

*DIAGNOSI PRECOCE E PRECISA*  
IL PUNTO DI VISTA DEL  
MEDICO DI MEDICINA GENERALE

*Germano Bettoncelli*  
*Roma 17 Novembre 2010*

Tinkelman D.G, Price D.B, Nordyke R.J, Halbert R.J.

COPD screening efforts in primary care:

*Primary Care respiratory Journal* (2007) 16 (1): 41-48

**Screening of smokers over 40 in general practice may yield 10 - 20% undiagnosed COPD cases, with a substantial proportion of these having moderate to severe disease.**

Earlier diagnosis through targeted case-finding will allow early, aggressive smoking cessation efforts and may lead to a reduction in the burden of COPD symptoms and a reduced impact of the disease on health-related quality of life in these patients

**Table 4** Undiagnosed COPD in general practice settings

Study	Study Population (Age)	Diagnostic criterion	N	COPD (%)	Undiagnosed COPD (%)	Severity distribution	
						Mild	Moderate-Severe
Renwick and Connolly (1996) <sup>26</sup>	45+	FEV <sub>1</sub> /FVC < 65% (age < 65 years); FEV <sub>1</sub> /FVC < lower limit of normal (age 65+)	247	26.4%	14.5	66% *	34% *
Dickinson, <i>et al.</i> (1999) <sup>27</sup>	60–75	FEV <sub>1</sub> < lowest quintile; FEV <sub>1</sub> reversibility < 9% predicted	353	9.9	6.2	–	–
van Schayck, <i>et al.</i> (2002) <sup>28</sup>	35–70, smokers	FEV <sub>1</sub> < 80% predicted	169	18.0	18.0	–	–
Takahashi, <i>et al.</i> (2003) <sup>29</sup>	40+, smokers or respiratory symptoms	FEV <sub>1</sub> /FVC < 70% predicted	1,040	27.0	21.9	39.2%†	60.8%†
Buffels, <i>et al.</i> (2004) <sup>30</sup>	35–70	FEV <sub>1</sub> /FVC < 88.5% predicted (men); FEV <sub>1</sub> /FVC < 89.3% predicted (women)	3,158	7.4%‡	7.4%‡	39%†	61%†
Current study (2005)	40+, smokers	Postbronchodilator FEV <sub>1</sub> /FVC < 70%	818	18.9	18.9	57.4%†	42.6%†

COPD = chronic obstructive pulmonary disease; FEV<sub>1</sub> = forced expiratory volume in one second; FVC = forced vital capacity

\* Mild = FEV<sub>1</sub> ≥ 60% predicted; moderate-severe = FEV<sub>1</sub> < 60% predicted

† Severity determined according to GOLD criteria: Mild = FEV<sub>1</sub> ≥ 80% predicted; Moderate-Severe = FEV<sub>1</sub> < 80% predicted<sup>15</sup>.

