



ELSEVIER

LETTER TO THE EDITOR

Re: Spirometry vs. peak flow in COPD

It is reassuring that an eminent specialist like Professor Gibson agrees that measurement of FEV1 can be incorporated into routine consultation, and does not claim it simply can't be done in primary care, as some other specialists were inclined to in the past. Indeed, our group has shown that well-trained practice assistants perform at least as good as lung-function laboratories [1], while common spirometric patterns are interpreted reasonably well by GPs [2]. It seems that times have changed, and we now face new challenges: how do we implement efficient feedback and referral-systems, and how do we organise teams to provide proper care for all new COPD discovered?

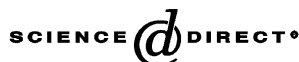
References

- [1] Schermer TR, Jacobs JE, Chavannes NH, et al. Validity of spirometric testing in a general practice population of patients with chronic obstructive pulmonary disease (COPD). *Thorax* 2003;58(10):861–6.
- [2] Chavannes N, Schermer T, Akkermans R, et al. Impact of spirometry on GPs' diagnostic differentiation and decision-making. *Resp Med* 2004. in press.

Niels Chavannes, GP-Researcher
Department of General Practice
Maastricht University, P.O. Box 616
6200 MD Maastricht, The Netherlands
Tel.: +31 43 3882315; fax: +31 43 3884225
E-mail address: niels.chavannes@hag.unimaas.nl

16 July 2004

Available online at www.sciencedirect.com



Available online at <http://www.thepcrj.com>