

## **COPD 2019- Every Breath Counts: Halt the rise of COPD, Prevention of COPD in Poland- Cudzik K, Ostrowieckie Centrum Center of Civil Company, Poland**

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Chronic Obstructive Pulmonary Disease (COPD) is one of the most common chronic illnesses and very important social problem. It is the third leading cause of death among chronic diseases worldwide causing 3,1mln deaths a year globally. About 250mln patients suffer from COPD all over the world. In Poland statistics stay that about 2mln people are diagnosed with COPD and it is 10% of screened population after 40 years old. On the other hand, it is estimated that the disease is diagnosed at an early stage in less than 20% of patients, and this is the reason why a significant population of patients is not diagnosed or diagnosed only in the advanced stage of the disease. Regarding prevalence, direct costs of treatment COPD in Poland are very high and estimated about 441,8mln PLN per year and include pharmacotherapy (297,1 mln PLN), general care and specialist appointments (31,6 mln PLN), hospitalization (96,1 mln PLN), rehabilitation (6,3 mln PLN), home oxygen therapy (6,3 mln PLN), nursing care (4,4 mln PLN). An important element in prevention is early smoking cessation, reduction of exposure to harmful factors and influenza vaccination. Limiting these factors is beneficial to the patient's health and reduces the risk of exacerbations. Patients should pay attention to normal body weight and a healthy diet. Early diagnosis of COPD is also very important. Emotional support and a psychological support are particularly important in patients with advanced COPD. Depression significantly increases the risk of exacerbations and affects the quality of life of patients. Systematic use of drugs and respiratory rehabilitation increases respiratory efficiency. Prevention of this disease is most important to reduce still growing prevalence and costs.

The rising concern with health care is chronic obstructive pulmonary disease which is predicted to escalate with an increasing population aging which worldwide use of tobacco. The only reliable means of prevention is the avoidance of smoking. Employers can help workers avoid smoking in a special way. Nevertheless, the lungs function tends to degrade

throughout the long asymptomatic phase; many patients are now seeking treatment only when they are advanced or severely aggravated. Clinicians must accurately diagnose the disease and treat it effectively for patients over their life cycle in order to improve the quality of life of patients and minimize healthcare costs related to the chronic disease. The current approach to patient care is discussed in this article.

Chronic obstructive lung disease (COPD) is one of the main causes of morbidity and mortality around the world, and is a poorly reversed lung condition. It is the fourth leading cause of death in the United States after heart disease, cancer and stroking. In the United States, the prevalence and mortalization for COPD have continued to increase; the death rate rose by double between 1970 and 2002,4 and for the first time in 2000, the mortality statistics for female people were higher than those for men;2.5 In America, 12 millions of patients are expected to become the world 's leading third-largest cause of death by 2020.

The bulk of COPD patients are elderly or middle-aging. In 2000, COPD-related conditions gave rise to 16 million office visits,7 with a projected increase in the case load with population aging. No COPD cure exists. True breakthroughs have been elusive in care, particularly disease modifiers. Smoking cessation is the only method proven to reduce the disease's incidence. The COPD health care expenses are about 18 billion dollars and 14 billion dollars, respectively in direct and indirect costs. Inpatient deaths from acute exacerbation are estimated to be 10 percent by some figures 9 and almost 60 percent by a year for those patients older than 65. Hospitals, which are mostly the product of acute exacerbations, account for about 40 percent of direct costs; recruitments account for 20 percent.

Despite these alarming numbers, COPD is widely unacknowledged as a problem for public health. The 1997 Global Initiative on Chronic Obstructive Lung Disease ( GOLD) was launched to increase COPD awareness and to disseminate information about causes of the COPD and the guidelines for management of the

issue through collaboration between the National Heart-, Lung and Blood Institute, the national health institutes and the World Health Organization. More multidisciplinary efforts are necessary to reduce COPD disease burden, which not nur involves costs of the financial and health systems, mais also losses of patients and families due to progressive disability and impaired quality of life, with government, health care personnel and public health officials involved.

The U.S. Thoracic Society defines COPD in terms of chronic bronchitis and emphysema. 13 Chronic bronchitis is defined by clinical symptoms of persistent cough and sputum production; Emphysema refers to chronic dyspnea caused by enlarged airspaces and damage. Cops and diabetes are characterized by their symptoms of expiratory air flow limitations. The GOLD initiative describes COPD as "a disease condition that is not entirely reversible due to the lack of airflow. Airflow restriction is typically incremental as well as associated with an irregular lung inflammatory response to harmful particles or gasses.

Lung transplantation is mostly performed in patients with very advanced COPD who are properly chosen to enhance their quality of life and pulmonary function. The possible benefits of the procedure in COPD patients must be weighed against their risks, including postoperative complications such as lung infections and increased obstruction of the airflow.

For years to come, COPD will continue to be an critical health issue. Previous diagnoses and therapies are rendered through early detection of the disease by primary care for the specific symptoms of smokers or exposed to air pollution or toxins. The insistence on cessing smoking would have a big effect on disease progression. Development in diagnosis includes a more clear understanding of the pathophysiologic mechanisms involved in disease-modifying procedures. Management efforts are now aimed at the improvement by carefully chosen treatment strategies of patients symptoms and functional limitations.