XXI

CONGRESO NACIONAL DE MEDICINA GENERAL Y DE FAMILIA

SEMG
Sociedad Española de Médicos
Generales y de Familia

Sevilla

PALACIO DE CONGRESOS 29-31 MAYO

Ciencia, arte y luz

XXI CONGRESO NACIONAL DE MEDICINA GENERAL Y DE FAMILIA

SEMG
Sociedad Española de Médicos Generales y de Familia

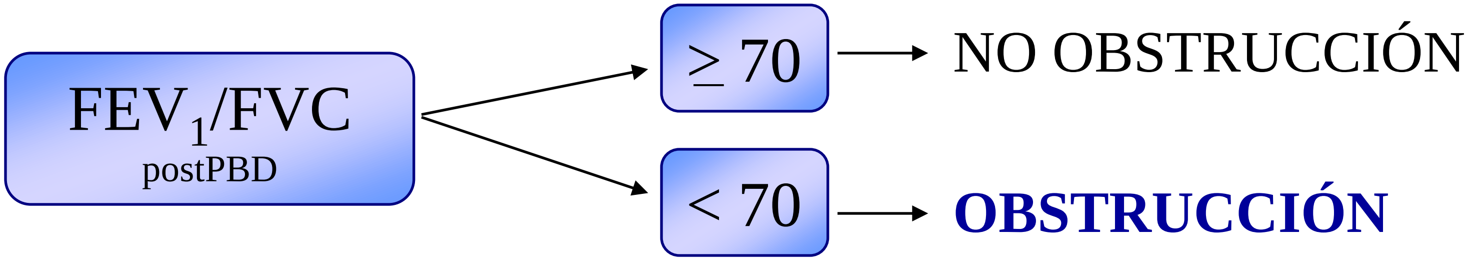
¿ESTÁN BIEN DIAGNOSTICADOS NUESTROS PACIENTES CON ENFERMEDAD PULMONAR OBSTRUCTIVA CRÓNICA?

Laura Mª Sánchez Rodríguez

Ciencia, arte y luz

- La enfermedad pulmonar obstructiva crónica (EPOC) se caracteriza por limitación al flujo aéreo poco reversible.

- Esta limitación de la vía aérea se pone de manifiesto mediante espirometría con prueba broncodilatadora.



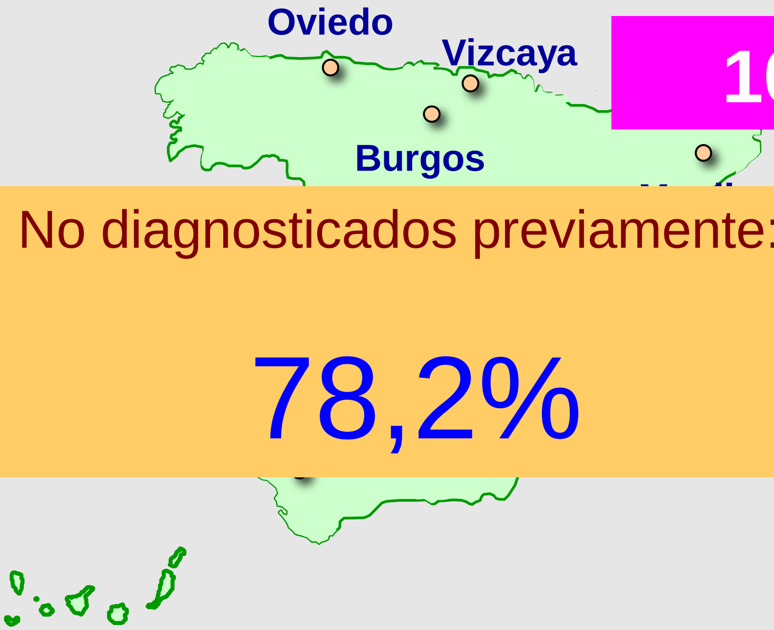
FEV_1/FVC
postPBD

≥ 70 → NO OBSTRUCCIÓN

< 70 → **OBSTRUCCIÓN**

Prevalencia de la EPOC en España

9.1%
40-69 años


Oviedo
Vizcaya
Burgos

No diagnosticados previamente:

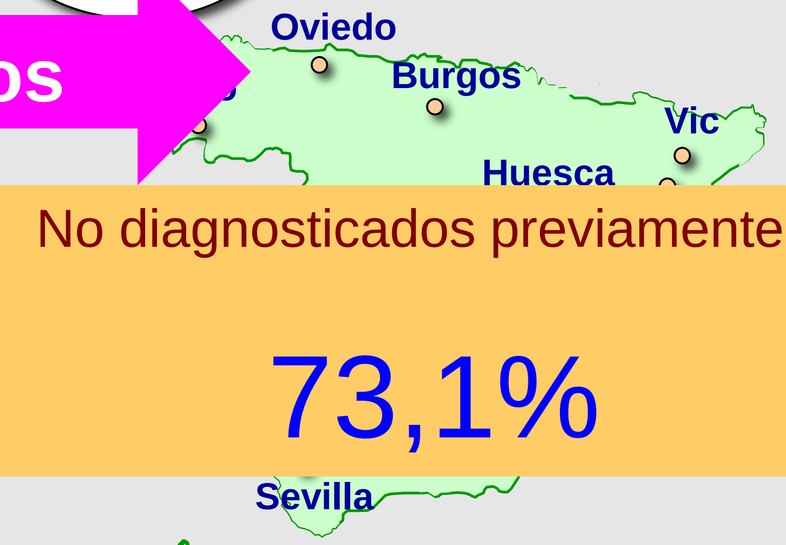
78,2%

IBERPOC

Sobradillo V, et al. Chest 2000; 118: 981-9

10 años

10.2%
40-80 años

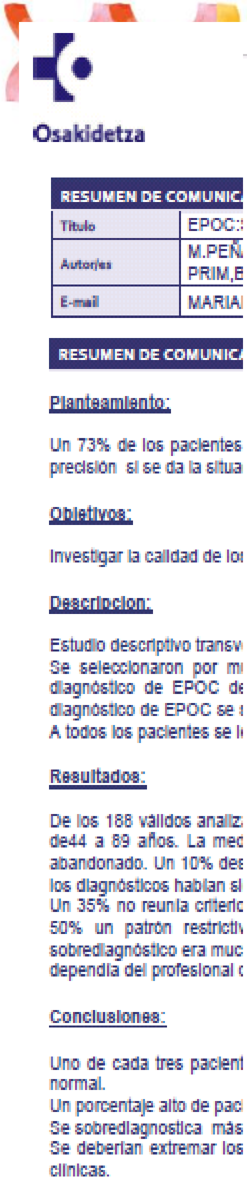

Oviedo
Burgos
Vic
Huesca
Sevilla

No diagnosticados previamente:

