Screening for Chronic Obstructive Pulmonary Disease using Spirometry

Population	**Adult General Population**
Recommendation	**Grade: D** **Do not screen for chronic obstructive pulmonary disease using spirometry**

Additional Population Information	This screening recommendation applies to healthy adults who do not recognize or report respiratory symptoms to a clinician. It does not apply to individuals with a family history of alpha-1 antitrypsin deficiency.
Risk Assessment	Risk factors for COPD include: ▪ current or past tobacco use ▪ exposure to occupational and environmental pollutants ▪ age 40 or older
Screening Tests[1]	Spirometry can be performed in a primary care physician's office or a pulmonary testing laboratory. The USPSTF did not review evidence comparing the accuracy of spirometry performed in primary care versus referral settings. For individuals who present to clinicians complaining of chronic cough, increased sputum production, wheezing, or dyspnea, spirometry would be indicated as a diagnostic test for COPD, asthma, and other pulmonary diseases.
Other Approaches to the Prevention of Pulmonary Illnesses	These services should be offered to patients regardless of COPD status: ▪ All current smokers should receive **smoking cessation** counseling and be offered pharmacologic therapies demonstrated to increase cessation rates. ▪ All patients 50 years of age or older should be offered **influenza immunization** annually. ▪ All patients 65 years of age or older should be offered one-time **pneumococcal immunization**.

Relevant USPSTF Recommendations	Clinicians should screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The USPSTF tobacco cessation counseling recommendation and supporting evidence are available at http://www.ahrq.gov/clinic/uspstf/uspstbac.htm.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement on *Screening for Chronic Obstructive Pulmonary Disease using Spirometry*, and supporting documents please go to http://www.uspreventiveservicestaskforce.org.

[1] The potential benefit of spirometry-based screening for COPD is prevention of one or more exacerbations by treating patients found to have an airflow obstruction previously undetected. However, even in groups with the greatest prevalence of airflow obstruction, hundreds of patients would need to be screened with spirometry to defer one exacerbation.