometimes stop taking my medicines	9 (5.6%)	8 (5.0%)	138 (85.7%)	6
I feel that my medicines enable me to do things that I cannot do when I do not take them	127 (78.9%)	20 (12.4%)	10 (6.2%)	4

Patients were asked to consider their understanding about what they know about their medicines. They were asked to think about when they were stable and not when their condition gets worse

	I need to know more about this	I am unsure about this	I know about this	Missing data
Why you need to take or use your medicines	13 (8.1%)	13 (8.1%)	134 (83.2%)	1
How to take or use your medicines	8 (5.0%)	6 (3.7%)	146 (90.7%)	1
When to take or use your medicines	7 (4.3%)	12 (7.5%)	140 (87.0%)	2
What to do if you miss a dose of your medicines	14 (8.7%)	23 (14.3%)	120 (74.5%)	4

This highlights that community pharmacists need to reinforce the issues about why patients need to take or use their medicines and ensure that patients understand what to do if they miss a dose during a MUR.

Spacers

The audit reviewed the use of spacer devices - it was established that 28 patients (32.9%) use a spacer device and that all were the correct device. One patient with a spacer device had not been shown how to use it and 13 spacers had been replaced in the past year. Most patients (17) knew to air dry the spacer and 15 knew to wash the device with washing up liquid and water. Pharmacists should re-emphasise this during Medicine Use Reviews and future audits should set a standard of 100% for spacer support.

Patients were asked to indicate their level of concern about COPD symptoms and triggers; data from 60 patients who were face to face during the audit were included in the sample. Patients were asked to indicate their level of concern. The graph below indicates that patients are most concerned about fatigue and waking at night, the trigger they were most concerned about was exposure to pollen.

During an MUR pharmacists should reinforce the importance of smoke free homes, cars and work places.

Inhaler Technique Support

The baseline audit collected data relating to inhaler technique support. The pharmacy audit considers three elements of inhaler support:

- Inhaler technique check - community pharmacy teams had provided an inhaler technique check in the pharmacy for 40 patients (47.1%) and 37 patients (43.5%) had had this support provide somewhere other than the community pharmacy.
- Inhaler technique demonstrated - 39 (97.5%) patients demonstrated their technique during the inhaler technique check in the community pharmacy setting; this is a standard that should be maintained and reassessed during subsequent audits. Inhaler technique demonstration was carried out during 80% of the assessments not carried out in the community pharmacy setting.
- Inhaler technique reinforced - three patients had had their inhaler technique reinforced in the pharmacy, and this did not involve demonstrating their technique.

The table below summarises patients' responses recorded on the feedback form and relating to inhaled medication.

	Agree	Unsure	Disagree	Missing data
I have strict routines to follow the instructions to use my inhalers	147 (91.3%)	4 (2.5%)	7 (4.3%)	3
I vary the way that I use my inhaled medicines based on how I am feeling	61 (37.9%)	8 (5.0%)	78 (48.4%)	14
I put up with my medical problems getting worse before changing my medicines	45 (28.0%)	20 (12.4%)	84 (52.2%)	12
I am not sure that I use my inhalers correctly	12 (7.5%)	18 (11.2%)	122 (75.8%)	9
I am concerned about the side effects from using my inhalers	26 (16.1%)	30 (18.6%)	153 (60.2%)	8
I try not use my inhalers if possible	26 (16.1%)	4 (2.5%)	121 (75.2%)	10
I think that my inhalers do not work on me	7 (4.3%)	4 (2.5%)	118 (73.3%)	10

Prescribed Medication

The audit collected data about prescribed medication. Pharmacy teams were sent copies of the Hertfordshire Prescribing Guidelines which are based on the NICE COPD guidelines. Only the 1st, 2nd and 3rd line treatments were listed and pharmacy team members were encouraged to use the PMR as a reference when completing this section of the audit.

The 2013 Hertfordshire treatment Guidelines for COPD without asthma have been enclosed with this report for information. The following table summarises the audit findings according to the Medical research Council Dyspnoea Scale. Five patients had been prescribed Ipratropium and three did not indicate why Salbutamol or Terbutaline had not been prescribed.