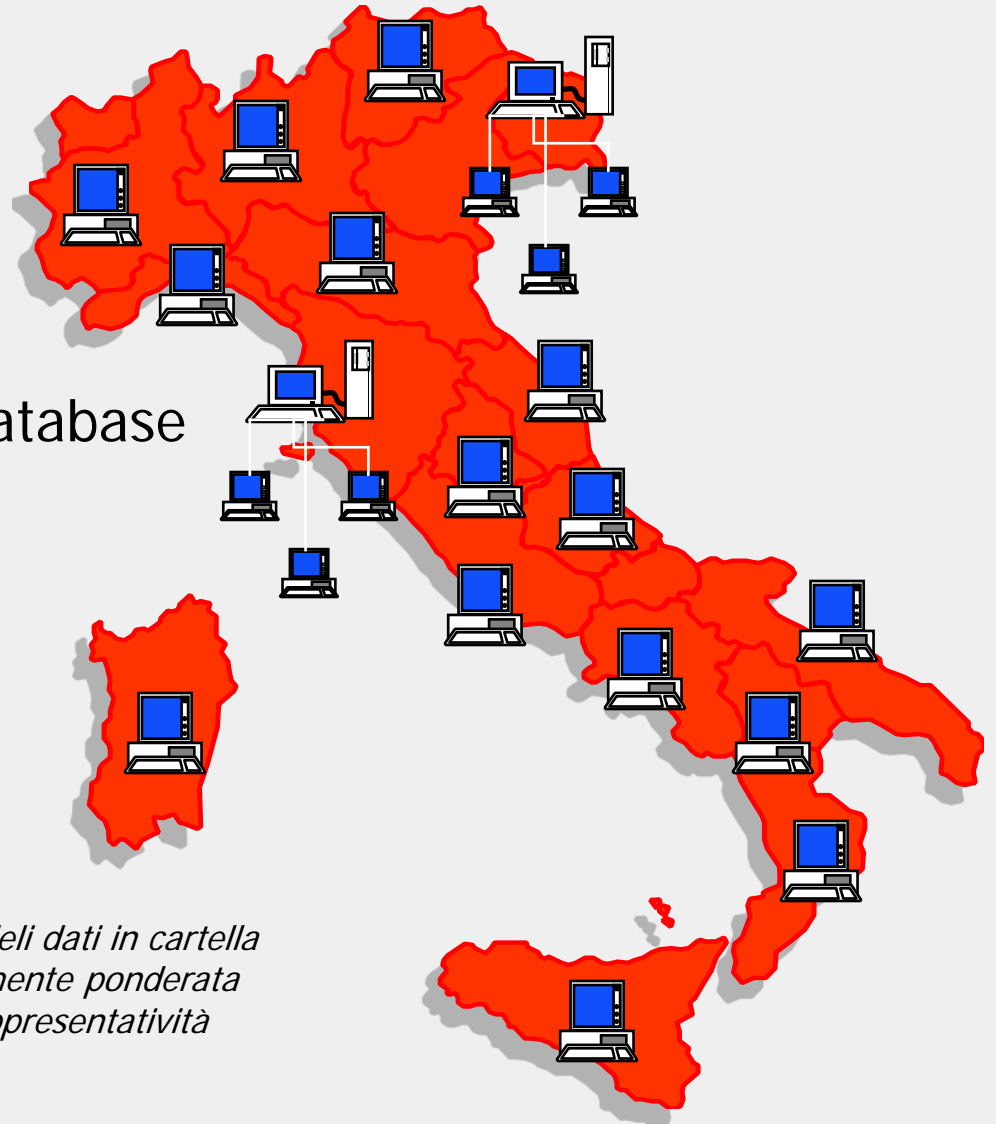
‡ This report did not distinguish between asthma and COPD.

Tinkelman D.G, Price D.B, Nordyke R.J, Halbert R.J.  
COPD screening efforts in primary care: what is the yield?  
Primary Care respiratory Journal (2007) 16 (1): 41-48

# Health Search-CSD LPD

31 Dicembre 2009

**1006** ricercatori presenti nel database  
~ **900** ricercatori attivi  
**650** ricercatori selezionati\*



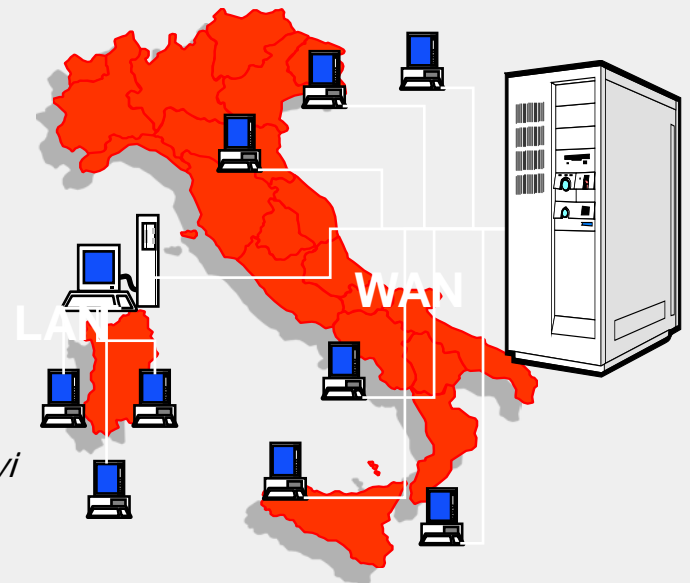
*\* mediante validazione della qualità di registrazione dei dati in cartella clinica; la distribuzione dei ricercatori è stata attentamente ponderata per rispettare la popolazione territoriale ed ottenere rappresentatività regionale del campione di ricerca*

# Health Search-CSD LPD

*31 Dicembre 2009*

- **2.034.022** pazienti presenti nel DB\*
- **26.560.396** diagnosi/problemi
- **236.802.545** accertamenti diagnostici
- **8.822.850** pressioni
- **158.791.984** ricette