73,1%

EPISCAN

Miravitlles M, et al. Thorax 2009; 64:863-8



Osakidetza

RESUMEN DE COMUNIC

Título	EPOC:
Autor/es	M.PEÑ PRIM,B
E-mail	MARIA

RESUMEN DE COMUNIC

Planteamiento:

Un 73% de los pacientes
precisión si se da la situa

Objetivos:

Investigar la calidad de lo

Descripcion:

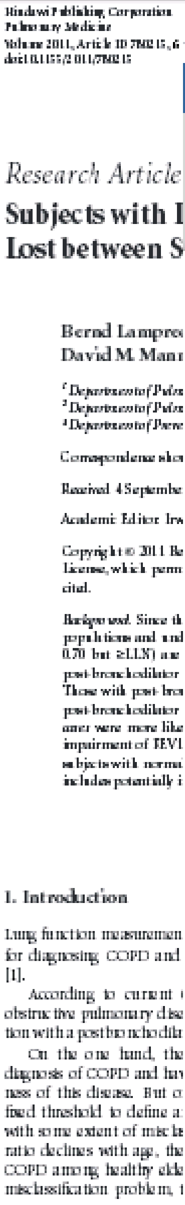
Estudio descriptivo transv
Se seleccionaron por m
diagnóstico de EPOC de
diagnóstico de EPOC se
A todos los pacientes se l

Resultados:

De los 188 válidos analiz
de44 a 89 años. La med
abandonado. Un 10% des
los diagnósticos habían s
Un 35% no reunía criterio
50% un patrón restricti
sobrediagnóstico era muc
dependía del profesional

Conclusiones:

Uno de cada tres pacien
normal.
Un porcentaje alto de pac
Se sobrediagnostica más
Se deberían extremar los
clínicas.



Hindawi Publishing Corporation
Pulmonary Medicine
Volume 2011, Article ID 780215, 6 pages
doi:10.1155/2011/780215

Research Article

Subjects with I
Lost between S

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David M. Mann

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[2] Department of Pulm
[4] Department of Prev

Correspondence shou

Received 4 Septembe

Academic Editor: Irv

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cited.

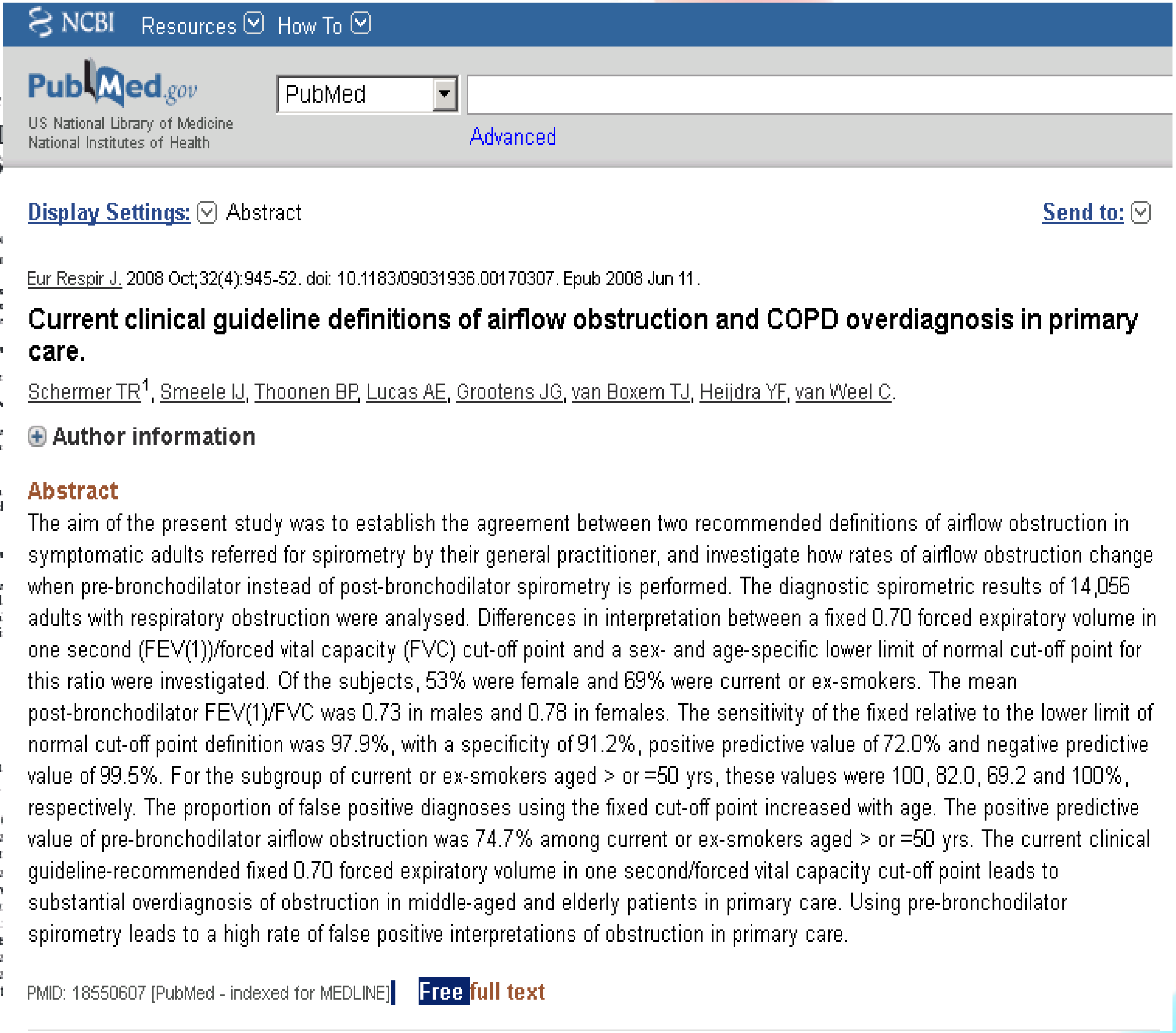
Background. Since th
populations and und
0.70 but ≥LLN) are
post-bronchodilator
Those with post-bro
post-bronchodilator
ones were more like
impairment of FEV1
subjects with norma
includes potentially i

1. Introduction

Lung function measuremen
for diagnosing COPD and
[1].

According to current
obstructive pulmonary dise
tion with a postbronchodila

On the one hand, the
diagnosis of COPD and hav
ness of this disease. But o
fixed threshold to define a
with some extent of miscla
ratio declines with age, the
COPD among healthy elde
misclassification problem,



Eur Respir J. 2008 Oct;32(4):945-52. doi: 10.1183/09031936.00170307. Epub 2008 Jun 11.

Current clinical guideline definitions of airflow obstruction and COPD overdiagnosis in primary care.

Schermer TR[1], Smeele IJ, Thoonen BP, Lucas AE, Grootens JG, van Boxem TJ, Heijdra YF, van Weel C.

