



Latent COPD: a proposed new term in the disease nomenclature

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The proposed term “latent COPD” includes individuals with preserved FEV₁/FVC, structural and/or functional abnormalities, and no/minimal symptoms, representing an alternative term to “pre-COPD” that is also a more substantial target for future research <https://bit.ly/3Mz1KPX>

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To the Editor:

We read with great interest the critical view of ANANTH and HURST [1] on the definitions and diagnosis of COPD, specifically after the publication of the recent changes to the Global Initiative for Chronic Obstructive Lung Disease (GOLD) definition of COPD [2] and the Lancet Commission on COPD [3]. We are in agreement with the authors' comments on etiotyping and the need for sufficient environmental exposure causing an ongoing inflammatory and/or destructive process, but we would like to express a slightly different angle on their comments related to the definition and diagnostic criteria of the disease. The authors support that while the GOLD definition is broad and includes the term “persistent, often progressive, airflow obstruction” caused by airway disease or emphysema, the diagnosis requires the presence of post-bronchodilator (fixed) airflow obstruction (FAO), demonstrated in spirometry [2]. The recent Lancet Commission, on the other hand, states that COPD can be diagnosed using alternative lung function tests, including resistance testing, lung volumes, diffusing capacity, impulse oscillometry, multiple breath nitrogen washout or computed tomography of the lungs, that provide evidence of airflow obstruction and/or parenchymal destruction [3].