Benefits of Addressing COPD in the Workplace



THE BENEFITS OF EARLY SCREENING AND PROPER DIAGNOSIS

- 12 million individuals have symptoms of COPD and do not know it. Early screening can identify COPD before major loss of lung function occurs⁶
- A symptomatic, undiagnosed employee may be resulting in higher claims costs and significant losses in productivity due to absenteeism then an employee who has been diagnosed and is properly managing their condition⁸
- Smokers newly diagnosed with COPD who receive smoking cessation advice from a physician may be more likely to quit smoking or smoke less than smokers with normal lung function⁴
- Many adults are incorrectly diagnosed with asthma. Providing a proper diagnosis means employees can receive the right treatments and follow up monitoring?

THE BENEFITS OF HEALTH MANAGEMENT PROGRAMS

- Health management programs and disease education teach patients how to prevent, or lessen the frequency and severity of acute exacerbations of COPD (a flare up)⁸
- Reducing the frequency and severity of COPD flare ups means fewer work days missed and increased productivity while at work⁸
- People who tend not to seek treatment for their flare ups from their primary care physicians are more likely to be admitted to the hospital⁸
- Incomplete recovery from flare ups may be one of the main reasons for faster lung function decline, which may speed up the pace of declining productivity and cause early retirement⁸

THE BENEFITS OF INCLUDING COPD EDUCATION IN YOUR TOBACCO

- Asking participants in your tobacco cessation program if they have COPD provides the counselor with information they can use to individualize the quit approach
- Including the 5 question COPD screener in your tobacco cessation program intake survey or interview allows the individual to fully appreciate the real COPD-related health risks of continuing to smoke
- Stopping smoking is the only proven method that slows the rapid rate of lung function decline¹

THE BENEFITS OF HEALTHY WORKPLACE POLICIES

- Wearing respiratory protective devices reduces exposure to airborne contaminants for an estimated 5 million workers in the U.S.⁵
- Smoke free policies such as limiting smoking to an area away from the building and walking paths or prohibiting smoking on your worksite, protect employees from the harmful effects of second hand smoke
- Covering FDA approved tobacco cessation medications or nicotine replacement therapies in your employee health plan can improve the effectiveness of quit attempts²
- Providing rewards for employees participating and complying in cessation programs may increase the likelihood of a successful quit attempt²
- Utilizing HEPA air filters that do NOT emit ozone can reduce lung irritants known to effect individuals with COPD3
- Replacing harsh cleaning products with green products or basic soap and water, especially in the bathroom, reduces airway irritation while at work³

^{1.} Anthonisen NR, Connett JE, Kiley JP. Et al. Effects of smoking intervention and the use of an inhaled anticholinergic bronchodilator on the rate of decline of FEV1. The Lung Health Study. JAMA 1994. 2721497-1505.

^{2.} Cahill K, Perera R. Competitions and incentives for smoking cessation. The Cochrane Library, 3. Available at http://www.thecochranelibrary.com/userfiles/ccoch/file/World%20No%20To bacco%20Day/CD004307.pdf

^{3.} Freeman, D. Household hazards for people with COPD. Available at: http://www.webmd.com/lung/copd/features/household-hazards-for-people-with-copd

^{4.} Gorecka D, Bednarek M, Nowinski A, Puscinska E, Goljan-Geremek A, Zielinski J. Diagnosis of Airflow Limitation Combined with Smoking Cessation Advice Increases Stop Smoking Rate. CHEST June 2003. 123:6, 1016-1923

 $^{5.\ \} Occupational\ Health\ and\ Safety\ Administration.\ OSHA\ Technical\ Manual,\ Section\ 8; 2. Available\ at\ http://www.osha.gov/dts/osta/otm_viii_2.html$

 $^{6. \} Rennard S, Vestbo J. \ Natural Histories of Chronic Obstructive Pulmonary Disease. Proceedings of the American Thoracic Society. \ http://pats.atsjournals.org/content/5/9/878.full.$

^{7.} Tinkelman DG, Price DB, Nordyke RJ, Halbert RJ. Misdiagnosis of COPD and asthma in primary care patients 40 years of age and over. J Asthma. 2006 Jan-Feb;43(1):75-80.

^{8.} Wedzicha J, Wilkinson T. Impact of Chronic Obstructive Pulmonary Disease Exacerbations on Patients and Payers. The Proceedings of the American Thoracic Society. 2006; 3:218-221. Available at http://pats.atsjournals.org/misc/terms.shtml