58 patients who had been prescribed Tiotropium, seven were unsure if they had a diagnosis of COPD and three patients claimed to have not had spirometry testing. Two patients were prescribed Tiotropium and Ipratropium which is contraindicated. No patients were prescribed the 2nd line Long Acting Antimuscarinic agonist (LAMA) Aclidinium or Glocopronium and no patients were prescribed Formoterol. All patients who had been prescribed Spiriva Respimat[®] had discussed the safety concerns of the device.

The database suggests that of the 9 patients who considered to only being breathless on strenuous exercise, were prescribed treatment for patients with persistent breathlessness. Although not conclusive, this suggests that patients may benefit from pharmacists assessing prescribed therapy according to the MRCF.

The guidelines need clarification if Medicines Use Reviews (MUR) are to support medicines optimisation, taking the MRCDS into account to review the patient experience. Pharmacists could consider patients' FEV values when conducting a MUR.

Oral Therapy

The audit collected data relating to 17 patients who were prescribed Carbocisteine and 9 patients prescribed Theophylline - 4 patients were started on oral therapy after trials of short acting and long acting bronchodilators. Patients did not indicate that oral therapy was started because they could use inhaled therapy or because they were unable to tolerate inhaled therapy. Seven patients prescribed Carbocisteine had been on a dose of 750mg three times a day for longer than 8 weeks and seven were on a maintenance dose of 750mg twice a day.

Of those patients prescribed Theophylline Slow Release, 5 indicated that there was symptomatic improvement when taking the drug and three patients were unsure. Four patients had plasma levels measured in the past year and five were unsure. Pharmacy staff indicated that overall, in their opinion, 44 patients were on the correct therapy according to the formulary and guidelines, 7 patients were not and they were unsure for 21 patients.

Pharmacists could assess treatment in accord with guidelines during an MUR and could also support medicines optimisation during the process.

The table below summarises patients' responses to questions asked in the patient feedback form relating to oral medication.

Think about your tablets, capsules and liquid medicines that you take	Agree	Unsure	Disagree	Missing data
I have strict routines for using my regular medications	146 (90.7%)	2 (1.2%)	6 (3.7%)	7
I vary the way that I use my medicines based on how I am feeling	22 (13.7%)	7 (4.3%)	116 (72.0%)	16
I put up with my medical problems before I alter my medicines	52 (32.3%)	21 (13.0%)	72 (44.7%)	16
I am concerned about the side effects from my medicines	32 (19.9%)	24 (14.9%)	89 (55.3%)	16

Pharmacists' Attitudes Towards Patient Experience

The table below summarises the results to the attitudinal questions asked as a part of the data collection process. The data indicates that there is need to explore the issues associated with patient experience and non-adherence. This in turn could reduce medicines wastage and enable services to target patients who may not adhere to their prescribed medication. The results associated empowering patients to make decisions suggest that some pharmacists would struggle to support patients who have decided to stop taking their medicines. Further work should explore the issues associated with patients' experiences and informed adherence.

To what extent do you agree with the following:	1 = strongly disagree 5 = strongly agree					Missing values
	1	2	3	4	5	
Patients should understand why they need to take their medicines	0	0	0	9 (10.6%)	71 (83.5%)	5
Patients should be able to share their experiences about taking their medicines with GPs	0	0	4 (4.7%)	16 (18.8%)	60 (70.6%)	5
Patients should be able to share their experiences about taking their medicines with community pharmacists	0	0	0	12 (14.1%)	68 (80.0%)	5
Patients should tell you if they have decided not to take certain medicines	0	0	5 (5.9%)	9 (10.6%)	64 (75.3%)	7
Patients should be empowered to decide to stop medicines that they no longer want to take	9 (10.6%)	19 (22.4%)	23 (27.1%)	9 (10.6%)	19 (22.4%)	6
Community pharmacy services should identify medication that patients have decided not to take	0	2 (2.4%)	11 (12.9%)	27 (31.8%)	38 (44.7%)	7
Patients should be an equal partner when deciding what treatment is best for them, even if it may make their condition worse	10 (11.8%)	16 (18.8%)	15 (17.6%)	13 (15.3%)	26 (30.6%)	5

Service Development Opportunities

The audit highlights gaps in service provision and opportunities to maximise patient benefit from community pharmacy interventions including the following issues:

