

# Patient Newsletter

## Thank you!

Thank you to everyone who has taken part in BLISS and for your continued involvement with the study. Without your help and support this study would not be possible.

### How are we going to use the data we collect?

We will use the data we collect for a number of purposes, including:

- To find the best way of looking for COPD in primary care/GP practices;
- To better understand the course of COPD and lung symptoms so that improved treatments can be developed;
- To find ways of preventing exacerbations (“flare-ups”);
- To look at the differences between patients with COPD or lung symptoms who smoke and those who do not smoke;
- To look at which breathing tests and measurements give the most accurate and reliable diagnoses;
- To help inform the development of care for patients with COPD or lung symptoms;
- To help improve long term outcomes for people with COPD and lung symptoms.

### BLISS Cohort study progress update

Baseline assessments have now come to an end. We have recruited almost 2300 people across 71 GP practices in the West Midlands. Our participants include people with COPD as well as those reporting symptoms such as breathlessness and wheeze; this allows us to explore issues that have not previously been studied in respiratory research. Thank you for taking part and making this possible!

### Postal questionnaires

Postal questionnaires are still being sent out every 6 months to all participants; those who joined the study near the beginning, back in 2012, will shortly be receiving their 24-month questionnaires. The questionnaires are an excellent way for us to track participants’ health and lifestyle over time, so we would be very grateful if you could complete and return all questionnaires to us!

### 3-Year patient follow-up assessments

The 3-year follow-up assessments will start next summer. You will be invited to attend another visit at your GP practice; the process will be similar to your first visit but the assessment may be slightly shorter.

### COPD screener study

During the follow-up assessment, some of you may be asked if you would like to take part in the COPD screener study. This sub-study is designed to test the accuracy of using a small COPD screener to test for COPD compared with the standard diagnostic device (spirometer). COPD screeners are smaller and cheaper than spirometers, so using these devices could potentially reduce costs for the NHS and perhaps make breathing tests available to more people who might benefit from them. More information will be sent out with appointment letters nearer the time.



### BLISS Website

Our new website is now up and running. If you would like more details about BLISS, what we do and why we do it, or more information about COPD, please visit us at: [www.birmingham.ac.uk/bliss](http://www.birmingham.ac.uk/bliss)

**Staff Highlight: Professor Peymané Adab, Chief Investigator**

Peymané established BLISS in 2011 and is Chief Investigator for the Cohort study. Her research interests include behavioural epidemiology (specifically childhood obesity prevention) and chronic disease epidemiology, focusing in particular on the patterns, causes and prognosis of COPD. Peymané also takes an active role in teaching.



