EDITORIAL

World Spirometry Day: intention to test should be intention to treat

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The increasing frequency of chronic respiratory disease¹ is the justification for World Spirometry Day (WSD), a global initiative organised by the Forum of International Respiratory Societies (FIRS). WSD originated from the experience of public spirometry events during Congresses of the European Respiratory Society, where free spirometry was offered to the general public with the aim of raising awareness about lung health and diseases. During the first WSD, on 14 October 2010,² a total of 102 487 lung function tests were performed: 67% in Europe, 13% in South America, 8% in Australasia, 6% in North America, 5% in Asia, and 0.01% (12 tests) in Africa.³

The second WSD, on 27 June 2012, will be an opportunity to raise awareness about lung health, although its objectives need to be clarified. While spirometry is recommended for the diagnosis of airflow limitation in patients with respiratory symptoms, several professional societies recommend against using it in individuals without respiratory symptoms, as it involves substantial cost and may result in over-diagnosis due to false-positive results, unnecessary disease labelling, and inadequate use of medicine without clear benefit in reducing future risks of exacerbation and lung function decline.⁴ Further, providing individuals with their spirometry results was not found to independently improve smoking cessation or the likelihood of continued abstinence.⁴ WSD should therefore aim at raising awareness about lung health, but not at using spirometry screening among asymptomatic individuals. As screening without adequate follow-up care will yield no benefit, intention to test should be intention to treat.

The contribution of WSD in improving the man-

agement of patients with chronic airflow limitation in resource-limited settings should also be clarified. Unfortunately, quality-assured essential medicine, such as inhaled corticosteroids and bronchodilators, for patients with airflow limitation may not be accessible or affordable in low- and middle-income countries.⁵ Even simple diagnostic tools such as peak flow meters are usually not available, let alone spirometers, and large numbers of patients in resource-limited settings repeatedly make unplanned health visits due to asthma attacks or exacerbations of chronic obstructive pulmonary disease in the absence of long-term management and care. Intention to treat therefore demands a system-wide approach to address the needs of the vulnerable.

References

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