I\n
In response to an invitation to Canadian Thoracic Society (CTS) members, I submitted a work on computerized interpretation of spirometry and a proposal for a presentation on the use of this test. On selection by the CTS, the Ecuadorian Pneumologist Society (EPS) invited me to give a lecture and a workshop at its 14th annual meeting in late July in Quito, focusing on respiratory diseases related to environment and altitude. I was also invited to visit the Canadian Lung Association’s (CLA) tuberculosis (TB) project in Ecuador.

The lecture, *Uso e interpretación de la espirometría*, was attended by a mixed audience of 200 (chest physicians, general practitioners and nurses). It focused largely on arguments in favour of greater use of spirometry, concerns of quality control and barriers to widespread application. Lessons learned from the Third National Health and Nutrition Examination Survey (1) and the Lung Health Study (2) were reviewed. First, there is more than twice the number of subjects in the general population with undiagnosed airway obstruction than with doctor-diagnosed chronic obstructive pulmonary disease and asthma together. Second, tobacco smoking cessation prevents the progression of airway obstruction. Furthermore, the advice to quit smoking is more readily followed when airway obstruction is demonstrated by spirometry.

The workshop was attended by 40 chest physicians. All received the booklet and software *Interpretación automatizada de la espirometría* (3). Extra copies will be distributed to members of the EPS by the society. Challenges were discussed for the application of spirometry in this predominantly Métis and Indian population of shorter people living at quite different altitudes (Quito altitude 2900 m). We offered to include, in our software, a new set of reference equations specific to this population, when available. The idea was welcomed by Dr Jaime Montalvo, President of the EPS, and colleagues.

Twelve foreign speakers from Latin America and two Canadians were participating. In line with the general theme, Drs Gustavo Zubieta Castillo and Gustavo Zubieta Calleja from La Paz, Bolivia (altitude 4100 m) convincingly communicated a two-generation experience on lung diseases at altitude. Topics such as ambient contamination in Ecuador and strategies to reduce it, and lung diseases resulting from volcanism were covered. Lucero Hernandez, International Projects Manager at the CLA, participated in a symposium on TB control with Ecuadorian physicians. The World Health Organization initiated the project by alerting Ecuadorian authorities about the high prevalence of TB in their country. As part of an international cooperation program, the CLA was appointed the executive agency of a project reinforcing the national program of prevention and control of TB in Ecuador. Sputum screening for all individuals who were coughing and spitting for more than 15 days, and a directly observed treatment, short course strategy were applied. A similar project has been successful in Peru. After two years of operation, about 9% of samples were found positive, and historically high rates of new cases were reached. As yet, the program has been implanted in only three of the 22 provinces, reaching less than one-half of the Ecuadorian population. A visit of a participating metropolitan health centre showed that laboratory quality control and cases were closely followed. The perception by Ecuadorians of the Canadian coordination and technical support seems to be very positive. There is no doubt that they have made important gains in competence and in the setup of the program. Not surprisingly, one can feel some anxiety that the full implementation of the project may be compromised if the aid is discontinued, as is expected after two years. Because the reduction of the incidence of TB in Canada is linked to the control of TB in endemic areas worldwide, we benefit from this help.

Paul Bégin MD PhD

REFERENCES

3. Almirall JJ, Bégin P. Computerized interpretation of spirometry, 2nd edn. Chicoutimi: published by authors, 2001. (55 pages and software; also available in French and Spanish – pbegin@saglac.qc.ca)