

Race and gender influence diagnosis of COPD

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African-Americans are less likely than whites and women are more likely than men to have had a prior diagnosis of chronic obstructive pulmonary disease (COPD) regardless of their current disease severity, according to a new study.

"Race and gender are known to affect the diagnosis and treatment of a number of diseases," said lead author Albert Mamary, MD, Assistant Professor of Medicine at the Temple University School of Medicine in Philadelphia. "In our study of almost 9,000 patients enrolled in the COPDGene study, a cross sectional sample of high [risk patients](#), race and gender were associated with significant disparities in the prevalence of prior COPD diagnosis across all stages of actual current [disease severity](#)."

The results of the study will be presented at the ATS 2013 International Conference.

The COPDGene study enrolled white (non-Hispanic) and African-American subjects 45 years of age or older with a history of at least 10 pack years of cigarette smoking (pack years are calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked). Baseline assessment included spirometry (a test of [lung function](#)) and determination of prior COPD diagnosis with the questions "do you have COPD?", "do you have emphysema?" and "do you have chronic bronchitis?"

Disease severity was measured using the Global Initiative for Chronic [Obstructive Lung Disease](#) (GOLD) classification system, which classifies COPD patients based on their degree of [airflow obstruction](#) as having mild (Stage 1), moderate (stage 2), severe (stage 3), or very severe (stage 4) COPD.

Compared with whites, African-American subjects at all GOLD stages of airflow obstruction had significantly higher odds of not having had a prior COPD diagnosis. Compared with men, women at all GOLD stages has significantly higher odds of having had a prior COPD diagnosis.

At Gold stages 0, 1, 2, 3, and 4, the odds of not having a prior COPD diagnosis among African-Americans vs. whites were 1.6, 1.6, 1.9, 3.3, and 3.7, respectively. The odds of having a prior COPD diagnosis among women vs. men were 1.9, 1.4, 1.6, 1.0, and 1.1 at Gold stages 0, 1, 2, 3, and 4, respectively.

"The underdiagnosis and potential undertreatment of COPD among African Americans that we detected in our study is cause for concern," said Dr. Mamary. "Future research should focus on the factors underlying the race and gender disparities that we found."

Provided by American Thoracic Society

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