

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for COPD

People without signs or symptoms of COPD should not be screened because it does not improve overall health

WASHINGTON, D.C. – November 2, 2021 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for chronic obstructive pulmonary disease (COPD). Based on the evidence, the Task Force continues to recommend against screening for COPD in people without signs or symptoms. **This is a D recommendation.**

Grade in this recommendation:

D: Not recommended.

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This recommendation is not for people who already have signs or symptoms of COPD, were previously diagnosed with COPD, or have an inherited disorder that can cause COPD.

COPD affects the airflow to a person's lungs, resulting in difficulty breathing. It is the fourth leading cause of death in the United States and has no known cure.

"Although COPD can eventually lead to serious breathing problems, people without signs or symptoms should not be screened for COPD because it does not improve their health or save lives," says Task Force member Chien-Wen Tseng, M.D., M.P.H., M.S.E.E. "Treatment focuses mainly on symptoms, so there is little benefit in screening for COPD in people who do not yet have symptoms."

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.

"While screening for COPD is not beneficial, most cases of COPD can be prevented," says Task Force member Katrina Donahue, M.D., M.P.H. "Not smoking, and quitting if you do, is the best way to prevent COPD and its negative effects on health; it is essential that clinicians help their patients who smoke to quit."

Patients should share any concerns they have about their breathing with their clinicians. Clinicians should also be alert to patients who have respiratory symptoms and use their clinical judgment to provide appropriate care.

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from November 2, 2021, to December 6, 2021, at www.uspreventiveservicestaskforce.org/tfcomment.htm. Note the public comment period has been expanded from the standard four weeks to five weeks to account for the Thanksgiving holiday.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Tseng is the Hawaii Medical Service Association endowed chair in health services and quality research, a professor, and the associate research director in the Department of Family Medicine and Community Health at the University of Hawaii John A. Burns School of Medicine. She is also a physician investigator with the nonprofit Pacific Health Research and Education Institute.

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research. She is also the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (301) 951-9203