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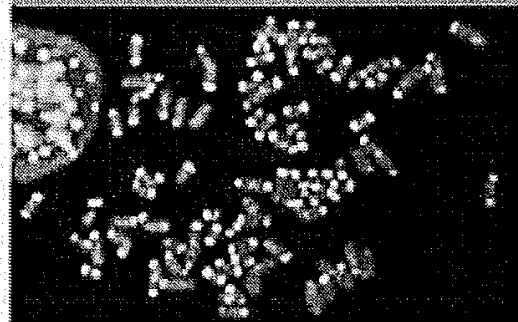
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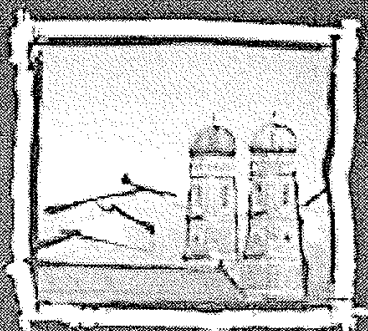
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**P2603****Risk factors for COPD**

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**Aim:** To evaluate the risk factors for COPD in the Siberian region of Russia.

**Material and methods:** A cross-sectional study was made of a general population sample living in the Siberian region of Russia. A total of 3100 subjects aged >18 years were included (1280 living in rural areas and 1820 in urban regions). Data on risk factors, was gathered through questionnaires. Lung function tests were performed with criteria for COPD based on GOLD statement (a postbronchodilator FEV<sub>1</sub>/FVC < 70% and FEV<sub>1</sub> < 80% predicted). We identified 2 groups, 1 of them -patients with COPD (n=144) and 2- without COPD(n=2956). The OR (odd ratio) and 95% confidence interval (95%CI) were calculation.

**Results:** The risk factors significantly associated with ages >40 (OR=38,2; 95% CI: 9,33-223,18), smoking types of cigarettes (OR=8,65; 95%CI: 3,96-18,58), >30,20, 10 pack-years (OR=7,64 5, 95% CI: 16-11,30; OR=6,59, 95% CI: 4,59-9,45; OR=4,37, 95% CI: 3,07-6,23), tobacco smoking (OR=4,92, 95% CI: 3,12-7,82), low socioeconomic status (OR=2,97, 95% CI: 1,95-4,52), BMI <21 (OR=2,68 95%CI: 1,75-4,08), male sex (OR=2,65 95% CI: 1,75-4,03), beginning of tobacco smoking before 15 ages (OR=2,61, 95% CI: (1,74-3,88), living in rural areas (OR=2,12, 95% CI: 1,49-3,03) Conclusion: The risk factors of COPD are ages >40, smoking of cigarettes, > 30,20, 10 pack-years, smoking, low socioeconomic status, BMI <21, male sex, beginning of tobacco smoking before 15 ages, living in rural areas.

**P2604****Epidemiological survey of chronic obstructive pulmonary disease in Hanoi - Vietnam**

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**Background:** the prevalence of chronic obstructive pulmonary disease (COPD) in many countries appears to be increasing but information on its prevalence in Vietnam was lacking.

**Methods:** This was a cross-sectional study. A sample of 2100 adults aged 40 years or older in Ha Noi city was estimated. The multi - stage cluster sampling strategy was used. 14/110 precincts of 7 districts were randomly selected, then at least 150 individuals of each precinct interviewed using standardized questionnaires which was a composite including sections of the ATS, ECRHS questionnaires. Data on respiratory symptoms, diseases, and several risk factors including smoking, exposure to biomass pollution, occupational exposure to dust were collected. Eligible subjects were submitted to clinical examination, spirometry with ATS's criteria of acceptable measurements using Spirometer analyzer ST 300, Japan. 400mcg of Salbutamol was then administered by inhalation through a 500 ml spacer for individuals whose FEV<sub>1</sub>/VC value was < 70% and a second spirometry was repeated 30 minutes later. Individual with FEV<sub>1</sub>/CV < 70% after the test was diagnosed as COPD.

**Results:** 2583 individuals was interviewed. The prevalence of stage 0 of COPD was 4.8%. The prevalence of COPD was 2% (95% confidence interval [CI], 1.5 to 2.6%), 3.4 in men (95% CI, 2.5 to 4.6%), 0.7% in women (95% CI, 0.3 to 1.3%). No clinical symptoms in 24.3% of patients. 16% of patients was classified as mild, 56% moderate, 14% severe and 14% very severe COPD following GOLD 2003 criteria. Smoking was a risk factor with OR=3.64 (95% CI, 1.74 - 8.04).