⊕ **Author information**

Abstract

The aim of the present study was to establish the agreement between two recommended definitions of airflow obstruction in symptomatic adults referred for spirometry by their general practitioner, and investigate how rates of airflow obstruction change when pre-bronchodilator instead of post-bronchodilator spirometry is performed. The diagnostic spirometric results of 14,056 adults with respiratory obstruction were analysed. Differences in interpretation between a fixed 0.70 forced expiratory volume in one second (FEV(1))/forced vital capacity (FVC) cut-off point and a sex- and age-specific lower limit of normal cut-off point for this ratio were investigated. Of the subjects, 53% were female and 69% were current or ex-smokers. The mean post-bronchodilator FEV(1)/FVC was 0.73 in males and 0.78 in females. The sensitivity of the fixed relative to the lower limit of normal cut-off point definition was 97.9%, with a specificity of 91.2%, positive predictive value of 72.0% and negative predictive value of 99.5%. For the subgroup of current or ex-smokers aged > or =50 yrs, these values were 100, 82.0, 69.2 and 100%, respectively. The proportion of false positive diagnoses using the fixed cut-off point increased with age. The positive predictive value of pre-bronchodilator airflow obstruction was 74.7% among current or ex-smokers aged > or =50 yrs. The current clinical guideline-recommended fixed 0.70 forced expiratory volume in one second/forced vital capacity cut-off point leads to substantial overdiagnosis of obstruction in middle-aged and elderly patients in primary care. Using pre-bronchodilator spirometry leads to a high rate of false positive interpretations of obstruction in primary care.

PMID: 18550607 [PubMed - indexed for MEDLINE]

OBJETIVO

Conocer el porcentaje de Pacientes diagnosticados de Enfermedad Pulmonar Obstructiva Crónica (EPOC)

A tratamiento con Inhaladores

No cumplen criterios de obstrucción fija de vía aérea.

dreamstime.com

MATERIAL Y MÉTODOS

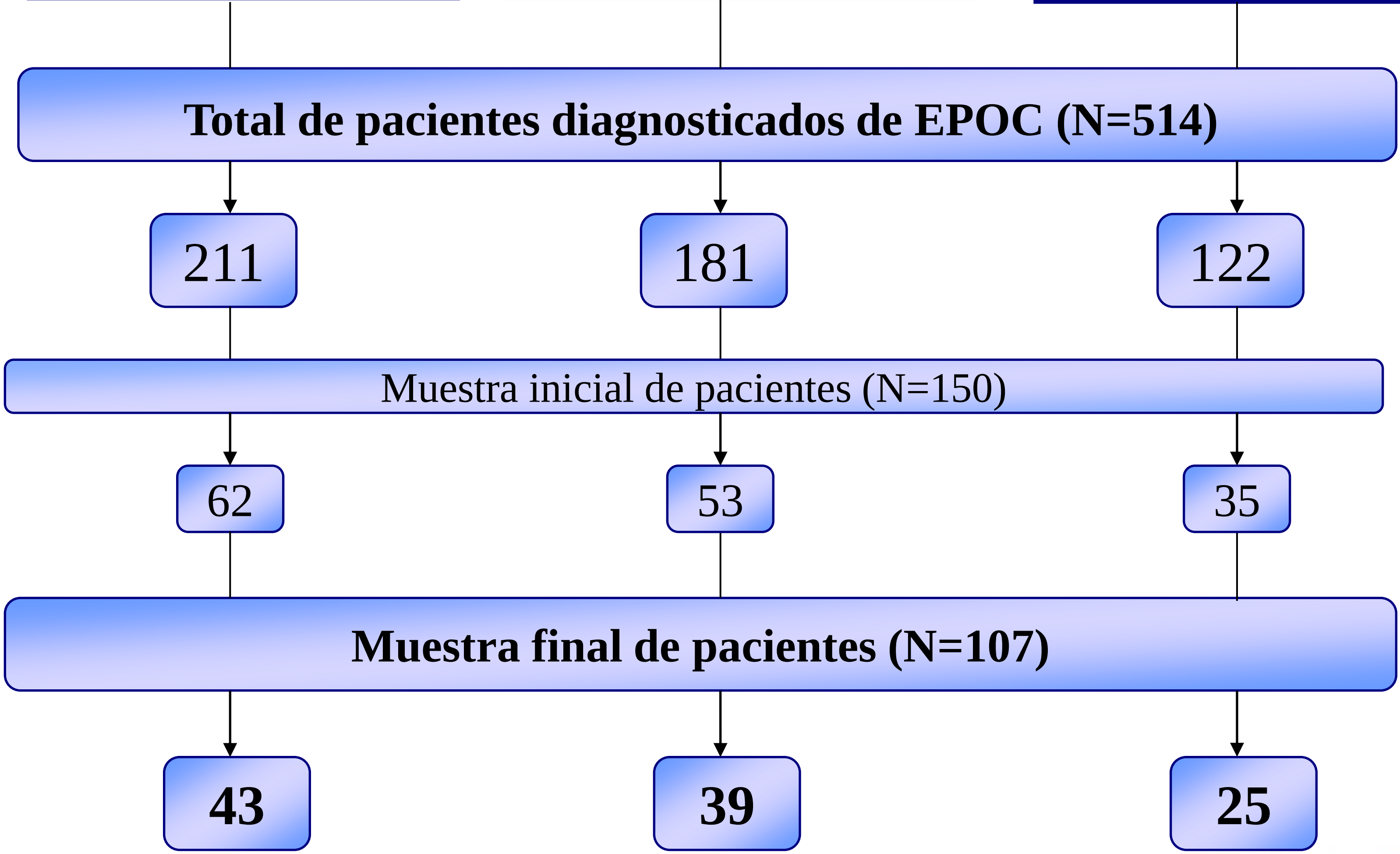
Estudio descriptivo transversal

Muestreo aleatorio con afijación proporcional
del listado de pacientes EPOC

107 pacientes pertenecientes a 3 zonas básicas de salud

MATERIAL Y MÉTODOS

CENTRO DE SALUD
ENTRADA
C.S. Contrueces Vega



Total de pacientes diagnosticados de EPOC (N=514)

211 | 181 | 122

Muestra inicial de pacientes (N=150)

