LONG-TERM HOSPITAL TREATMENT FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Lampela P.¹, Säynäjäkangas O.², Keistinen T.³,
¹Department of Public Health Science and General Practice, University of Oulu, and Rovaniemi Health Center, Rovaniemi
²Lapland Central Hospital, Department of Pulmonary Diseases, Rovaniemi
³Department of Public Health Science and General Practice, University of Oulu, and Vaasa Health Care Region Vaasa, Finland

SUMMARY

The aim of this study is to describe the long-term hospital treatment provided for chronic obstructive pulmonary disease (COPD) patients in Finland in 1972-2001 and changes over that period. Data on all treatment periods for persons aged over 45 years with a primary or secondary diagnosis of COPD (International Classification of Diseases – ICD 8: 491 and 492, ICD 9: 491, 492 and 496, ICD 10: J41-J44) beginning in the years 1972-2001 were gathered from the treatment register of the Finnish National Research and Development Centre for Welfare and Health and examined particularly with respect to long treatment periods (over 90 days).

A total of 10,176 long treatment periods were recorded as having begun during the years in question. The number of treatment periods for men dropped by 65.8% over the time interval 1972-2001, while that for women increased by 4.7%. The number of treatment periods in university and central hospitals dropped by 97.6%. The total number of hospitalization days in the long treatment periods over the years 1972-2001 was 3,844,521, the men accounting for 82.9% in 1972-1976 and 67.3% in 1997-2001. The number of days required by men dropped by 82.1% and that for women by 57.8%. The number of days in university and central hospitals decreased by 98.4%, and that in health centre hospitals by 47.6%.

COPD is a cause of repeated hospitalization, but it less and less often leads to long-term hospital treatment nowadays. The number of treatment days required for men has fallen more rapidly than that for women, and both the lengths and numbers of treatment periods have decreased at all levels of hospital, although with a tendency for treatment to be concentrated nowadays in the health centre hospitals. Long-term treatment for COPD has virtually disappeared from the sphere of specialized health care. The trends observed here are attributable to marked changes in the structure of the health service, with more accent being placed on open care, and a decrease in the numbers of male smokers.

Key words: chronic obstructive pulmonary disease (COPD), long-term care, hospital, open care, service structure, smoking

Address for correspondence: Pekka Lampela, Kivikaudentie 19, FIN-96400 Rovaniemi, Finland. E-mail: pekka.lampela@rova.fimnet.fi