Editorial

New COPD assessment tool: The last work of Professor Aizawa

Chronic obstructive pulmonary disease (COPD) is known to severely affect the patient's quality of life (QOL), and the disease has an increasing worldwide prevalence. The typical clinical symptom of COPD is dyspnea on exertion, which occurs because of airway-flow limitation and lung hyperinflation. It is very important to assess the QOL for COPD patients in addition to determining the symptoms of disease severity and responsiveness to treatments such as pharmacotherapy and rehabilitation.

A COPD-specific QOL questionnaire, the St. George Respiratory Questionnaire (SGRQ), is the most widely used method for quantifying the QOL of COPD patients. However, because the SGRQ consists of 4 domains with 50 questionnaires, a lot of time is required to complete the QOL assessment. Therefore, more concise methods are required for the COPD QOL assessment. The COPD Assessment Test (CAT) was designed to assess and quantify the impact of COPD symptoms on patients by using a validated eight-item questionnaire that addressed symptoms such as cough, sputum production, and dyspnea, as well as daily activities of the patient. In this issue, Aizawa et al. in Kyushu have reported the reliability of the Japanese version of the CAT [1]. They developed and validated a Japanese version of the CAT that could accurately grasp the health status of Japanese COPD patients. Similar to the SGRQ score, the CAT score provides a comprehensive quantification of the symptomatic impact of the disease and in a shorter amount of time; thus, this assessment method might be very useful for COPD management, especially for general practitioners.

Several years ago, Aizawa et al. validated a diagnostic COPD tool by means of symptom-based questionnaires [2]. Given that COPD is a very common disease, there is little doubt that many general practitioners are involved in the management of the disease. At present, under-diagnosis and under-treatment of COPD are major global problems, particularly in Japan. Unfortunately, Professor Aizawa died suddenly on February 11, 2011. However, he has made important contributions toward the development of the 2 aforementioned methods, and these methods have the potential to facilitate advances in the management of COPD patients in addition to improving COPD diagnosis in Japan.

REFERENCES


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