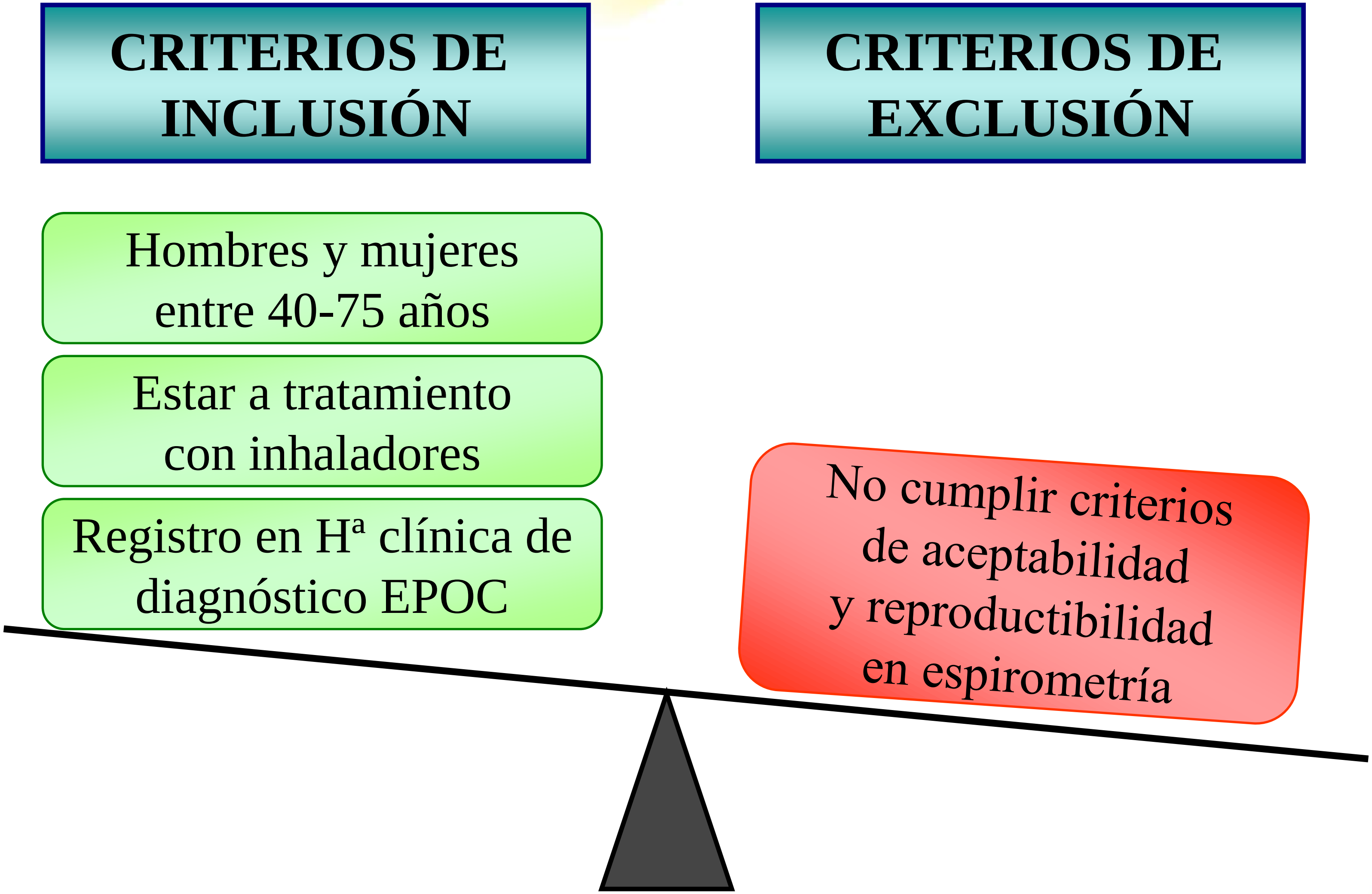
62 | 53 | 35

Muestra final de pacientes (N=107)

