

Chronic Obstructive Pulmonary Diseases: Journal of the COPD Foundation



Letter to the Editor

Letter to the Editor: A Primary Care Perspective

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Abbreviations: chronic obstructive pulmonary disease, **COPD**; COPD Genetic Epidemiology study, **COPDGene**[®]; computed tomography, **CT**

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Dear Editor:

For many years family physicians and general internists have provided care and diagnosis to symptomatic patients who do not fit the conventional chronic obstructive pulmonary disease (COPD) diagnostic criteria. Often, we see these patients for years but have no label to support important therapeutic decisions. The COPD Genetic Epidemiology study (COPDGene[®]) data, presented in this issue of *Chronic Obstructive Pulmonary Diseases: Journal of the COPD Foundation*,¹ generates new hope to address the frustration of trying to tailor and personalize treatment for patients left in diagnostic limbo.

As with all new findings, these important and revolutionary ideas will take time to trickle through the translation network and into practice and point of care. How will we operationalize these findings in busy primary care where spirometry and low dose

computed tomography (CT) use for evaluation of dyspnea, chronic cough and decline in functional status may not be as easy as in academic pulmonology centers? First of course, we will need simple tools to help patients and primary care physicians and other clinicians recognize and report significant symptoms. Specific recommendations for targeted use of CT and spirometry or evaluation of pulmonary function testing need to be developed and institutionalized as necessary assessment in primary care—perhaps replacing the extensive and unsupported use of other testing like routine chest radiographs and electrocardiograms.

The findings and implications for COPD care from the COPDGene[®] evolution in the understanding of the broad groups of conditions currently labeled COPD will be debated, maybe discounted, and possibly denied. But many patients, caregivers and primary care physicians welcome the debate and focus on COPD that they will generate. Yes, let's discuss and even disagree, but not ignore the desperate need to better elucidate COPD, its pathophysiology, and best personalized treatments with hope for effective intervention in disease progression with an eye to the goal of a cure.

References

1. Lowe KE, Regan EA, Anzueto A, et al. COPDGene 2019: redefining the diagnosis of chronic obstructive pulmonary disease. *Chronic Obstr Pulm Dis*. 2019;6(5):384-399. doi: <https://doi.org/10.15326/jcopdf.6.5.2019.0149>