



Letters to the Editor

Smoking Cessation Clinics as an Aid for Early Diagnosis of Chronic Obstructive Pulmonary Disease*

Las consultas de deshabituación tabáquica como ayuda al diagnóstico precoz de la enfermedad pulmonar obstructiva crónica

To the Editor,

Underdiagnosis of chronic obstructive lung disease (COPD) is an ongoing problem that has changed little in recent years.^{1,2} The GesEPOC guidelines³ recommend spirometry testing for all smokers with a habit >35 years and an accumulated consumption ≥ 10 pack-years. Furthermore, smoking cessation is the most effective method of arresting pulmonary decline in COPD. Smoking cessation clinics are the ideal place to perform early screening, and the patients attending these units frequently meet these criteria.

We reviewed the records of 619 patients who attended our smoking cessation unit in the 8 years since it was set up. In this clinic, patients are followed up for 6 months, and pharmacological prescriptions for cessation are offered, in accordance with the SEPAR guidelines.⁴ Patients were mainly referred from respiratory medicine clinics (34.1%) and from the program for healthcare personnel (28.7%). A total of 54.1% were women, mean age was 47.79 years, and mean consumption was 26.20 cigarettes/day (accumulated consumption 43.10). Subjects had taken up smoking at the age of 16.75 years, physical dependence was moderate (Fagerström test 5.79) and motivation according to the Richmond test was 8.05. We detected functional lung test parameters indicative of COPD⁵ (FEV₁ 63.05%; FEV₁/FVC 60.98) in 18 patients (7.31%) with no previous diagnosis of lung disease. Five of these patients were referred from sources other than respiratory medicine and primary care centers, and 4 were workers in our own clinic; 72.1% were men, mean age was 53.1 years, consumption was 33.29 cigarettes/day, and age at onset of smoking habit was 16.79 years (67.78 pack-years). Mean physical dependence was 6.26, and motivation, according to the Richmond test, was 7.82. Only 39% met clinical criteria for chronic bronchitis. A total of 65% of our overall series achieved continuous

abstinence at 6 months, while this figure rose to 77.8% in the group with recent diagnosis of COPD.

In spite of attempts to reduce the underdiagnosis of COPD, the numbers have changed little in recent years. Routine spirometry testing in smoking cessation clinics is another strategy for improving COPD diagnosis, and may help to identify smokers with undetected disease. Moreover, a new diagnosis determined at the time of starting a smoking cessation program contributes to an improvement in success rates, as the patient is more aware of the health risk. This trend could be observed in the abstinence figures in our 2 groups, although no comparisons could be made due to small sample sizes. Accordingly, we recommend that spirometry testing be performed in all patients attending the smoking cessation clinics of respiratory medicine departments, since this can be a source of an appreciable number of new COPD cases.

References

1. Sobradillo-Peña VS, Miravittles M, Gabriel R, Jiménez-Ruiz CA, Villasante C, Masa JF, et al. Geographic variations in prevalence and underdiagnosis of COPD: results of the IBERPOC multicentre epidemiological study. *Chest*. 2000;118:981–9.
2. Miravittles M, Soriano JB, García-Río F, Muñoz L, Durán-Tauleria E, Sánchez G, et al. Prevalence of COPD in Spain: Impact of undiagnosed COPD on quality of life and daily life activities. *Thorax*. 2009;64:863–8.
3. Miravittles M, Soler-Cataluña JJ, Calle M, Molina J, Almagro P, Quintano JA, et al. Guía de Práctica Clínica para el diagnóstico y tratamiento de pacientes con Enfermedad Pulmonar Obstructiva Crónica (EPOC) – Guía Española de la EPOC (GesEPOC). *Arch Bronconeumol*. 2012;48 Suppl. 1:S2–58.
4. Jiménez CA, de Granda Orive JL, Solano Reina S, Carrión Valero F, Romero Palacios P, Barrueco Ferrero M. Tratamiento del tabaquismo. *Arch Bronconeumol*. 2003;39:514–23.
5. Vestbo J, Hurd SS, Agustí AG, Jones PW, Vogelmeier C, Anzueto A, et al. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary. *Am J Respir Crit Care Med*. 2013;187:347–65.

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