43 | **39** | **25**

Ciencia, arte y luz

MATERIAL Y MÉTODOS

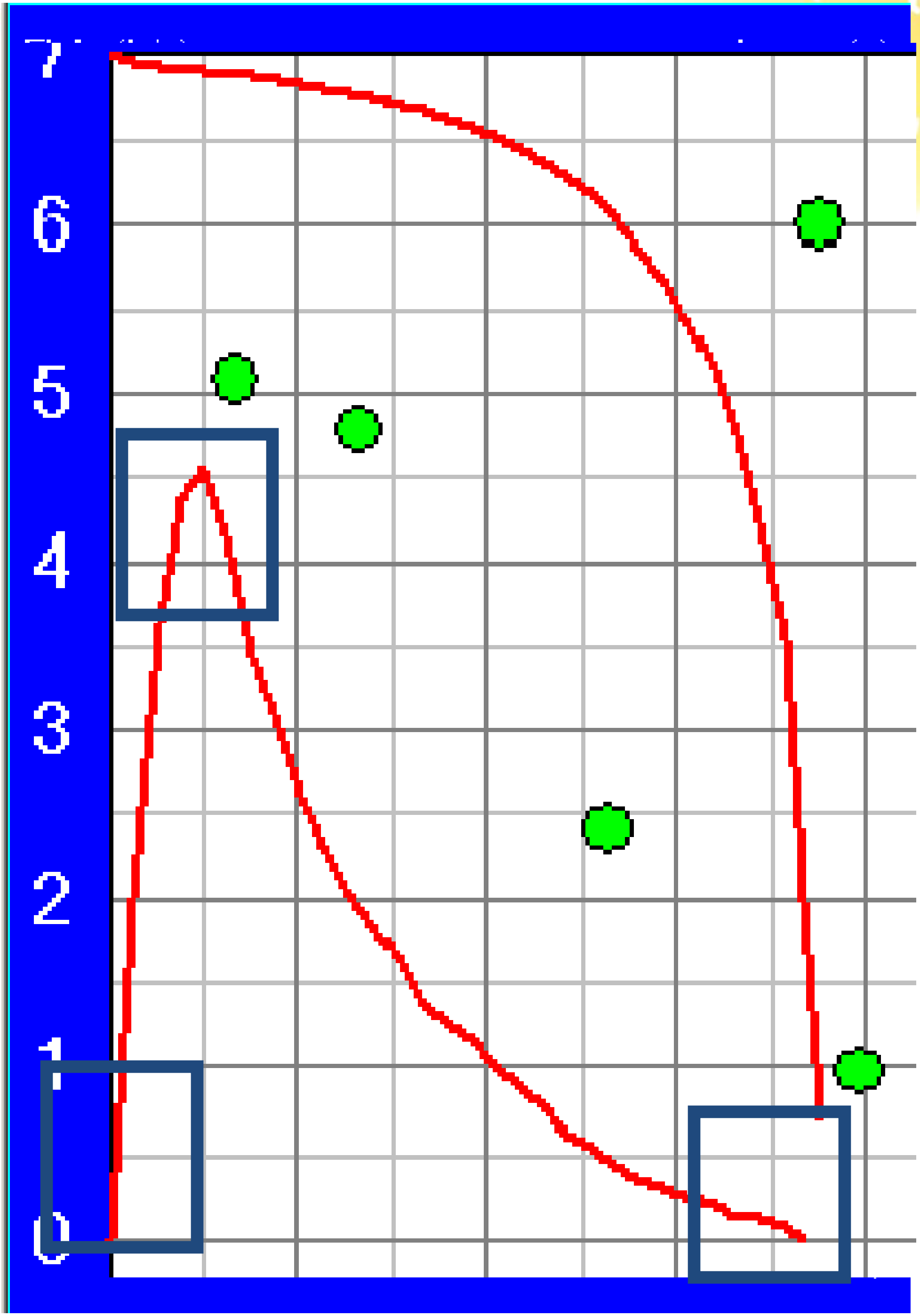


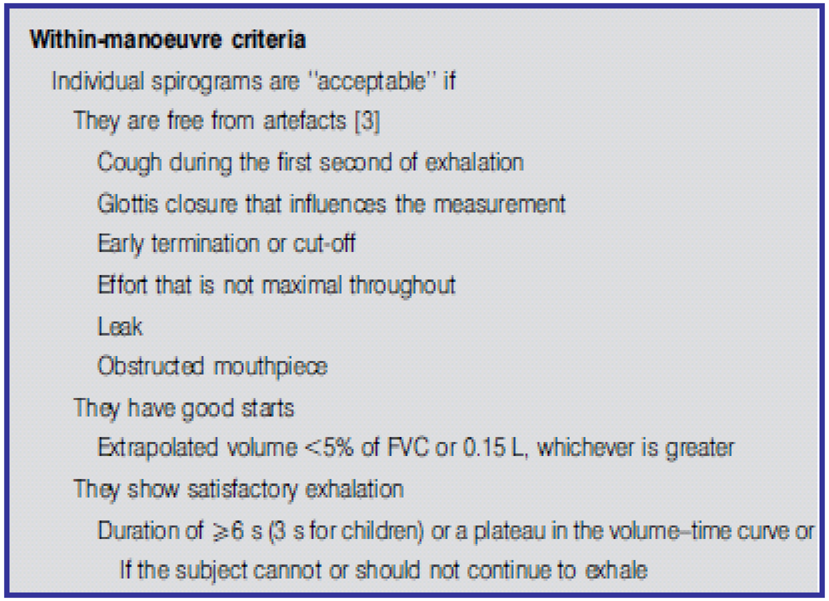
CRITERIOS DE INCLUSIÓN

- Hombres y mujeres entre 40-75 años
- Estar a tratamiento con inhaladores
- Registro en Hª clínica de diagnóstico EPOC

