

there are several options for increasing test performance, such as a simple intervention of scheduling a periodic outreach visit by a lung function technician.<sup>6</sup> Still, we need to be aware of the fact that there is a lack of evidence that quality assurance for spirometry in primary care settings is indeed effective.

**Patrick J.P. Poels and Tjard R.J. Schermer**  
Department of General Practice,  
Radboud University Nijmegen Medical  
Centre, Nijmegen, The Netherlands

### **Good Wine Needs No Bush: Quality Spirometry in a Primary Care Setting Is Possible**

**To the Editor:** In the July 2006 issue of *Archivos de Bronconeumologia* Hueto et al<sup>1</sup> reported on the use and quality of spirometry in a primary care setting in Spain. Despite the good availability of spirometers (90%), the authors found underuse of spirometry in daily practice and low quality of the measurements due to a low training level and absence of continuity in the staff at the practice setting. The authors concluded that supplying spirometers in primary care settings will be insufficient as long as spirometry test performance is inadequate.

Those results are somewhat disappointing, as carrying out spirometry in general practice seems justified in terms of test validity, provided that staff members have been trained sufficiently.<sup>2</sup> Probably the baseline training level of staff members was the limiting factor in the Navarre region. We agree with the authors that a more comprehensive mode of continuous support of performance feedback after initial spirometry training may contribute to improved test quality, although evidence that this is indeed the case is not available at this time.

We recently found that the quality of the spirometric tests performed in general practice settings was adequate for situations that do not involve spirometry research activities.<sup>3</sup> The variability of forced expiratory volume in 1 second and forced vital capacity was less than 5% and less than 200 mL for 85% and 82% of the 1282 spirometry tests that were available for review. Therefore, we do not agree with the recommendation by Hueto et al<sup>1</sup> that there is no place for spirometry in the primary care setting. Once a primary care physician is convinced that spirometry is a helpful tool in diagnosing COPD, the most practical and best appreciated solution is to have a spirometer available in the practice.<sup>4</sup> Although there clearly is variation in the organization and utilization of spirometry between countries and practices,<sup>5</sup>

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