Do Lung Function and Risk of Airflow Limitation Differ Among PRISm Subtypes By Smoking Status?

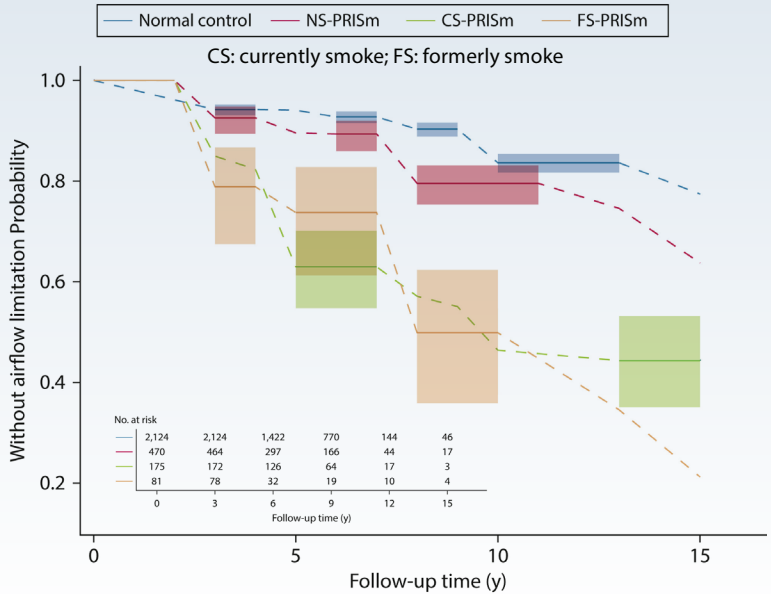
STUDY DESIGN

15-year, population-based, prospective cohort of 2,850 patients

Preserved ratio impaired spirometry (PRISm): reduced FEV_1 (< 80% predicted) with preserved FEV_1/FVC ratio (≤ 0.70)

RESULTS

Normal spirometry, do not smoke	Fastest decline in annual lung function
PRISm, do not smoke (NS-PRISm)	Increased risk of airflow limitation than control group (HR, 1.41 [1.07-1.87])
PRISm, have ever smoked (ES-PRISm)	Increased risk of airflow limitation than NS group (HR, 1.90 [1.31-2.77])



The results of this study indicate that both individuals who never smoked and who ever smoked with PRISm may progress to COPD, indicating that those who have not smoked may also benefit from PRISm evaluation.

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