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Abstract BTS winter meeting

A better approach to COPD case finding is required in people with HIV

Perhaps because of infections and viral effects, COPD is more common and develops at an earlier age in people with HIV (PWH). Consequently, international guidelines advocate screening for COPD in this population. However, HIV specific evidence is sparse so there is no consensus on the best approach. Guidelines have adopted protocols used in the general population or remained vague. We sought to determine who would be identified by applying the European AIDS clinical Society 2018 (EACS) or Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2019 COPD diagnosis and assessment protocols to a cohort of PWH in a typical UK HIV service.

We surveyed consecutive PWH attending routine HIV clinic appointments for self-reported respiratory symptoms, smoking and other exposures and past respiratory diagnoses. At the same visit we measured FEV1 and FVC using spirometry. We evaluated what proportions that would warrant confirmatory spirometry or meet criteria for COPD according to EACS and GOLD.

181 PWH (median age 46 years, 32% female, 38.1% black) completed all investigations. 60 (33.1%) had ever smoked and 77 (42.5%) reported household exposure to biofuel smoke. 128 (68%) reported at least one of chronic cough, phlegm, wheeze or an MRC breathlessness score >1. 24 (13.3%) had a FEV1/FVC<0.7. 85 (47%) and 7 (3%) warranted spirometry assessment while 19 (10.5% median 46 years, IQR 39-52) and 3 (1.3%) were diagnosed with COPD according to GOLD and EACS criteria respectively. 10 reported an existing diagnosis of COPD (median 53.5 years IQR 48.5-58.25) of whom 9 met the GOLD but only 3 met the EACS criteria for spirometry assessment.

As in other cohorts of PWH, we found chronic respiratory symptoms were very common, there was a high prevalence of COPD at a younger average age and COPD is underdiagnosed. The GOLD criteria performed better than EACS to successfully identify 90% of those with known COPD and 10 previously undiagnosed cases. However, GOLD criteria indicated almost half the cohort needed confirmatory spirometry.
The results suggest that to maximise COPD case finding HIV clinics should use broad symptom, exposure and demographic criteria and have ready access to diagnostic spirometry.