THE ACCURACY OF DIAGNOSIS AND STAGE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN DAILY PRACTICE

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Introduction. Chronic obstructive pulmonary disease (COPD) is one of the leading causes of morbidity and mortality all over the world, representing the largest fraction of mortality due to respiratory diseases, which are the third most common cause of deaths (8%) in 25 member states of the European Union. Despite the fact that this disease looks like a well-known problem and has clear diagnostic criteria, COPD is frequently underdiagnosed and under-treated.

Aim. The aim of this research is to evaluate the accuracy of diagnosis and stage of chronic obstructive pulmonary disease in the Center of Family Medicine of Vilnius University Hospital Santariskiu Klinikos.

Materials and methods. In retrospective case ambulatory cards of 240 patients, who are registered in the Center of Family Medicine of Santariskiu Klinikos hospital and had the diagnosis of COPD till 2015 year, were reviewed. Pulmonary function tests, spirometry in particular, are the “gold standart” of the diagnostic evaluation of patients with suspected COPD. The most important values measured during spirometry are the forced expiratory volume in one second (FEV₁) and the forced vital capacity (FVC). A postbronchodilator FEV₁ / FVC ratio less than 70% is considered diagnostic of airflow limitation and is the main indicator of COPD. The severity of COPD is valued using GOLD criteria (this is typically based on the FEV₁ and the presence of pulmonary failure). The spirometry results of these patients were reviewed.

Results. Out of 240 patients, which had COPD diagnosis, 203 diagnoses were written in their ambulatory cards. Only 82 of these met the criteria of COPD diagnosis (FEV₁ / FVC ratio < 70%) and 121 did not. Out of 240 observed patients, 37 did not have diagnosis of COPD written in their ambulatory card. Nevertheless, 17 of them met the criteria of COPD (FEV₁ / FVC ratio < 70%). Investigating the patients with chronic obstructive pulmonary disease, 6 cases were indicated as a lighter stage, whereas 20 were indicated as a more severe stage of the disease than it should be according to GOLD criteria.

Conclusion. The accuracy of diagnosis and stage of chronic obstructive pulmonary disease is not sufficient. Discrepancies are observed in both disease diagnosis and staging. Therefore, steps must be taken in order to diagnose COPD more precisely, so that patients could receive immediate assistance and treatment.