Understanding Task Force Draft Recommendations

This fact sheet explains the U.S. Preventive Services Task Force’s (Task Force) draft recommendation statement on screening for chronic obstructive pulmonary disease. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from November 2, 2021, to December 6, 2021. The Task Force welcomes your comments.

Screening for Chronic Obstructive Pulmonary Disease

The Task Force issued a draft recommendation statement on Screening for Chronic Obstructive Pulmonary Disease.

The Task Force recommends against screening for chronic obstructive pulmonary disease (COPD) in adults who do not have signs or symptoms because it does not improve overall health.

This recommendation does not apply to adults who have already shown signs or symptoms of COPD or who have been previously diagnosed with COPD, or who have inherited conditions that may cause COPD.

Facts About Chronic Obstructive Pulmonary Disease

COPD is a serious disease that affects breathing and cannot be reversed or cured. As the disease progresses, breathing becomes more difficult and can prevent a person from engaging in normal activities. COPD is the fourth leading cause of death in the United States.

Current and former smokers are at the highest risk of developing COPD. In addition, people with workplace exposures to toxic fumes and chemicals or those frequently exposed to environmental pollutants like secondhand smoke and traffic pollution are also at risk for developing COPD.

The risk of developing, getting sick from, and dying from COPD varies across races and ethnicities. Native American and Alaska Native adults are most likely to have COPD and are second most likely to die from COPD, behind White adults. Although Black adults are less likely than White adults to have COPD, they are more likely to be hospitalized and have their ability to enjoy normal life activities affected by COPD.

Facts About Screening for Chronic Obstructive Pulmonary Disease

Screening methods that have been explored for COPD include questionnaires, which assess a person’s risk for developing COPD, and a breathing test called spirometry, which measures how well a person’s lungs are working. However, the Task Force found that these screening tests do not improve the overall health of people who do not have signs or symptoms of COPD.

Potential Benefits and Harms of Screening for Chronic Obstructive Pulmonary Disease

The Task Force looked at research about the use of questionnaires or spirometry to screen for COPD in primary care. The goal of screening adults who do not have symptoms of COPD would be to improve health outcomes.

What is COPD?
COPD stands for chronic obstructive pulmonary disease, which affects the airflow to a person’s lungs, making breathing difficult.
The Task Force found that screening for COPD in these patients did not lead to improved health outcomes. Current treatments for COPD focus on trying to reduce breathing problems in people who are already experiencing symptoms of COPD. Therefore, there is little benefit in finding COPD through screening in people who do not yet have symptoms. In addition, performing COPD screening in people without symptoms could mean that clinicians have less time to work with their patients on other effective preventive services, such as counseling and medications to help people quit smoking.

While screening for COPD is not beneficial, most cases of COPD can be prevented. Not smoking, and quitting if you do, is the best way to prevent COPD and its negative effects on health. It is also important that anyone who has concerns about their breathing talk with their clinician. Clinicians should be alert to patients who have respiratory symptoms and use their judgment to provide appropriate care.

The Draft Recommendation on Screening for Chronic Obstructive Pulmonary Disease: What Does It Mean?

Here is the Task Force’s draft recommendation on screening for chronic obstructive pulmonary disease. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a D Grade, it recommends against screening because it is not beneficial.

Before you send comments to the Task Force, you may want to read the draft recommendation statement. The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An evidence document provides more detail about the scientific studies the Task Force reviewed.

Notes

1. The USPSTF recommends against screening for chronic obstructive pulmonary disease (COPD) in asymptomatic adults. (D Grade)

Use of a breathing test and/or questionnaires to determine whether a person may have COPD.

Chronic obstructive pulmonary disease
A condition that affects the airflow to a person’s lungs, making breathing difficult.

Asymptomatic
Showing no signs or symptoms of COPD, such as coughing or difficulty breathing.
What is the U.S. Preventive Services Task Force?
The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the Task Force website.

### USPSTF Recommendation Grades

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<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
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<tbody>
<tr>
<td>A</td>
<td>Recommended.</td>
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<tr>
<td>B</td>
<td>Recommended.</td>
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<tr>
<td>C</td>
<td>Recommendation depends on the patient's situation.</td>
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<tr>
<td>D</td>
<td>Not recommended.</td>
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<tr>
<td>I statement</td>
<td>There is not enough evidence to make a recommendation.</td>
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Click Here to Learn More About Related Task Force Recommendations

- Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons
- Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents

Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation. Comments must be received between November 2, 2021 - December 6, 2021. All comments will be considered for use in writing final recommendations.