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ORIGINAL ARTICLE

Asthma-COPD overlap: A Portuguese survey

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KEYWORDS

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Abstract

Introduction: The overlap between asthma and chronic obstructive pulmonary disease (COPD) (ACO) has been discussed for many years but clinical recommendations for this entity have been diverse. This study is intended to reach a consensus on diagnosis, treatment and patient orientation for ACO, within the Portuguese medical community.

Methods: This study was conducted by a multidisciplinary panel of experts from three distinct medical specialties (Pulmonology, Family Medicine and Immunoallergology). This panel selected a total of 190 clinicians, based on their expertise in obstructive airway diseases, to participate in a Delphi structured survey with three rounds of questionnaires. These results were ultimately discussed, in a meeting with the panel of experts and some of the study participants, and consensus was reached in terms of classification criteria, treatment and orientation of ACO patients.

Results: The majority of clinicians (87.2%) considered relevant the definition of an overlap entity between asthma and COPD. A consensus was achieved on the diagnosis of ACO – presence of simultaneous clinical characteristics of asthma and COPD together with a fixed airflow obstruction (FEV1/FVC < 0.7) associated with 2 major criteria (previous history of asthma;

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presence of a previous history of smoking exposure and/or exposure to biomass combustion; positive bronchodilation test (increase in FEV₁ of at least 200 mL and 12%) on more than 1 occasion) plus 1 *minor* criteria (history of atopy; age ≥ 40 years; peripheral eosinophilia (>300 eosinophils/ μ L or $>5\%$ of leukocytes); elevation of specific IgEs or positive skin tests for common allergens). A combination of inhaled corticosteroid (ICS) with long-acting beta2-agonist (LABA) or long-acting muscarinic antagonist (LAMA) was considered as first line pharmacological treatment. Triple therapy with ICS plus LABA and LAMA should be used in more severe or symptomatic cases. Non-pharmacological treatment, similar to what is recommended for asthma and COPD, was also considered highly important. A hospital referral of ACO patients should be made in symptomatic or severe cases or when there is a lack of diagnostic resources.

Conclusions: This study highlights the relevance of defining ACO, within the Portuguese medical community, and establishes diagnostic criteria that are important for future interventional studies. Recommendations on treatment and patient's orientation were also achieved.

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Introduction

Although asthma and chronic obstructive pulmonary disease (COPD) are considered distinct obstructive airway diseases, the coexistence of features of both diseases in the same patient has been long recognized. In this context, the individualization of an entity of overlap between asthma and COPD has recently been proposed. Several publications from diverse working groups have proposed different terms and classification criteria to describe these patients.¹⁻⁷ However, none of these terms or criteria has been universally accepted.

The lack of consensus on how to define and categorize such an entity of overlap between asthma and COPD limits the development of prospective studies needed to determine the optimal approach to these patients.

Some authors have already published a diverse set of criteria for asthma/COPD overlap. Most can be grouped by category, such as (1) clinical criteria and related risk factors, (2) lung function and (3) laboratory data/immune-inflammatory markers. Among the proposed criteria are: (1) simultaneous presence of clinical features of asthma and COPD in the same patient, previous history of asthma or atopy, current or past history of smoking or biomass combustion exposure, age >40 years-old; (2) presence of persistent airflow limitation (post-bronchodilator FEV₁/FVC <0.7), positive or very positive response to the bronchodilator test (FEV₁ increase of at least 200 mL and 12% or at least 400 mL and 15%, respectively), presence of bronchial hyperresponsiveness; (3) peripheral eosinophilia (>300 eosinophils/ μ L or $>5\%$ of the total leukocytes), sputum eosinophilia, elevation of the fractional exhaled nitric oxide (FENO) and elevation of total serum immunoglobulin E (total IgE).¹⁻⁷ In fact, our group carried out a review of the main definitions and diagnostic criteria which was published recently,⁸ in addition, in this paper a proposal of recommendations adapted to the Portuguese situation was achieved by a group of respiratory disease experts. In order to obtain a broader consensus, a larger study was needed, leading to the present project.

Objectives

The main aims of this project, intended to be adapted and applied in Portuguese clinical practice, were:

1. to assess the need for the recognition of an overlap entity between asthma and COPD within the Portuguese medical community who treat patients with respiratory diseases;
2. to achieve consensus over terminology and classification criteria for such an entity;
3. to achieve consensus on the approach and adequate orientation of these patients.

Methods

This study was conducted by a multidisciplinary panel of experts from three distinct medical specialties: Pulmonology, Family Medicine and Immunoallergology.

A committee panel was created with elements from the three specialties described above. This committee selected a total of 190 members from the three medical specialties – Pulmonology ($n=85$), Family Medicine ($n=62$) and Immunoallergology ($n=43$) – to participate in the questionnaires based on their expertise in obstructive airway diseases.

The study followed a Delphi structure with three rounds of questionnaires. The first questionnaire was mainly composed of open-ended questions in order to obtain meaningful answers that reflect the overall non-conditioned opinion of the participants. A classical content analysis was endorsed, organized by tabulating records with the frequency of freely elicited ideas. The results were discussed within the scientific board of a multidisciplinary panel of experts and the subsequent survey was drawn up based on the answers obtained in the first round, the same process was used for the final questionnaire. The second questionnaire was intended to be the cornerstone of the inquiry, containing a detailed and wide range of questions

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