CRITERIOS DE EXCLUSIÓN

- No cumplir criterios de aceptabilidad y reproductibilidad en espirometría

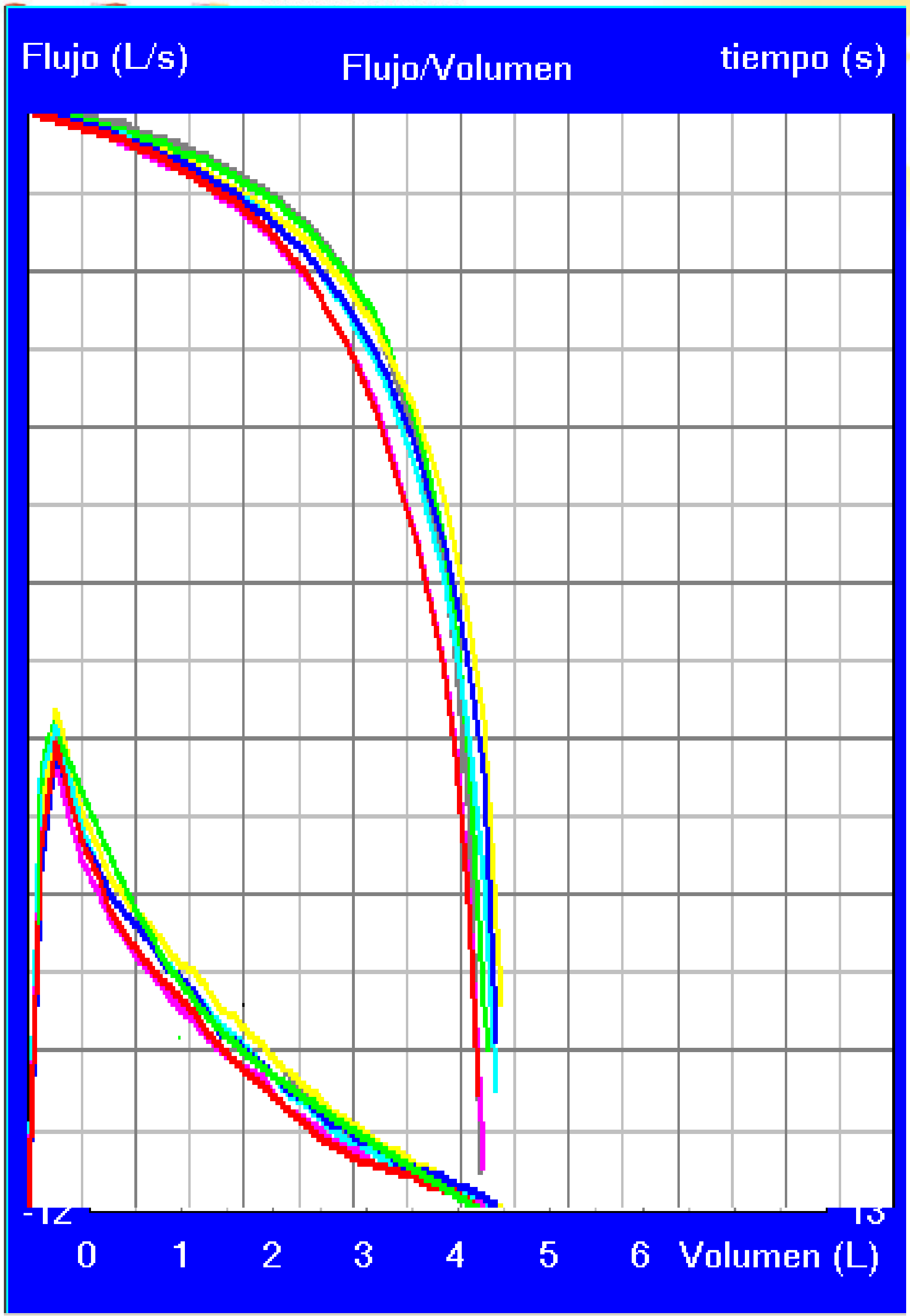


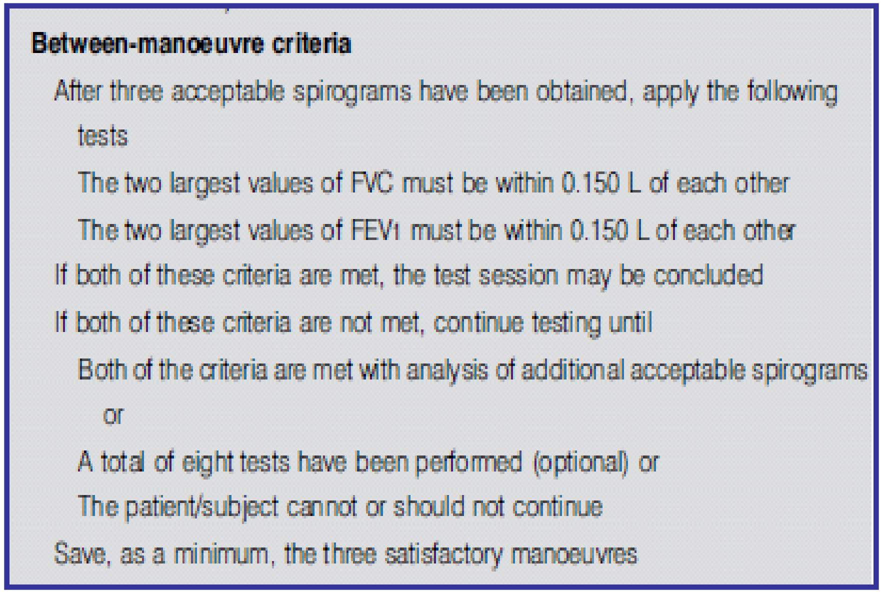


Within-manoeuvre criteria

- Individual spirograms are "acceptable" if
  - They are free from artefacts [3]
    - Cough during the first second of exhalation
    - Glottis closure that influences the measurement
    - Early termination or cut-off
    - Effort that is not maximal throughout
    - Leak
    - Obstructed mouthpiece
  - They have good starts
    - Extrapolated volume <5% of FVC or 0.15 L, whichever is greater
  - They show satisfactory exhalation
    - Duration of ≥6 s (3 s for children) or a plateau in the volume–time curve or
      - If the subject cannot or should not continue to exhale

Eur. Respir J 2005; 26: 319–338





Between-manoeuvre criteria

After three acceptable spirograms have been obtained, apply the following tests
- The two largest values of FVC must be within 0.150 L of each other
- The two largest values of FEV1 must be within 0.150 L of each other

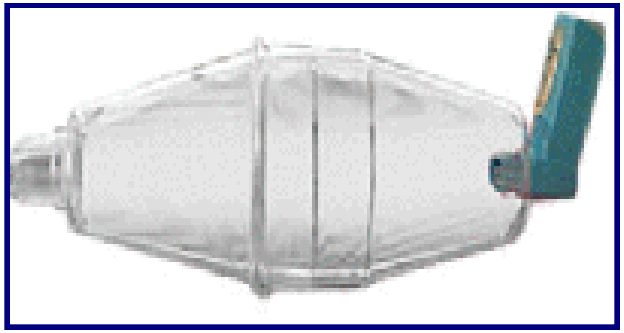
If both of these criteria are met, the test session may be concluded

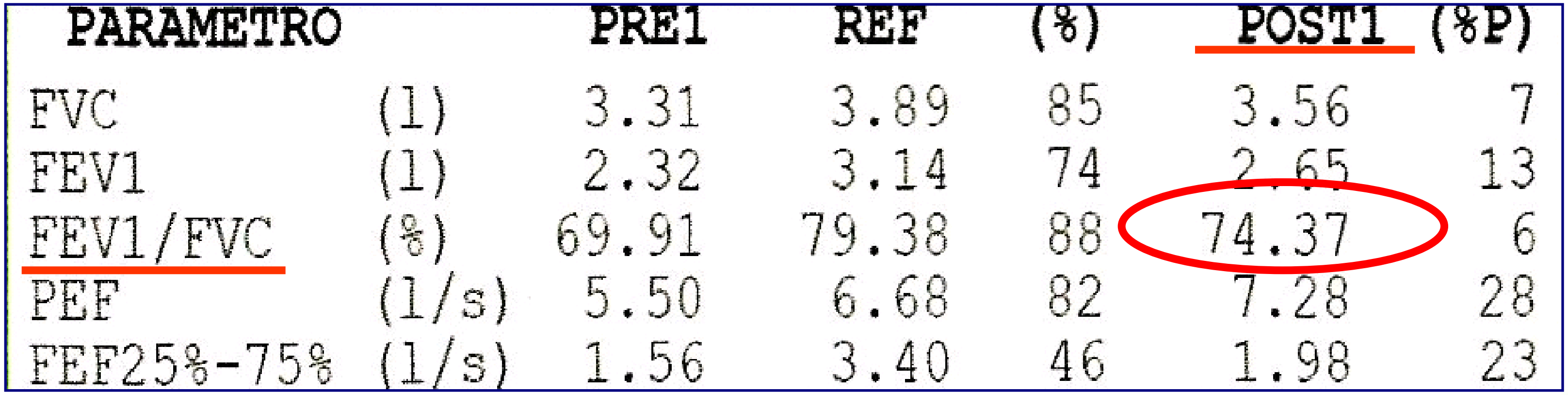
If both of these criteria are not met, continue testing until
- Both of the criteria are met with analysis of additional acceptable spirograms
  or
- A total of eight tests have been performed (optional) or
- The patient/subject cannot or should not continue

Save, as a minimum, the three satisfactory manoeuvres

Eur. Respir J 2005; 26: 319–338

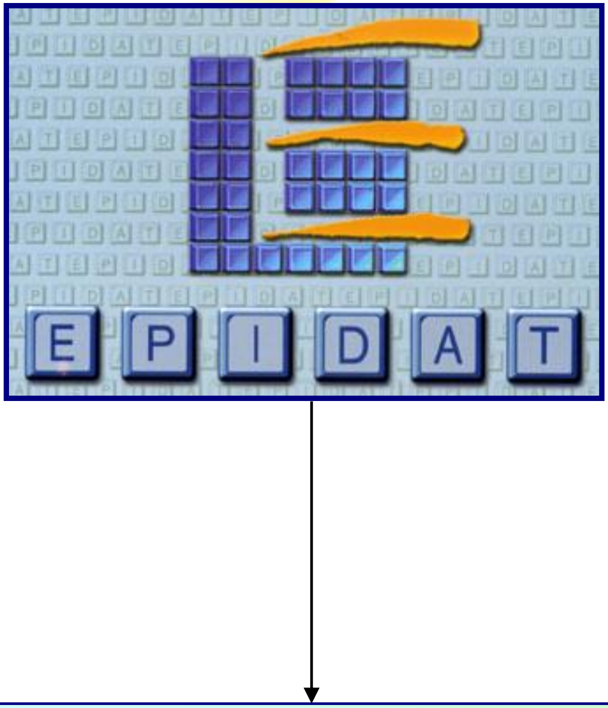
MATERIAL Y MÉTODOS





PARAMETRO		PRE1	REF	(%)	POST1	(%P)
FVC	(l)	3.31	3.89	85	3.56	7
FEV1	(l)	2.32	3.14	74	2.65	13
FEV1/FVC	(%)	69.91	79.38	88	74.37	6
PEF	(l/s)	5.50	6.68	82	7.28	28
FEF25%-75%	(l/s)	1.56	3.40	46	1.98	23

