LETTER

Should we try to detect mild COPD?

Dear Editor

Thomas and Levy's plea for more notice for COPD is welcome [1]. Their encouragement to "strive for early detection and active management at all stages of the disease" is not as simple and self-evidently desirable as it at first seems. Their concern about differences in the diagnosis of mild COPD between international guidelines and the criteria promoted by the new contract for NHS GPs in the UK raises interesting issues about how mild disease should be prioritised in COPD care.

Should we bother detecting COPD early? Are there disadvantages in including the mildest forms of COPD in our registers?

Screening for COPD must be justified by the availability of a useful intervention for those who are detected. This is a fundamental principle of screening [2]. Adding a patient's name to a disease register should demand a similar justification. If either process adds workload without benefit to the patient it should be rejected.

There is broad agreement that the most useful intervention in mild COPD is smoking cessation. The only trial of a smoking cessation intervention in smokers with impaired lung function compared to smokers with normal lung function showed that cessation rate was no different overall between smokers with normal lung function and those with impaired lung function [3]. Cessation rate was marginally better in those with moderate to severe lung function compared to those with normal lung function. From this evidence the detection of mild COPD does not aid smoking cessation.

The inclusion of people with mild COPD on a COPD disease register will hamper the capacity of

a service to identify and intervene with people who have moderate or severe disease. The conduct of assessments (either on paper or face to face) of people with mild disease for whom no specific intervention can be offered is wasteful. Differences in lung function thresholds for the diagnosis of mild COPD are therefore irrelevant to its clinical management since there are no useful interventions to be offered which were not already identifiable from the smoking history.

The metaphor of the iceberg of illness should not be applied to COPD until it is known that the iceberg under the water poses a significant threat and that knowing about it can reduce its impact. In the meantime there appears to be no advantage in detecting mild COPD.

Yours faithfully

References

- [1] Thomas M, Levy M. COPD management in the community: early detection and proactive care. *Primary Care Respir J* 2005;14:5–7.
- [2] Wilson JM. Principles of screening for disease. *Proc R Soc Med* 1971 Dec;64(12):1255–6.
- [3] Gorecka D, Bednarek M, Nowinski A, Puscinska E, Goljan-Geremek A, Zielinski J. Diagnosis of airflow limitation combined with smoking cessation advice increases stop-smoking rate. *Chest* 2003 Jun;123(6):1916–23.

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