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Identifying the at risk smokers: who goes on to get COPD?

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Radiological measures of gas trapping, in particular due to small airways disease, may aid identification of smokers at risk of progression to COPD. Further research is needed on how to bring gas trapping measurement into routine clinical practice. http://bit.ly/33QxC9F

Cite this article as: Madan A, Turner AM. Identifying the at risk smokers: who goes on to get COPD? *Eur Respir J* 2019; 54: 1901613 [https://doi.org/10.1183/13993003.01613-2019].

COPD is a common disease that predominantly affects smokers and is characterised by persistent and usually progressive airflow limitation [1]. While international bodies, such as the Global Initiative for Chronic Obstructive Lung Disease (GOLD), have varied in their classification system for COPD severity over the years, there has long been recognition that pathologically [2] and clinically [3] relevant disease may be present before spirometry becomes abnormal. Indeed, GOLD included "at risk" as a disease stage in early iterations of their documents on COPD. In addition, there is debate on what constitutes early disease, in terms of chronology, *versus* what constitutes mild disease, in terms of either physiology or impact on the patient – these may not always be the same. For example, a patient who has developed COPD at a late age, through the aetiology of poor lung growth in early life [4] could have mild disease if symptom burden and physiology were not markedly impaired, but this is not early, since the processes driving the diagnosis have been present lifelong. Identifying those patients who have early disease which is likely to progress, particularly as we move towards an era of potentially disease modifying therapies, is an area of great clinical need.