**P2605****Respiratory symptoms and spirometry screening assessment in general population**

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Chronic obstructive pulmonary disease (COPD) is the most frequent chronic lung disease. Many cases of airflow obstruction are undiagnosed in the general population.

**The aim** of this study is to explore the benefits of short respiratory questionnaire and Spirometry Screening Assessment (SSA) in identifying patients with obstruction in general population.

**Methods:** As a part of activities during World COPD Day, subjects were interviewed on the streets, in the post office, in the bank and in the market. The questionnaire included questions about respiratory symptoms (cough, sputum production, dyspnea), smoking habits and age. Spirometry was performed in smokers older than 40years, with respiratory symptoms.

**Results:** Total number of participants was 1520 (61.6% male and 38.4% female). Airflow limitation (AL)(FEV<sub>1</sub>/FVC <0.7, FEV<sub>1</sub> < 80%) was found in 32% of subjects screened (GOLD stage 0 in 27.6%, Stage I in 19.7%, Stage II in 52.7%). All of the subjects with airflow limitation were not aware of a diagnosed abnormality.

**Conclusion:** During activities on World COPD Day we identified 32.% subjects with impaired lung function. The majority of patients screened had significant airflow obstruction.

We conclude, that spirometry of patients older than 40 who have respiratory symptoms and tobacco smoking history may detect COPD earlier in the disease process when smoking cessation could improve long term lung function. World COPD Day aims to encourage adults, especially smokers, or those exposed to excessive amounts of smoke at work or home, to see their physician if they have symptoms of COPD.

**P2606****Prevalence of pulmonary emphysema in medical examinees with obstructive ventilatory impairment discovered in multiphasic health screening**

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**Purpose** We introduced 16-slice multidetector-row CT (MDCT) with reconstruction interval of 2.5 mm into all the medical examinees older than 50 years old in multiphasic health screening at the center for preventive medicine of our hospital, and got possible to perform highly precise diagnosis of pulmonary emphysema. We investigated a cause of obstructive ventilatory impairment discovered in multiphasic health screening and inspected specificity of obstructive ventilatory impairment as criteria of COPD.

**Methods** The number of all medical examinees from September 1, 2004 to August 31, 2005 was 20,555. The number of the medical examinees who were older than 50 years old and performed chest MDCT were 7,994. In those cases, we extracted 739 examinees whose forced expiratory volume in one second / forced vital capacity (FEV<sub>1</sub>/FVC) was under 70%, and investigated the cause for obstructive ventilatory impairment.

**Results** Of extracted 739 cases, 530 were males and 209 were females. 490 cases had smoking history. 264 cases had pulmonary emphysema, and 261 cases of those had smoking history. The prevalence of pulmonary emphysema in the medical examinee who had smoking history and obstructive impairment (FEV<sub>1</sub>/FVC was under 70%) was 53.3%. There were often pulmonary tuberculosis sequelae and bronchial asthma as the cause of obstructive ventilatory impairment in the remaining 475 cases except pulmonary emphysema, but there were many cases that we could not identify the cause of obstructive impairment.

**Conclusions** We considered that obstructive ventilatory impairment diagnosed by pulmonary function test represented various clinical conditions.

**P2607****An epidemiological study of chronic obstructive pulmonary disease (COPD) in a rural town of Japan: a one-year follow-up study**

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The aim of this study was to follow-up of COPD in a rural town of Japan. A total of 3,137 residents aged 50-80yrs, which covered 40.1% of the total case residing in Tabira of Nagasaki, Japan, were studied. Primary screening was conducted through a written questionnaire sent by mail. The 11-questionnaire system (11-Q; Kida, ERS 2003) was applied and all the cases with a total score more than 5 points were received spirometry. Definition of clinical diagnosis for COPD was according to the Global Initiative for Chronic Obstructive Lung Disease. Subjects in whom the data of spirometry within normal limits but in whom having with a small airway dysfunction on flow volume curves or with chronic respiratory symptoms were classified as COPD at risk group. A total of 33 subjects showing with an FEV<sub>1.0</sub>/FVC < 70%, and further 26 subjects were classified as the COPD at risk group. We followed 55 subjects among 59 COPD (one died, two subjects moved to outside the prefecture, one had checkup medical institution). In all subjects, there was no significant change in FEV<sub>1.0</sub>. However, there was a significant decrease in FEV<sub>1.0</sub> in subjects who continued smoking. Therefore, it was suggested that early interposition of medical examination was necessary to prevent aggravation of COPD by degradation of FEV<sub>1.0</sub>.

**P2608****Sex differences in COPD morbidity in people residing in Osaka area (Japan)**

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**Objectives:** To investigate the morbidity of chronic obstructive pulmonary disease (COPD) in people residing in Osaka area.

**Methods:** After written informed consent was obtained, spirometry was performed