*\* la popolazione totale riportata include tutti i pazienti, anche revocati e/o deceduti, calcolata sugli archivi dei ricercatori anche non più attivi e senza limiti temporali.*





# Health Search-CSD LPD

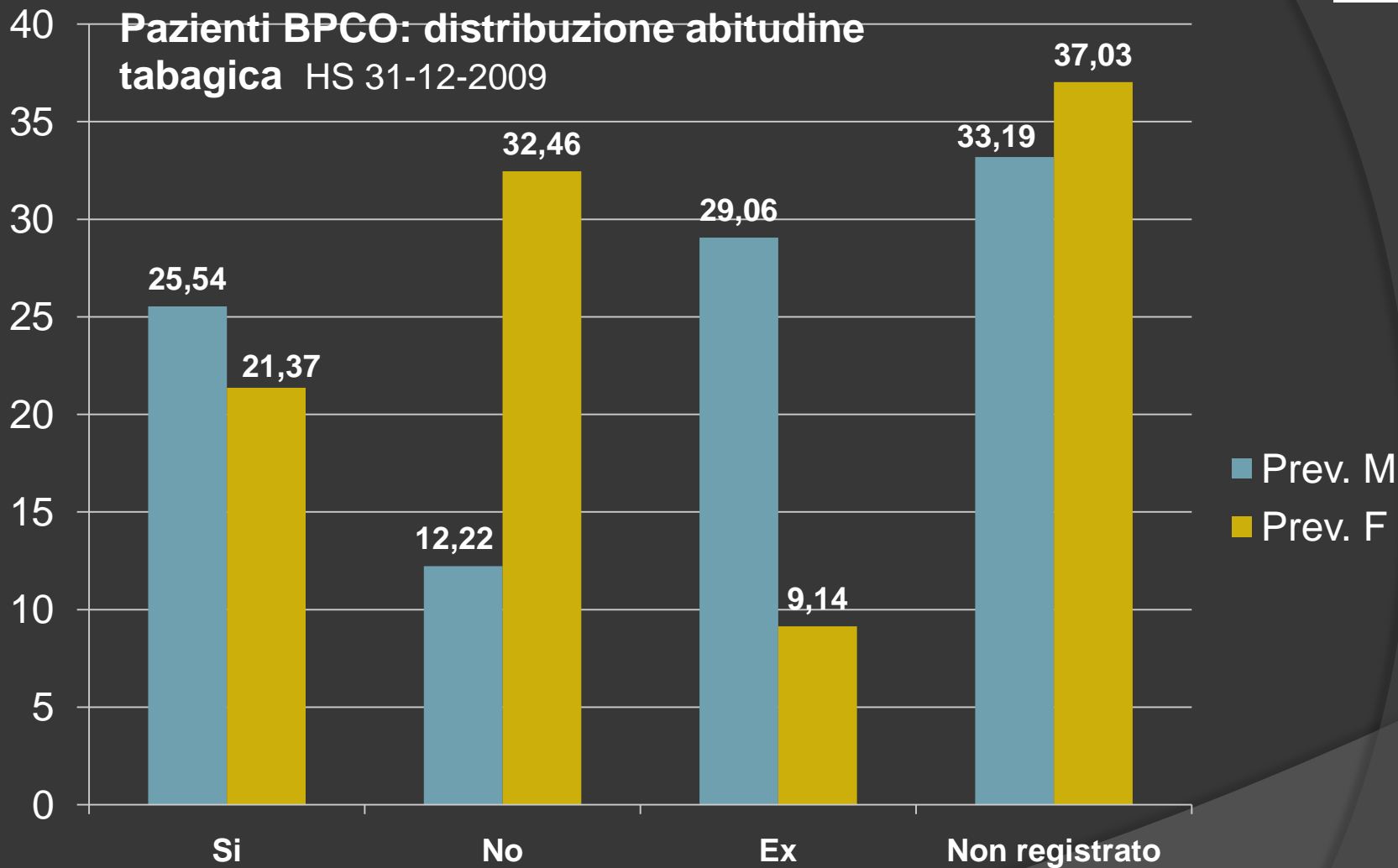
*31 Dicembre 2009*



## Distribuzione popolazione attiva, prevalenti BPCO e ASMA per sesso ed età

	Popolazione Attiva al 31/12/2009		Prevalenti BPCO al 31/12/2009 [25.762]		Prevalenti ASMA al 31/12/2009 [55.500]	
<b>Totale</b>	<b>909.638</b>		<b>2,83</b>		<b>6,1</b>	
	(Numero	- %)	(Prevalenza)		(Prevalenza)	
Maschi	<b>429.962</b>	<b>47,28</b>	<b>15.084</b>	<b>3,51</b>	<b>23.626</b>	<b>5,49</b>
Femmine	<b>479.676</b>	<b>52,73</b>	<b>10.678</b>	<b>2,23</b>	<b>31.874</b>	<b>6,64</b>







