



Diagnosis and Classification of COPD Severity

Objective demonstration of air flow obstruction by spirometry is essential for the diagnosis of COPD. Diagnosis of COPD requires a **postbronchodilator** FEV₁/FVC ratio **<70%**.

Classification of severity of COPD

CTS Stage	MRC Grades ¹	Symptoms	FEV ₁ ² % predicted	FEV ₁ /FVC
Mild	2	SOB from COPD ³ hurrying on the level or walking up slight hill	≥ 80%	< 0.7
Moderate	3-4	Walks slower than people of same age on the level because of SOB from COPD ³ or has to stop for breath when walking at own pace on the level. SOB making patient stop after walking 100m or after a few minutes on the level	50-79%	< 0.7
Severe	5	SOB from COPD ³ making patient unable to leave the house or Breathlessness when dressing or undressing or Chronic respiratory failure or Right heart failure	30-49%	< 0.7
Very Severe			< 30%	< 0.7

1 MRC grade 1 = breathless with strenuous exercise

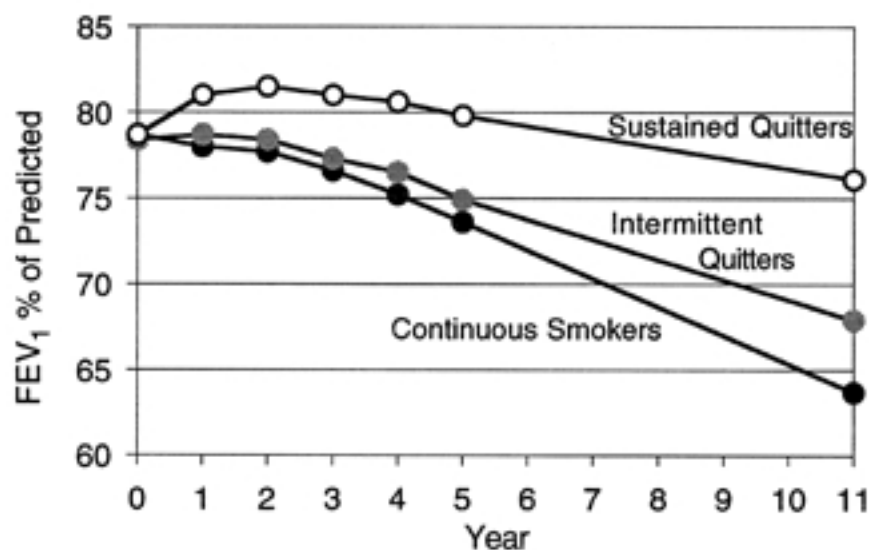
2 Post-bronchodilator values

3 In the presence of non-COPD conditions that may cause shortness of breath (eg, cardiac dysfunction, anemia, muscle weakness, metabolic disorders), symptoms may not appropriately reflect COPD disease severity. Classification of COPD severity should be undertaken with care in patients with comorbid diseases or other possible contributors to shortness of breath

Our content expert stresses the importance of **early diagnosis** of COPD. Use spirometry to confirm the diagnosis in populations at risk (smokers and ex-smokers with respiratory symptoms).

Smoking cessation is the single most effective intervention to reduce the risk of developing COPD and the only intervention that has been **definitively** shown to slow the rate of lung function decline.

Effects of smoking cessation on lung function



Reproduced with permission Am J Resp Crit Care Med 2002;166:675-9