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**Title:** Irreversible airways obstruction on spirometry, does it equate to a diagnosis of COPD?

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**Body:** Introduction: Irreversible airways obstruction and a post-bronchodilator FEV1/FVC ratio of <70% on spirometry is diagnostic of chronic obstructive airways disease (COPD). Using the above criteria to make clinical diagnosis may potentially overlook other obstructive lung diseases. Aims: To study the prevalence and characteristics of lung diseases in patients with irreversible airways obstruction. Methods: The diagnosis of all patients with irreversible airways obstruction seen in our service between August 2011 and January 2012 seen respiratory physicians was retrospectively reviewed. Respiratory diagnosis was made based on clinical history, physiology testing and radiology. Results: There were a total of 486 referrals; 446 (92%) have COPD and 40 (8%) have bronchiectasis. No other obstructive lung diseases were diagnosed. There are no significant differences between the demographics of the COPD and bronchiectasis groups.

Baseline characteristics of patients with COPD and bronchiectasis

	COPD	Bronchiectasis
Number of patients	446	40
M:F ratio	1:1.6	1.2:1
Age , years (range)	65.5 (39-89)	71.3 (45-86)
FEV1 % Predicted	64.3	59.0
FEV1/FVC ratio, % predicted	56.4	51.7
MRC dyspnoea score	3.00	2.75
Pack years of smoking	48.2	46.5

All data expressed as means

**Conclusions:** Current guidelines define irreversible airways obstruction as COPD and many of the therapeutic management strategies for COPD are based on the degree of airway obstruction. We have shown that a proportion of patients with irreversible airways obstruction have bronchiectasis. Hence any

patients with irreversible airways diseases who are refractory to maximised COPD management should prompt a review of the diagnosis.