

Figure. Screening for Chronic Obstructive Pulmonary Disease: Clinical Summary

Population	Asymptomatic adults who do not present with respiratory symptoms
Recommendation	Do not screen for chronic obstructive pulmonary disease (COPD). Grade: D

Risk Assessment	Risk factors include history of exposure to cigarette smoke or heating fuels; occupational exposure to toxins, dusts, or industrial chemicals; exposure to environmental pollution, such as wood smoke and traffic pollutants; history of asthma or childhood respiratory tract infections; and α_1 -antitrypsin deficiency.
Screening Tests	Primary care screening involves either risk assessment via a formal prescreening questionnaire and, if positive, follow-up with diagnostic spirometry testing or screening spirometry administered without a bronchodilator and, if positive, follow-up with diagnostic spirometry testing.
Treatment and Interventions	Medications used to treat COPD include long-acting β -agonists, inhaled corticosteroids, long-acting anticholinergics, and combination therapy with corticosteroids and long-acting β -agonists.
Balance of Benefits and Harms	The USPSTF concludes with moderate certainty that screening for COPD in asymptomatic persons has no net benefit.
Other Relevant USPSTF Recommendations	The USPSTF recommends that clinicians ask all adults about tobacco use, including pregnant women, and provide tobacco cessation interventions for those who use tobacco products. The USPSTF also recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. These recommendations are available on the USPSTF website (www.uspreventiveservicestaskforce.org).

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.