



Continuity of care

Working closely with clinicians, our experienced teams provide the patient with a smooth transition to long-term homecare.

The expertise we have gained from operating across the globe means that our services are delivered in the most cost effective way possible, optimising patient outcomes and maximising the use of resources.

¹ Effect of long term oxygen therapy on survival in patients with chronic obstructive pulmonary disease with moderate hypoxaemia. Dorota Gońrecka. Thorax 1997;52:674-679.

² Oxygen Therapy for Patients With COPD : Current Evidence and the Long-Term Oxygen Treatment Trial, James K. Stoller et al and the Long-term Oxygen Treatment Trial Research Group. DOI 10.1378/chest.09-2555. Chest 2010;138:179-187.

³ UK Medical Research Council (MRC) trial.

⁴ Long-term oxygen therapy: Are we prescribing appropriately? Ma Rosa Güell Rous. Int J Chron Obstruct Pulmon Dis. 2008 Jun; 3(2): 231-237.

⁵ GOLD Guidelines, 2014.

Linde Healthcare in homecare.

Linde Healthcare is a homecare partner trusted by prescribers in more than 40 countries worldwide. We are dedicated to using proven therapies to secure the best possible patient outcomes. We work closely with prescribers, payers and patients to ensure continuity of care. Our medical knowledge and technical capabilities enable us to provide competent support at every stage – from diagnosis and planning to continuing services, patient education and follow-up.

Linde: Living healthcare

Linde AG

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Long Term Oxygen Therapy (LTOT).

A pocket guide for healthcare professionals.



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LTOT and chronic hypoxemia

Long term oxygen therapy is widely accepted as a therapeutic measure in patients with severe chronic hypoxemia.¹ Studies have consistently linked LTOT with improved survival rates and enhanced health related quality of life.^{2,3,4}

Indications

LTOT is indicated for patients with chronic hypoxemia due to conditions such as:

- chronic obstructive pulmonary disease (COPD)
- severe chronic asthma
- interstitial lung disease
- bronchiectasis
- pulmonary vascular disease
- primary pulmonary hypertension
- pulmonary malignancy
- chronic heart failure

It may also be used in nocturnal hypoventilation and palliative care.

Indications for LTOT are⁵:

| | | |
|---|----|---|
| PaO_2 $\leq 7.3 \text{ kPa}$ (55 mmHg) | or | SaO_2 $\leq 88\%$ with or without hypercapnia confirmed twice over a three week period |
| or | | |
| Between 7.3 kPa (55 mmHg) and 8.0 kPa (60 mmHg) | or | 88%, if there is evidence of pulmonary hypertension, peripheral edema suggesting congestive cardiac failure or polycythemia (haematocrit > 55%) |



Patient benefits and outcomes

LTOT has been shown to improve hypoxemia and heart function, as well as increase patient tolerance to exercise. It can also stabilise and potentially reverse the progression of pulmonary hypertension.²

Studies show that the therapeutic use of supplemental oxygen in higher concentrations than those found in ambient room air for more than 15 hours per day leads to a three-year survival advantage in patients with severe hypoxemia.^{2,3}



LTOT service from Linde

Linde provides LTOT in the home tailored to each patient's needs. The choice of modality – gaseous oxygen, liquid oxygen, static concentrator or portable oxygen concentrator – depends on the patient's needs (eg mobility, flow rate) and lifestyle.

We offer quality equipment from leading manufacturers, and follow the care pathways set out by the local healthcare organisation. Our expert teams draw on global expertise and experience to provide the following:

- equipment installation and maintenance
- choice of accessories, individually fitted
- patient and carer training
- therapy and disease education
- 24/7 helpline
- regular equipment maintenance
- follow up visits
- compliance monitoring and support

We provide full support to the patient every step of the way, building their own confidence in the safe, effective treatment and reliable service provided.