MATERIAL Y MÉTODOS



Análisis univariante de datos

RESULTADOS

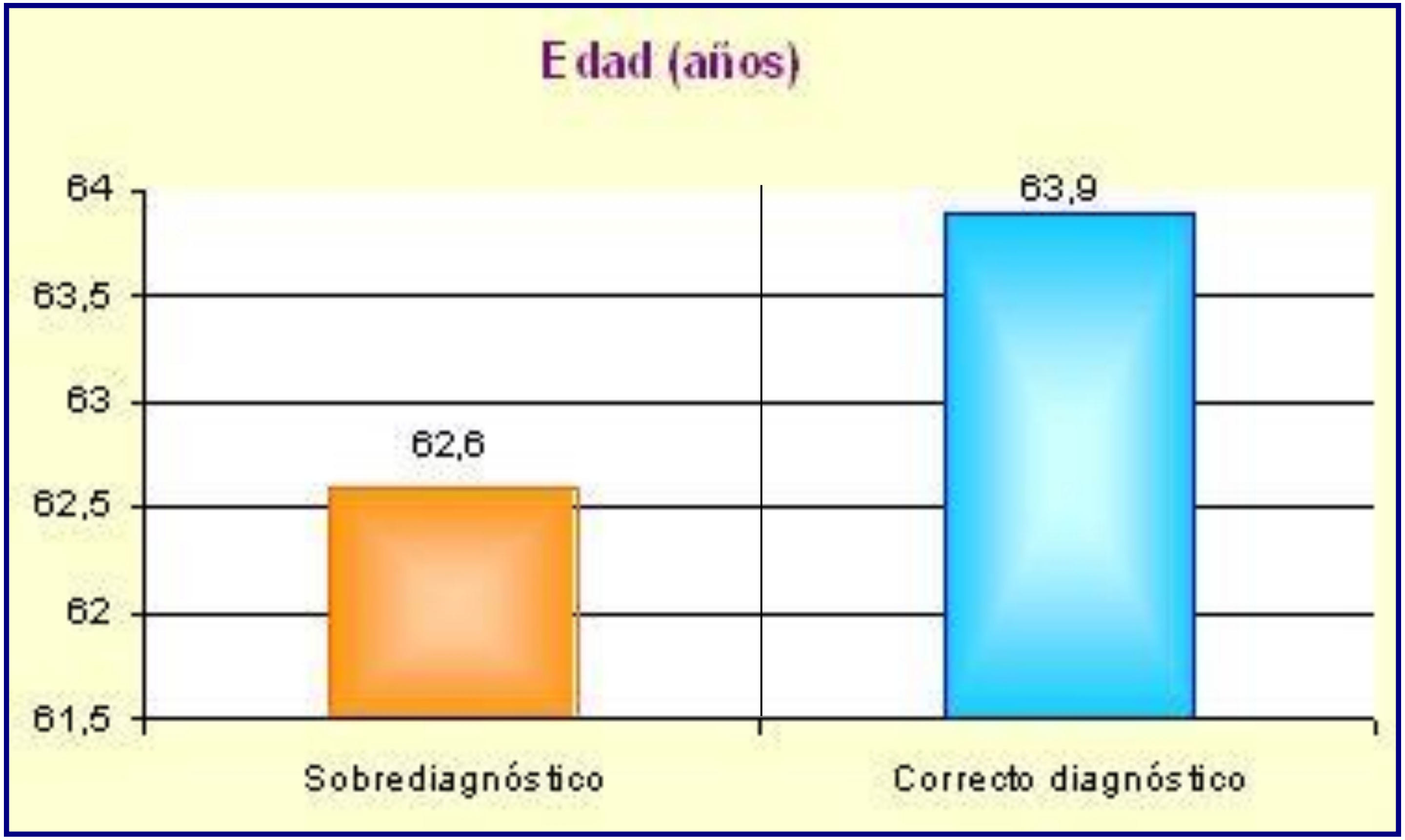
107 espirometrías

106 válidas

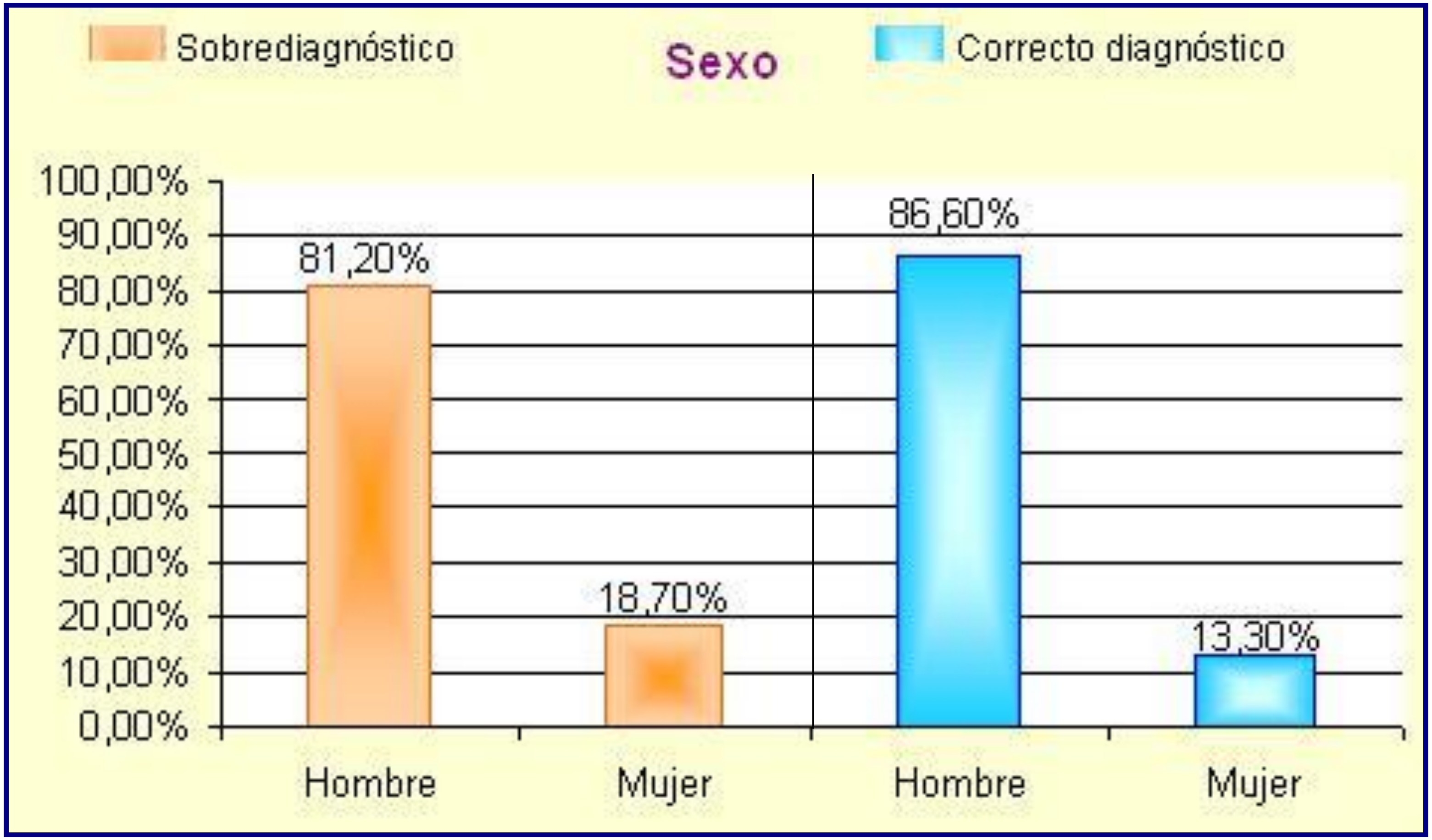
1 exclusión

15,094% (IC95%[7,808-22,381]
presenta un FEV1/FVC >70% en
prueba postbroncodilatadora