- Symptom recognition
- Stop smoking intervention
- Inhaler technique
- Rescue pack use
- Spacer replacement and cleaning
- Vaccination services
- Signposting into pulmonary rehabilitation services if appropriate

Other opportunities could improve patient outcomes eg. development of a local protocol for repeat dispensing of rescue packs. Please contact Karen Rosenbloom to discuss this report in more depth karen.rosenbloom@kcl.ac.uk

Pharmacy baseline audit results and prescribed medication

	Tiotropium (HandiHaler®)	Tiotropium (Spiriva Respimat®)	Budesonide/formoterol 400/12 micrograms DPI (Symbicort 400/12 Turbohaler®)	Fluticasone/salmeterol 500/50 micrograms DPI (Seretide 500 Accuhaler®)	Fluticasone/formoterol 250/10 micrograms MDI (Flutiform®)	Total	
	Count	Count	Count	Count	Count	Count	
Does the patient have a COPD management plan?	yes	26	5	4	17	2	32
	no	22	2	5	8	1	26
	unsure	15	1	3	7	0	15
Stop smoking		22	4	4	15	0	26
Diet and nutrition		16	0	2	10	1	16
Physical activity		18	2	2	7	2	21
Influenza vaccination		25	4	5	19	2	31
Pneumovax II vaccine		11	2	2	10	0	14
Has the patient had pulmonary rehabilitation in the past year?	yes	9	0	3	7	0	10
	no	36	6	3	15	2	44
	unsure	19	1	5	11	1	20

MRCDS	Salbutamol MDI	Salbutamol DPI (Easyhaler®)	Salbutamol			Terbutaline DPI (Turbohaler®)	Ipratropium
			contraindicated	not tolerated	ineffective		
	Count	Count	Count	Count	Count	Count	
I only get breathless with strenuous exercise	12	0	0	0	0	0	2
I get short of breath when hurrying on the level or walking up a slight hill	20	3	0	1	0	1	3
I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level	11	0	0	0	0	0	0
I stop for breath after walking about 100 yards or after a few minutes on the level	8	0	0	1	0	1	0
I am too breathless to leave the house” or “I am breathless when dressing	6	0	0	0	0	0	1
Total	57	3	0	2	0	2	5

MRCDS			Tiotropium (HandiHaler®)	Tiotropium (Spirva Respimat®)
			Prescribed	Prescribed
			Count	Count
I only get breathless with strenuous exercise	Ipratropium MDI	Prescribed	0	0
		Not prescribed	10	3
I get short of breath when hurrying on the level or walking up a slight hill	Ipratropium MDI	Prescribed	2	0
		Not prescribed	21	3
I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level	Ipratropium MDI	Prescribed	0	0
		Not prescribed	12	0
I stop for breath after walking about 100 yards or after a few minutes on the level	Ipratropium MDI	Prescribed	0	0
		Not prescribed	8	1
I am too breathless to leave the house” or “I am breathless when dressing	Ipratropium MDI	Prescribed	0	0
		Not prescribed	5	0
Total	Ipratropium MDI	Prescribed	2	0
		Not prescribed	56	7

MRCDS	Long Acting Antimuscarinics		Combination Inhalers			Total
	Tiotropium (HandiHaler®)	Tiotropium (Spiriva Respimat®)	Budesonide/formoterol 400/12 micrograms DPI (Symbicort 400/12 Turbohaler®)	Fluticasone/salmeterol 500/50 micrograms DPI (Seretide 500 Accuhaler®)	Fluticasone/formoterol 250/10 micrograms MDI (Flutiform®)	
	Count	Count	Count	Count	Count	Count
I only get breathless with strenuous exercise	10	3	3	6	0	15
I get short of breath when hurrying on the level or walking up a slight hill	23	3	3	12	1	27
I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level	12	0	0	5	1	12
I stop for breath after walking about 100 yards or after a few minutes on the level	8	1	2	6	0	9
I am too breathless to leave the house or I am breathless when dressing	5	0	2	2	0	5
Total Prescribed	65 (7 missing MRCDS)	7 (1 missing MRCDS)	10 (2 missing MRCDS)	31 (3 missing MRCDS)	2 (1 missing MRCDS)	68