

Contact: Barbara P. Yawn, MD MSc
Co-chair, US COPD Coalition
byawn@olmmed.org
507 287-2758

US COPD Coalition commends federal actions to increase awareness and improve lives of those living with lung disease as National COPD Awareness Month comes to an end

For the millions of Americans living with COPD, 2008 has been a very successful year, as legislative action and federal agency participation has moved forward to improve information, awareness and services to those who suffer from the condition, according to the U.S. COPD Coalition.

November is National COPD Awareness Month. Sponsored by the U.S. COPD Coalition, the observance is a time for organizations and communities across the country to increase the overall awareness of COPD.

COPD is the fourth leading cause of death in the United States. More than 12 million people are currently diagnosed with COPD and another 12 million may have COPD but remain undiagnosed despite recognizable symptoms, according to the National Heart, Lung and Blood Institute. COPD typically affects people over 45, especially those who smoke or have smoked, and those with risk factors associated with genetics or environmental exposures. Symptoms include chronic cough, sometimes called “smoker’s cough,” shortness of breath, wheezing, not being able to take a deep breath, and excess sputum production. For those diagnosed with COPD, many treatments are available to reduce symptoms, improve breathing, and help patients get back to doing activities they used to do.

“We have to keep up the public awareness efforts regarding COPD,” said Idaho Senator Mike Crapo, “and as the co-founder and co-chair of the Congressional COPD Caucus, I will continue my advocacy efforts on behalf of COPD. When Members of Congress understand the long-range public health effects of COPD and how federal health policy can assist with medical treatments, everyone benefits.”

Earlier recognition of the condition can give COPD sufferers more time to quit smoking, begin medications to improve breathing and to participate in pulmonary rehabilitation.

“Studies have shown that pulmonary rehabilitation is important for people with all levels of COPD severity and it is never too early or too late to begin rehab” said John Walsh, incoming chair of the COPD Coalition for 2009. “Pulmonary rehabilitation includes education and support to increase the ability to do what is important to you.” Walsh pointed to a major success of 2008: “Recently Congress took action to secure a permanent Medicare benefit for pulmonary rehabilitation, to be implemented in January, 2010.”

Walsh is President of both the COPD Foundation and the Alpha-1 Foundation.

Co-chairs of the COPD Coalition are Barbara Yawn, MD, and Antonio Anzueto, MD.

Pam DeNardo, who lives with COPD, says “Pulmonary Rehabilitation is in my opinion, the second most important thing you can do for yourself after quitting smoking. I vividly remember my first day in rehab, 10 years ago. I was 55 years old and could barely maintain a speed of 1/2 mile an hour for 10 minutes on the treadmill. In spite of lung function decline, I still exercise three times or more a week and maintain 3.8 miles an hour for 1 hour because of the help of Pulmonary Rehab.”

On Nov. 13, The Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report focused on deaths Attributed to Chronic Obstructive Pulmonary Disease in the United States from 2000-2005. The CDC report said COPD represents an important public health challenge that is both preventable and treatable.

During 2000-2005, the overall mortality rate from COPD in the United States was fairly stable, increasing by 8 percent – from 116,494 to 126,005. However, more women (65,193) than men (60,812) died from COPD in 2005, and the death rates from COPD increased among women (54.4 to 56.0 per 100,000), while rates decreased among men (83.8 to 77.3 per 100,000) during the same period.

The National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health launched the COPD Learn More Breathe Better campaign in 2007 to increase awareness and understanding of COPD and its risk factors. The campaign is supported by more than 20 organizations, including leading medical professional societies, patient advocacy groups, and corporate partners in facilitating this public health initiative.

During the month of November the NHLBI analyzed results from the annual HealthStyles survey of American public health attitudes, knowledge, and lifestyle habits. NHLBI reported that the new survey suggests a growing awareness of COPD, although few Americans have a thorough understanding of the disease. The new data show that 64 percent of survey respondents had heard of COPD, compared with 49 percent in a 2004 survey. Among those who reported hearing of COPD, only half recognized the disease as a leading cause of death, and just 44 percent understood it to be treatable.

“We are encouraged that people are becoming more aware of the term COPD,” said Elizabeth G. Nabel, MD, director, NHLBI. “But the survey also indicates that we as a public health community have much more work to do to promote greater understanding of the disease, its symptoms, and risk factors, so that we can improve rates of diagnosis and treatment.”

COPD can be diagnosed with a simple breathing test called spirometry. Those at risk for COPD as well as those experiencing symptoms should talk to their doctor about the test. Spirometry is not invasive and can be conducted in the doctor’s office. It involves breathing out as hard and fast as possible into a tube connected to a machine that measures lung function.