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Title: The relevance of lung function tests in an intensive smoking cessation program

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Body: Background: Smoking cessation is essential in preventing and in the prognosis of respiratory disease. Bronchial obstruction (BO) is often underdiagnosed even in symptomatic smokers. Objectives: Assess the role of Lung function tests (LFT) in early detection of respiratory pathology in smokers in an intensive smoking cessation program (ISCP). Methods: A questionnaire and LFT were performed to 247 smokers with no previous known respiratory pathology followed in an ISCP. Data analyzed: demographic; smoking history; comorbidities; respiratory symptoms and LFT parameters. Results: 185 (74,9%) men. Mean age 52,6 (+/- 11,6) years and mean pack-years of smoking of 50,4(+/-32,1). Most of the patients (113) were moderately dependent in the Fagerström test (mean: 5,25 (+/-2,3)). Co-morbidities: 73 (27,4%) dyslipidemia, 48 (19,4%) diabetes mellitus, 80 (32,4%) hypertension, 31 (12,6%) peripheral vascular disease, 37 (15%) ischemic heart disease, 19 (7,7%) malignancy 47 (19%) psychiatric pathology and 13 (5,3%) alcohol abuse. 170 (68,8%) had respiratory symptoms: 45,7% (113) cough; 38,9% (96) sputum; 36,4% (90) dyspnoea. 98 (39,7%) had respiratory symptoms with normal LFT. LFT: 157 (63,6%) normal, 57 (23,1%) BO, 11 (4,5%) restriction, 22 (8,9%) small airways obstruction. From those with BO, 44 (77,2%) showed no obstruction reversion with broncodilation. 13 (16,9%) of the asymptomatic had BO. DLCO was decrease in 81 (32,8%) of the cases. Conclusion: LFT integrated in an ISCP may be an excellent opportunity for diagnosis of respiratory disease especially COPD (17,8%) even in asymptomatic smokers (5,2%).