Detection of COPD in High-Risk Populations

To the Editor:

Recently, Zielinski and Bednarek1 showed that mass spirometry in high-risk groups such as smokers is an effective and easy method for the early detection of COPD. Except smokers, high-risk groups are minorities such as Gypsies and industrial workers. We reported that approximately 50% of 121 Gypsies aged 14 to 70 years who lived in a campsite in central Greece had abnormal spirometry findings. Approximately 70% of these subjects were smokers, and their diet was rich in alcohol and poor in antioxidants such as oranges and vegetables.2 Our group also examined approximately 1,000 subjects aged >55 years who lived in rural or industrial areas. The first published data showed that chronic bronchitis in industrial workers (17.1%) was about twice as frequent than in farmers (9.6%). Smoking habits were the same in industrial workers and farmers.3 The main finding of our studies was that 50% of COPD patients who received the diagnosis for the first time from their history, clinical examination, and spirometry never had visited a physician.

In contrast to epidemiologic studies that estimate the frequency of COPD based on mortality, the direct studies using spirometric screening will show the true dimensions of the COPD problem. There are two additional points we would like to make with this letter. First, high-risk populations for COPD are also minorities and people with occupational exposure. Second, pulmonary outpatient clinics, in addition to spirometric screening, must organize educational programs and preventive strategies on smoking cessation, pollution control, and dietary habits.

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1 Zielinski J, Bednarek M. Know the age of your lung study group: early detection of COPD in a high-risk population using spirometric screening. Chest 2001; 119:731–736

To the Editor:

Thank you for your interest in our study and pointing out additional risk factors for the development of COPD. I agree with you that only epidemiologic studies including spirometry may show the true prevalence of COPD, which seems to be higher than previously estimated. Such studies were recently completed in the United States1 and Europe.2,3

Projections of trends in mortality from the most important causes of death also clearly show that COPD is an enemy of public health and is gaining ground worldwide.4 The recent initiative for global management of COPD recently published by the World Health Organization/National Heart, Lung, and Blood Institute5 also draws professional and public attention to that deadly disease.

I also agree with you that to control COPD in the future, development of effective smoking cessation and clean air programs are of utmost importance.

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