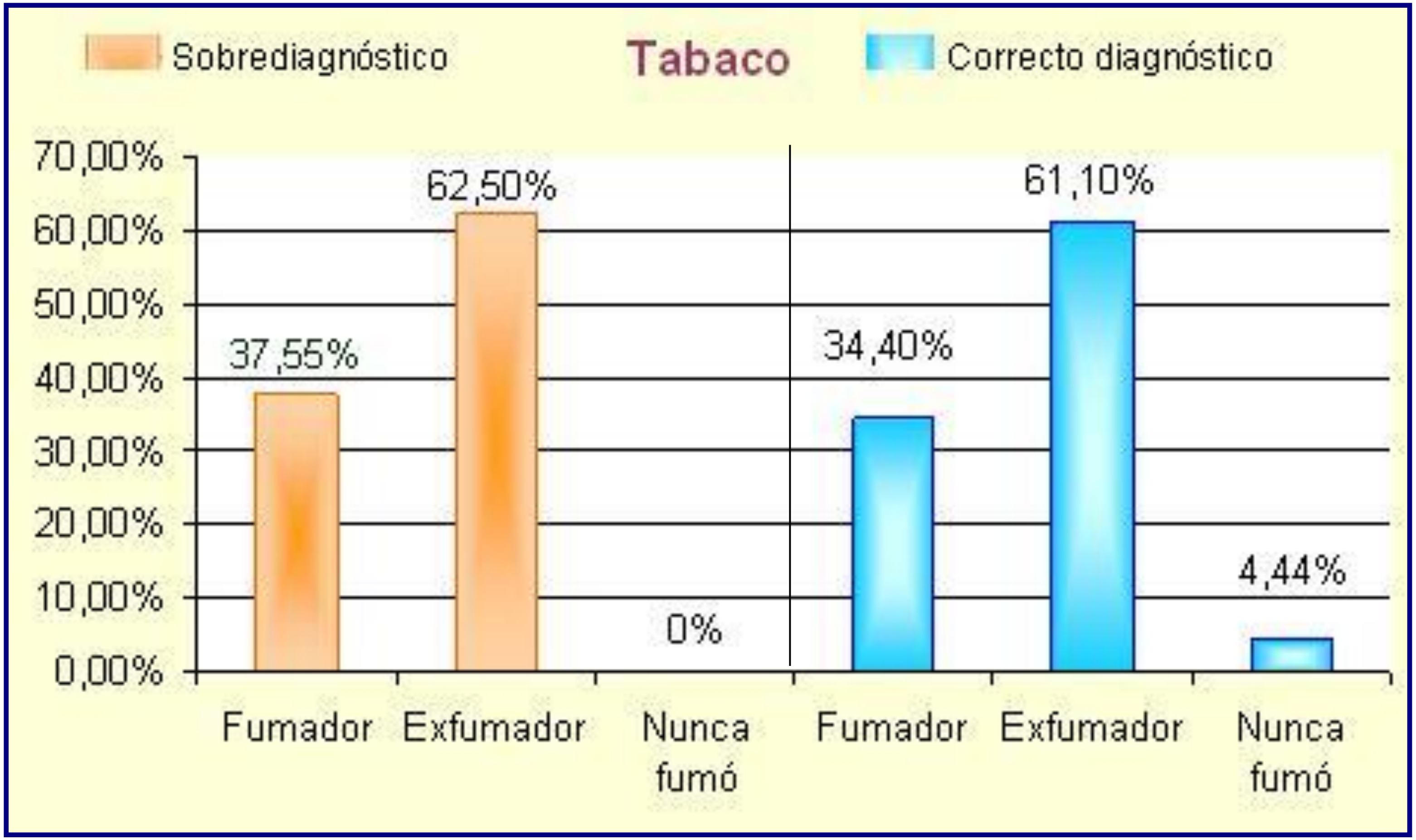
RESULTADOS


Edad (años)
64
63,5
63
62,5
62
61,5
62,6
63,9
Sobrediagnóstico
Correcto diagnóstico

RESULTADOS


Sobrediagnóstico
Sexo
Correcto diagnóstico
100,00%
90,00%
80,00%
70,00%
60,00%
50,00%
40,00%
30,00%
20,00%
10,00%
0,00%
81,20%
18,70%
86,60%
13,30%
Hombre
Mujer
Hombre
Mujer

RESULTADOS

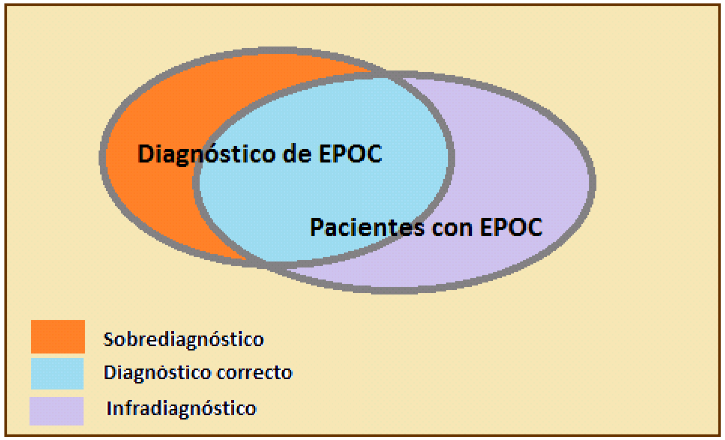

Sobrediagnóstico
Tabaco
Correcto diagnóstico
70,00%
60,00%
50,00%
40,00%
30,00%
20,00%
10,00%
0,00%
37,55%
62,50%
0%
34,40%
61,10%
4,44%
Fumador
Exfumador
Nunca fumó
Fumador
Exfumador
Nunca fumó

CONCLUSIONES

- Detectamos un sobrediagnóstico de EPOC en 3 de cada 20 pacientes.

- Esto conlleva tratamientos innecesarios, riesgo de iatrogenia y un elevado coste farmacológico secundario a la incorrecta indicación de tratamiento.

- Se debería mejorar la aplicación de las recomendaciones de las guías clínicas para evitar este sobrediagnóstico.


Diagnóstico de EPOC
Pacientes con EPOC
Sobrediagnóstico
Diagnóstico correcto
Infradiagnóstico

GRACIAS