

Factsheet: Smoking cessation for people with a serious mental illness (SMI)

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	400		Assumes a 25% reduction in 90 day mortality in the 10% of patients who are currently undiagnosed at the time of admissions
Potential lives saved U75			
Reduction in potential years of life lost (u75?)			
Cost (£)			
Cost-saving (£)			
Net cost (£)	-	-, 00	
Strength of evidence			

An estimated 2 million people have undiagnosed and untreated COPD¹. Failure to diagnose is not confined to mild disease. Over half those with moderate disease are undetected and 20% of undiagnosed have severe or very severe disease. Many patients are first diagnosed when they are in their fifties².

10% of emergency admissions for acute exacerbation of COPD are in people whose COPD is undiagnosed. These patients are likely to have had significant disabling symptoms for some time, and the acute admission with its 14% risk of death within 90 days could have been prevented by earlier diagnosis and proactive treatment

Both the NICE Quality Standard³ and the COPD and Asthma Outcomes Strategy⁴ recommend targeted case finding in those at higher risk of COPD.

¹ Healthcare Commission (2006) Clearing the air: a national study of COPD. London: Healthcare Commission

² <http://publications.nice.org.uk/chronic-obstructive-pulmonary-disease-cg101>

³ <http://publications.nice.org.uk/chronic-obstructive-pulmonary-disease-quality-standard-qs10>

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216139/dh_128428.pdf

The COPD and Asthma Outcomes strategy makes the point that success in case finding and diagnosis will require a pro-active approach to tackling health inequalities given the social gradient is in the prevalence of COPD and asthma.

Systematic and opportunistic case finding interventions in targeted populations could have a significant impact on premature mortality in the medium and longer term. Indeed a number of studies have shown that impaired lung function is an independent predictor of mortality from all causes with FEV1 being a stronger predictor of cardiovascular mortality than cholesterol.

Targeting case finding on those at high risk of having undiagnosed COPD will result in earlier diagnosis and evidence based chronic disease management. If this delivers only a 25% reduction in mortality in people who would otherwise have been admitted with undiagnosed COPD, it would save around 400 lives per year.

Potential targeting approaches include:

1. Roll out and implementation of GP audit tools for case finding, such as GRASP-COPD⁵;
2. Audit practice information systems to identify people who receive multiple prescriptions for oral steroids and/or antibiotics;
3. Support implementation of opportunistic COPD case finding in primary care through electronic decision support tools;
4. Discuss the COPD diagnosis with patients and carers, including what they can do to help manage their condition, for example signpost to advice on stop smoking and benefits of exercise;
5. Right Care patient decision support tools are available for COPD at <http://sdm.rightcare.nhs.uk/pda/chronic-obstructive-pulmonary-disease/introduction/>;
6. Target case finding based on population segmentation and social marketing, as described in the [COPD Prevention and Early Identification Toolkit 2011](#);
7. Misdiagnosis of COPD is common so case finding tests should be followed by quality assured diagnostic spirometry, with trained staff interpreting the results⁶ recommends that COPD diagnoses should have spirometry taken and recorded in the last 15 months other tests may be necessary to confirm the diagnosis, such as a CT scan.

⁵ <http://www.primis.nottingham.ac.uk/documents/case-studies/copd-case-study.pdf>

⁶ The NHS Improvement guide 'First steps to improving COPD care' (2012)
<http://www.nhs.uk/resource-search/publications/nhs-imp-first-steps-copd.aspx>