Abstract

Background: Chronic obstructive pulmonary disease is responsible for permanent morbidity, premature mortality and great burden to the healthcare system. The most commonly encountered risk factor is tobacco smoking. Without screening, patients usually overlook early symptoms of cough wheezes but commonly seek medical advice when they become dyspnic on mild to moderate exertion. By that time, half of their ventilatory reserves are lost. Spirometry remains the gold standard for diagnosing chronic obstructive pulmonary disease and monitoring its progression.

Aim of study: Early detection of chronic obstructive pulmonary disease in asymptomatic male current smokers and ex-smokers by spirometry.

Patients and methods: Consecutive asymptomatic male current smokers (n=100) and ex-smokers (n=100) were participated in screening. All Participants have no history of chronic obstructive pulmonary disease, asthma, chronic respiratory illness or active pulmonary symptoms. Also all of them not on bronchodilators, inhaled corticosteroids, Montelukast, or theophylline.

Results: A total of 100 asymptomatic male current smokers and 100 asymptomatic male ex-smokers were screened by spirometry according to the American Thoracic Society and European Respiratory Society guidelines. Overall, airway obstruction was seen in 49 (49%) current smokers, mild obstruction was seen in 22 (22%) and moderate obstruction in 27 (27%) subjects, while in ex-smokers airway obstruction was seen in 52 (52%), mild obstruction was seen in 13 (13%) and moderate obstruction was seen in 39 (39%) subjects.

Conclusions and recommendations: Early diagnosis of chronic obstructive pulmonary disease by spirometry will encourage smoking cessation and enable earlier interventions to help prevent exacerbations and hopefully preserve lung function, quality of life and decrease mortality.