Misdiagnosis of COPD and asthma in primary care patients 40 years of age and over. [Tinkelman DG](#), [Price DB](#), [Nordyke RJ](#), [Halbert RJ](#). J Asthma. 2006 Jan-Feb;43(1):75-80

Despite the availability of consensus guideline diagnostic recommendations, diagnostic confusion between COPD and asthma appears common.

Increased awareness of the differences between the two conditions is needed to promote optimal patient management and treatment.

[Sichletidis L](#), et al. The validity of the diagnosis of chronic obstructive pulmonary disease in general practice. Prim Care Respir J. 2007 Apr;16(2):82-8

**CONCLUSION: Diagnostic errors in patients with respiratory symptoms in the primary healthcare setting are frequent.** Patients suspected to have COPD should undergo spirometry testing after bronchodilation. An alternative diagnosis must be sought for non-smoking patients with irreversible airway obstruction

# Le riacutizzazioni: un problema complesso

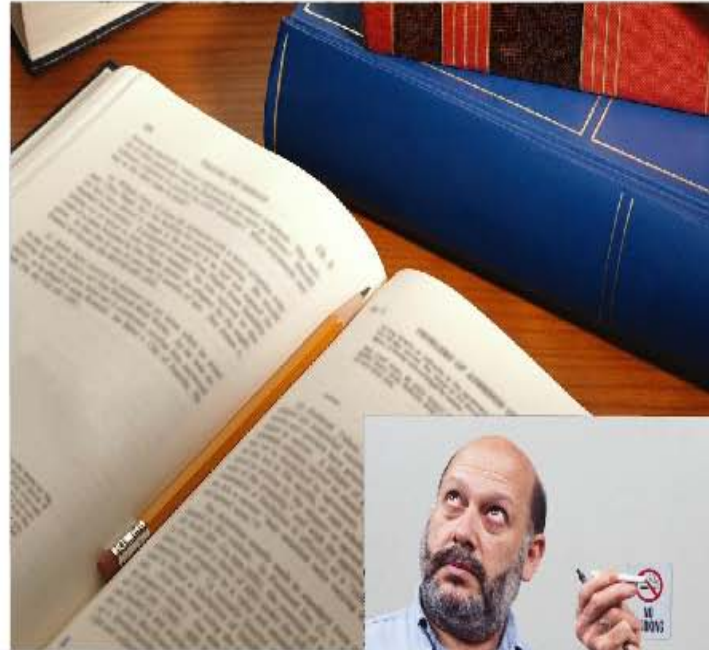
Molti pazienti con riacutizzazione di BPCO non vengono diagnosticati perché non è nota la malattia di base.

Accade che si prescrivano solo farmaci sintomatici o come se si trattasse solo di una patologia infettiva

In questo modo non si coglie il significato dell'episodio nel contesto generale della BPCO

# Implementation Difficulties

- Guidelines can be very detailed and specific.
- Patients may show overlapping symptoms of other disorders.
- Patients rarely present all “classic symptoms”.



# Le prossime sfide

Aumento età media popolazione  
Aumento sopravvivenza  
Aumento di prevalenza BPCO  
Aumento pazienti con BPCO grave  
Aumento comorbilità  
Aumento resistenze antibiotici

Riduzione posti letto ospedalieri  
Trasferimento cure medio-bassa intensità sul territorio  
Mancanza personale infermieristico  
Possibile carenza di medici  
Aumento costi assistenza  
Politica basata su costi standard