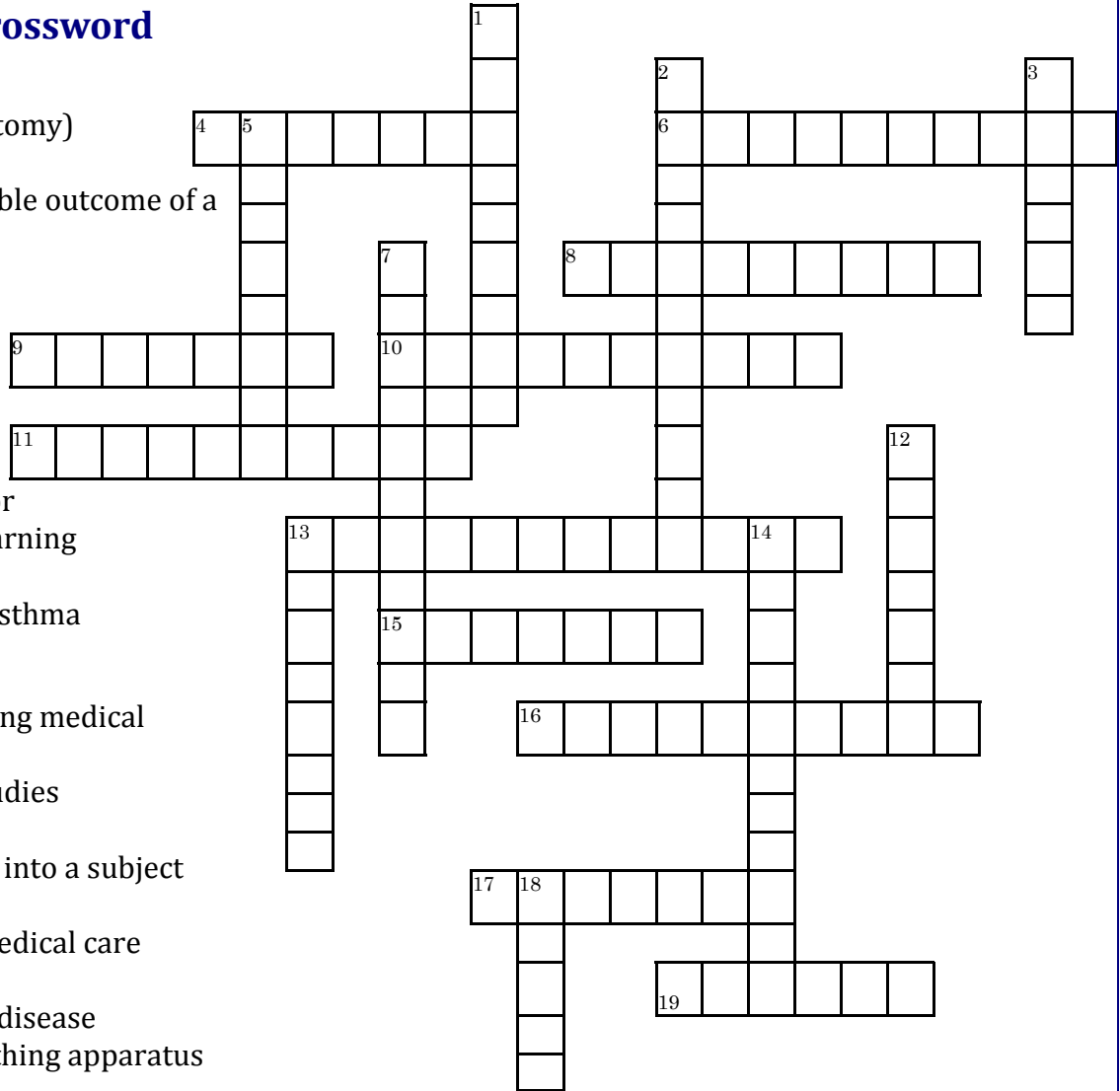
**A bit of fun! BLISS crossword**

**Across**

- 4. Air-conveying tube (anatomy)
- 6. Drug, treatment
- 8. Forecasting of the probable outcome of a disease
- 9. GP practice
- 10. Type of breathing test
- 11. Inflammation of the bronchial tubes
- 13. An increase in severity
- 15. Device used to administer a bronchodilator
- 16. Institution of higher learning
- 17. Air sacs
- 19. Common symptom of asthma

**Down**

- 1. Decision reached following medical examination
- 2. Birmingham Lung \_\_\_ Studies
- 3. A group
- 5. Systematic investigation into a subject
- 7. Breathing
- 12. Person who is under medical care
- 13. Indication, proof
- 14. Chronic \_\_\_ pulmonary disease
- 18. Part of the body's breathing apparatus



Answers: Across: 4. trachea, 6. medication, 8. prognosis, 9. surgery, 10. spirometry, 11. bronchitis, 13. exacerbation, 15. inhaler, 16. university, 17. alveoli, 19. wheeze; Down: 1. diagnosis, 2. improvement, 3. cohort, 5. research, 7. respiration, 12. patient, 13. evidence, 14. obstructive, 18. lungs

**Any changes in your contact details?**

If any of your contact details have changed, please let us know using the details given below.



**Any suggestions?**

What would you like to see in your patient newsletter? If you have any suggestions, please get in touch with us—we'd love to hear your ideas!



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