Does COPD knowledge translate into timely help-seeking?

IMPERIAL

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Background

COPD is a major global cause of morbidity and mortality, and India has the second highest number of cases globally with over 55 million cases, and for the third highest amount of death rates of 108.3 deaths per 100,000.

Delayed help-seeking during symptom worsening may worsen outcomes, and health literacy may influence this process. COPD was selected Because of its high burden and the relevance of health literacy and help-seeking delay.

Aim

To examine associations between COPD knowledge domains and symptom-to-help delay.

Methods

Study design
1. Single-centre-based
2. Cross-sectional questionnaire study

Setting
Government TB and Chest Specialist Centre
Telangana, Hyderabad

Sample Snapshot
n = 100
85 men and 15 women
median age = 65 (approx)

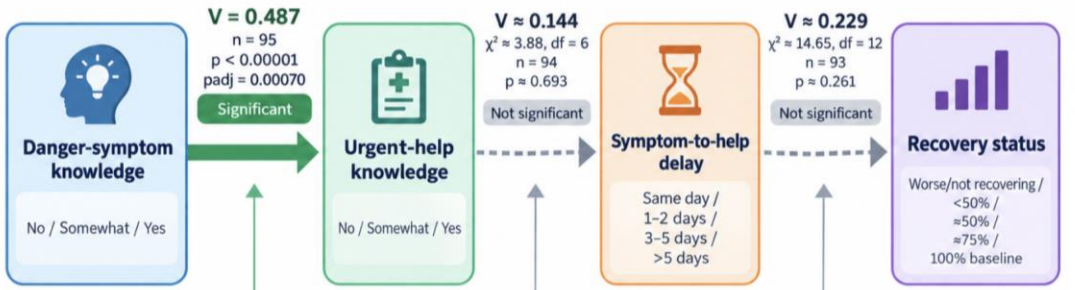
Questionnaire domains
Demographics, Education, Healthcare use
COPD knowledge, Severity, Symptom-to-help delay
When help was sought, Inhaler teaching

Analysis
Chi-square tests for categorical associations
Cramer's V for effect size
Spearman's correlation for ordinal relationships

Results

Knowledge, help-seeking delay, and recovery pathway

Cramér's V results shown on arrows; significant findings highlighted.



Strongest finding: participants who better recognised danger symptoms were more likely to know when urgent help should be sought. Moderate-to-strong association; clear internal consistency across COPD knowledge domains.

Knowledge of when to seek urgent help did not clearly translate into faster help-seeking.

Delay category was not clearly associated with recovery status in this sample.

The arrows represented tested associations, not causations

Overall interpretation: COPD knowledge domains were strongly related to one another, but this did not clearly translate into statistically significant differences in help-seeking delay or recovery outcomes in this sample.

Discussion

A patient may:
1) recognise a serious symptom
2) know urgent help is needed
3) and still not seek help quickly

because other things may get in the way such as decision making, confidence, access to services, mobility, personal or social issues.

Scan for references

Conclusion

- Patients may understand symptoms and urgency, but this may not lead to faster help-seeking.
- A **key strength of the study** is exploring the relationship between **knowledge, behaviour, and outcomes** within the dataset using categorical analyses, such as **Chi-square tests**, **Cramér's V**, and **Spearman's correlation** where relevant.
- Findings should be interpreted cautiously because the study was: **Single-centre with one healthcare system, cross-sectional and retrospective.**
- Future interventions : **practical coaching sessions, teach back education, clinician coaching, dedicated emergency team, telephone line, and improved communication between different levels of health systems.**

Future plans : Repeat the same study in the UK, expand study to more centres across India, include both government and private health care systems, and to compare differences between developing and developed country's system.