

A RESOURCE FOR JOURNALISTS

C - C H R O N I C O - O B S T R U C T I V E P - P U L M O N A R Y D - D I S E A S E

What is COPD?

It is not one single disease but an *umbrella term* used to describe chronic lung diseases that impede the flow of air in the lungs. It includes:

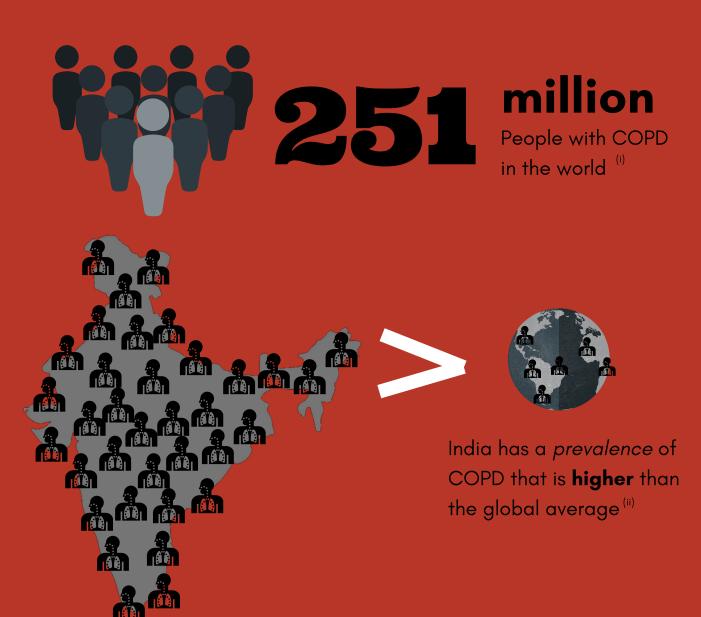
- Emphysema: A condition where the alveoli at the end of the smallest air passages (bronchioles) of the lungs lose their elasticity
- Chronic Bronchitis: The long-term inflammation of the lining of the bronchial tubes

Chronic Bronchitis

COPD

Emphysema

VITAL STATISTICS



The rise in the number of COPD cases in India

In 1990



In 2016

55.3 million cases

Risk factors



TOBACCO SMOKE: ACTIVE & PASSIVE EXPOSURE



OUTDOOR AIR POLLUTION: VEHICLE & INDUSTRY EMISSIONS INDOOR AIR POLLUTION: BURNING OF COAL, ANIMAL DUNG, CROP RESIDUE AS COOKING FUEL



OCCUPATIONAL: EXPOSURE TO DUSTS AND CHEMICALS/FUMES

TA

GENES: SEVERE HEREDITARY DEFICIENCY OF ALPHA-1 ANTITRYPSIN

Other risk factors include:

- Aging
- Poor lung development in the womb/at infancy
- Bacterial & viral
 - infections
- Socioeconomic status
- Nutrition

| _ | | 2nd leading individual cause of | |
|-----|----------------------------|---|--|
| | ubstantial portion of | disease burden ⁽ⁱ⁾ | 3 out of 4 chronic |
| | ople with OPD have | \succ | respiratory diseases is |
| nev | ver smoked | COPD in India | |
| | r pollution tributed to | | Overall rise in prevalence |
| du | ore DALYs e to COPD | More DALYs* | due to ageing population [®] |
| thc | an smoking | per person with COPD or | |
| | | asthma than global average ⁽ⁱ⁾ | |

*According to WHO, One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health

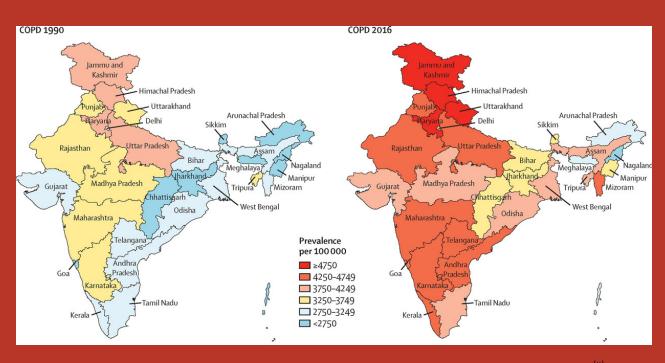
world copd day theme Never too early, never too late

Its always the right time to address airways disease

EXPLANATION OF THE THEME:

COPD is a widely misunderstood and underdiagnosed disease.^(vi) It's never too early or too late to address COPD. Diagnosis and management of COPD can improve longevity and the quality of life.

