

Screening for COPD not recommended

April 5 2016

The U.S. Preventive Services Task Force (USPSTF) does not recommend screening for chronic obstructive pulmonary disease (COPD) in persons who do not have symptoms suggestive of COPD. The report appears in the April 5 issue of *JAMA*.

This is a D recommendation, indicating that there is moderate or high certainty that [screening](#) has no net benefit or that the harms outweigh the benefits.

About 14 percent of U.S. adults age 40 to 79 years have COPD, and it is the third leading cause of death in the U.S. Persons with severe COPD are often unable to participate in normal physical activity due to deterioration of lung function. To update its 2008 recommendation, the USPSTF reviewed the evidence on whether screening for COPD in asymptomatic adults (those who do not recognize or report respiratory symptoms) improves [health outcomes](#). The USPSTF reviewed the diagnostic accuracy of screening tools (including prescreening questionnaires and spirometry [a test of the air capacity of the lungs]); whether screening for COPD improves the delivery and uptake of targeted preventive services, such as smoking cessation or relevant immunizations; and the possible harms of screening for and treatment of mild to moderate COPD.

The USPSTF is an independent, volunteer panel of experts that makes recommendations about the effectiveness of specific preventive care services such as screenings, counseling services, and preventive medications.

Detection

Chronic [obstructive pulmonary disease](#) is defined as airflow limitation that is not fully reversible. It is a disease associated with an abnormal inflammatory response of the lung to harmful particles or gases.

Diagnosis is based on postbronchodilator (a type of medication given to open up the lung's air passages) spirometry, which detects fixed airway obstruction. Persons with COPD often, but not always, have symptoms such as dyspnea (difficulty breathing or shortness of breath), chronic cough, and chronic sputum production. Patients often have a history of exposure to risk factors such as cigarette smoke or heating fuels or occupational exposure to dusts or chemicals. Although postbronchodilator spirometry is required to make a definitive diagnosis, prescreening questionnaires can elicit current symptoms and previous exposures to harmful particles or gases.

Benefits of Detection and Early Treatment

The USPSTF found inadequate evidence that screening for COPD in asymptomatic persons using questionnaires or spirometry improves health outcomes.

Harms of Detection and Early Treatment

The USPSTF found inadequate evidence on the harms of screening. However, given the lack of benefit of early detection and treatment, the opportunity cost associated with screening asymptomatic persons may be large. The amount of time and effort required to screen for COPD in asymptomatic persons (using screening spirometry with or without prescreening questionnaires) is not trivial.

Findings

Similar to 2008, the USPSTF did not find evidence that screening for COPD in asymptomatic persons improves health-related quality of life, morbidity, or mortality. The USPSTF determined that early detection of COPD, before the development of symptoms, does not alter the course of the disease or improve patient outcomes. The USPSTF concludes with moderate certainty that screening for COPD in asymptomatic persons has no net benefit.

More information: *JAMA*, [DOI: 10.1001/jama.2016.2638](https://doi.org/10.1001/jama.2016.2638)

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