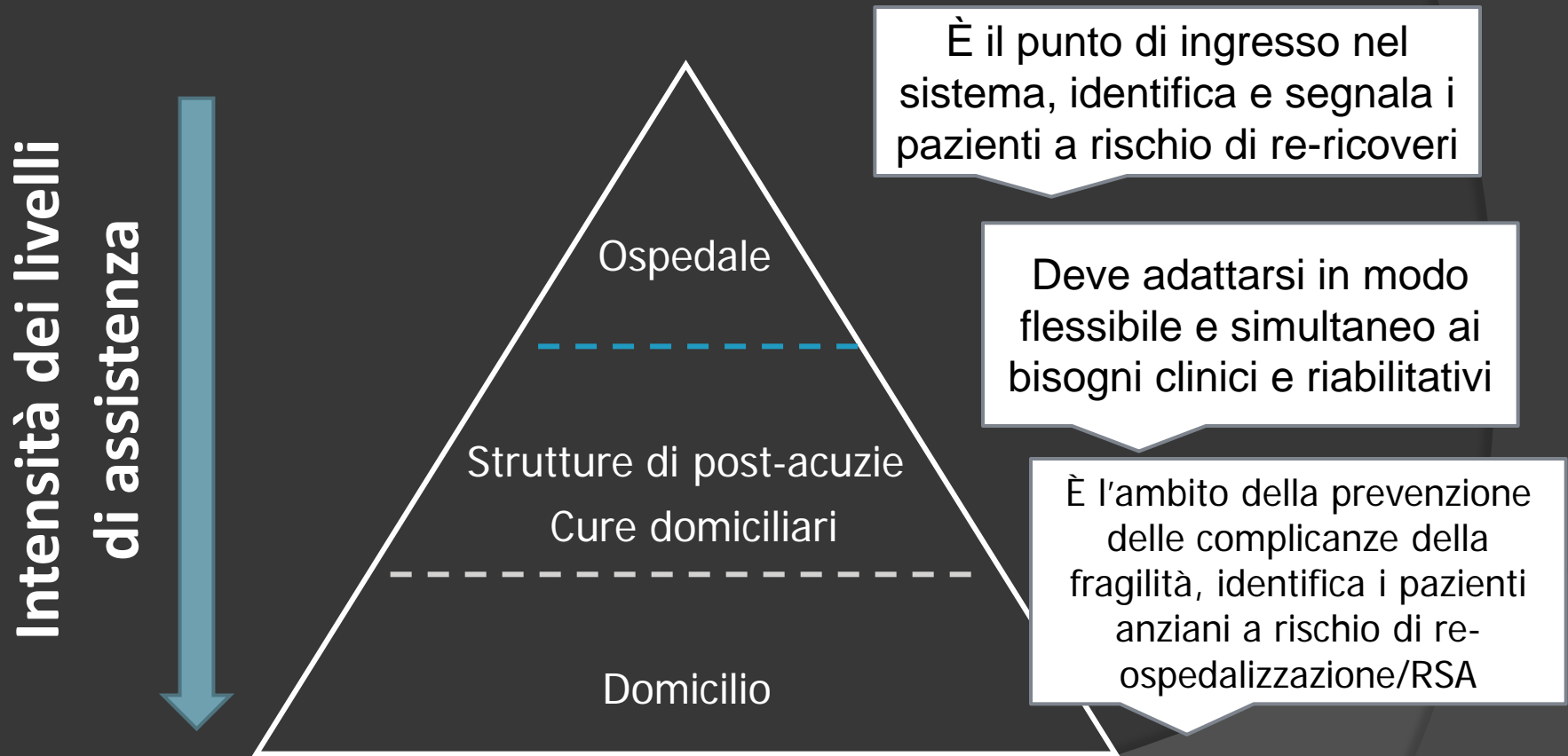
Per il MMG responsabilità verso il singolo paziente e verso la popolazione complessiva che assiste

Comorbidities in chronic obstructive pulmonary disease. [Chatila WM](#), [Thomashow BM](#), [Minai A](#), [Criner GJ](#), [Make BJ](#). Proc Am Thorac Soc. 2008 May 1;5(4):549-55.

Comorbidities such as cardiac disease, diabetes mellitus, hypertension, osteoporosis, and psychological disorders are commonly reported in patients with chronic obstructive pulmonary disease (COPD) but with great variability in reported prevalence. Tobacco smoking is a risk factor for many of these comorbidities as well as for COPD, making it difficult to draw conclusions about the relationship between COPD and these comorbidities. However, recent large epidemiologic studies have confirmed the independent detrimental effects of these comorbidities on patients with COPD.

**On the other hand, many of these comorbidities are now considered to be part of the commonly prevalent nonpulmonary sequelae of COPD that are relevant not only to the understanding of the real burden of COPD but also to the development of effective management strategies.**

# Organizzazione piramidale dei livelli di assistenza sanitaria



***Grazie***