World COPD Day was founded by the **Global Initiative for Chronic Obstructive Lung Disease (GOLD)**. The first World COPD Day was held in 2002.^(vii)



Crude prevalence of COPD in the states of India, 1990 and 2016

From the Global Burden of Disease, a Lancet Study

WHERE'S MY STORY

Policy and Programme: Does India need a National COPD programme?

- Large-scale effort to address a major chronic respiratory disease almost negligible at the population level
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke launched in 2010. Chronic respiratory diseases added later.
- Respiratory disease component involves only referrals of suspected cases to district hospitals.
- There have been calls for a national programme on the control of COPD
- Can you help get these diseases receive attention commensurate with their contribution to the disease burden?

What are the current measures to address COPD?

- A health ministry task force which focuses on comprehensive primary health-care rollout proposed in 2014 that health promotion activities, screening, and management guidelines for COPD, asthma, and pneumoconiosis be included in the service packages, in addition to other non-communicable diseases.
- These activities related to chronic respiratory diseases are yet to be implemented on a large scale.
- There are some examples of efforts by the public sector towards the early detection and management of COPD, as in the state of Kerala. Are there such efforts in your state?

Do inter-state differentials demand state-specific efforts to tackle COPDs?

• There is marked heterogeneity between the states of India in this burden and the associated risks, highlighting the need for individual states to adopt different policy approaches according to the trajectory of the disease burden they are facing.

How well is COPD understood and managed by the general public?

- How good or bad is the access to COPD-specific healthcare in rural healthcare centres and for the urban poor?
- How can regular household objects such as mosquito coils, room sprays, inhalers, diffusing agents reduce immunity, or increase the risk of COPD or exacerbate the condition of a person with COPD?
- What can individuals do to manage COPD better?

What measures are being taken for prevention/reduction of risks?

- Adequate measures are yet to be put into place to reduce exposure to risk factors for major chronic respiratory diseases.
- Ongoing efforts to control smoking and reduce household solid fuel use are having positive effects, and these need to be sustained and enhanced.
- Multi-sectoral efforts are needed to reduce the high level of exposure to ambient air pollution in all parts of India, especially in the northern states. Can you bring to light the situation in your state in this regard?

| myth | fact |
|--|---|
| COPD affects the elderly, not youngsters or children | Indoor air pollution can affect the unborn child, COPD happens to children too ^(i & viii) |
| Asthma and COPD are the same | Asthma is a separate disease and is considered a risk factor for developing COPD. |
| COPD is curable | COPD is preventable but not curable . It is treatable, i.e, treatment options are available for improving quality of life of the patient ⁽¹⁾ |
| COPD affects rich men as they smoke cigarettes | The disease affects men & women equally . More than 90% of COPD deaths occur in low and middle-income countries. |

USEFUL LINKS/STUDIES

- COPD & antibiotics use: https://bit.ly/2DwdheY
- Lancet study: The burden of chronic respiratory diseases and their heterogeneity across the states of India: the Global Burden of Disease Study 1990-2016: https://bit.ly/2A3zfTk
- Patient education video: https://bit.ly/1hp4Nlj
- Resource for patients: https://bit.ly/2qV4ADK
- A-Z of COPD, Government of India website: https://bit.ly/2QR4Oa8
- WHO factsheet: https://bit.ly/2CAmPX0
- WHO NCD profile for India: WHO: https://bit.ly/ltwlRzi
- World COPD Day organizer website: https://bit.ly/2F4R7mq
- COPD is not a new phenomenon: https://bit.ly/2yEif6Z
- Do not Dos in COPD: Practices that do not add value, cause harm, or whose risks outweigh benefits: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5799849/

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(v) WHO | Metrics: Disability-Adjusted Life Year (DALY)

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(viii) Bush, A. (2008). COPD: A Pediatric Disease. COPD: Journal Of Chronic Obstructive Pulmonary Disease, 5(1), 53-67. doi: 10.1080/15412550701815965

(ix) Asthma vs. COPD: How to Tell the Difference

https://www.healthline.com/health/copd/asthma

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This resource was developed by REACH as part of our efforts to help improve the quality and frequency of media reporting on NCDs. The development of this resource is supported by a United Way Worldwide grant on behalf of the generosity of Eli Lilly and Company Foundation

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