

European Respiratory Society Annual Congress 2012

Abstract Number: 307

Publication Number: P732

Abstract Group: 1.6. General Practice and Primary Care

Keyword 1: Lung function testing **Keyword 2:** Spirometry **Keyword 3:** Primary care

Title: Validity of spirometry performed in the primary care setting

Dr. Mohammed 2085 Harris sanjni1@gmail.com MD ², Dr. Sue 2086 Church sanjni1@gmail.com MD ¹ and Dr. Sanjeev 2087 Agarwal sanjni1@gmail.com MD ¹. ¹ Respiratory Medicine, St. Helens and Knowsley Teaching Hospitals NHS Trust, Prescot, Merseyside, United Kingdom, L35 5DR and ² Respiratory Medicine, Mersey Deanery, Liverpool, Merseyside, United Kingdom, L35 5DR .

Body: Background: Spirometry is a valuable diagnostic tool in the identification of patients with Chronic Obstructive Pulmonary Disease (COPD) in the community. In the primary care setting, low acceptability of spirometric manoeuvres has been reported which may affect the interpretation of results and clinical decision making. T R Schermer et al had demonstrated in the Netherlands that spirometric indices performed by trained general practice staff were marginally but statistically significantly higher than those measured in pulmonary function laboratories. He concluded laboratory and general practice values should not be used interchangeably. Aims: To evaluate the validity of spirometric testing performed in the community. Methods: Retrospective study of 405 patients found to have abnormal screening spirometry performed in the community. Screening criteria included adults with a history of smoking. This was followed by repeat spirometry in the hospital pulmonary function laboratory. Data was analysed using SPSS. Results: N=405, mean age 54 years (range 22 to 78), 46 % (187) and 41% (165) were current and ex-smoker respectively. 78% (318) were using short-acting beta agonist 60% (242) were already on inhaled steroids. 0.7% (3) were on oral steroids. 82% (331) had obstructive spirometry. Majority (45%) of them had moderate COPD. 32% and 11% were found to have severe and very severe COPD respectively. The Mean FEV1 in the community (1.52 liters) was slightly higher than the pulmonary function laboratory (1.49 liters). Paired t test study showed the results to be in concordance to the results demonstrated by T R Schermer et al. Conclusions: This study validates the results published in the Netherlands by T R Schermer et al.