

**BREAKING THE SILENCE:  
Chronic Obstructive Pulmonary Disease  
- World COPD Day, 16 November 2005 -**

Chronic Obstructive Pulmonary Disease (COPD) is a devastating and irreversible lung disease, which affects 44 million in Europe and causes around 2.75 million deaths globally every year<sup>1</sup>. COPD weighs heavily on the pockets of European governments, costing nearly 51 billion euros<sup>2</sup> per year. It is the sixth most common cause of death in Europe, due to become the third most common by 2020, and yet public awareness of COPD is extremely low. Frighteningly, as many as 75% of Europeans who suffer from COPD are undiagnosed<sup>3</sup> and therefore their symptoms go untreated!

This is why European Federation of Allergy and Airways Diseases Patients' Associations (EFA) takes the opportunity of World COPD Day 2005<sup>4</sup> "Breathless not Helpless!" to emphasize the importance of public awareness and early diagnosis of COPD and to call for better care for people suffering from the disease.

"We would like to convey a positive message to people with COPD today: treatment and medical help is available to help them feel better and take a more active role in society. We must also not forget the family and care givers of people with COPD – they too need help and support.", says Svein-Erik Myrseth, the President of EFA. "We also urge national and EU policy makers to recognize that COPD is a major concern that is exploding before our very eyes and many of us don't even know it! Chronic Diseases, such as COPD become the more expensive when untreated, or only treated in late stages. The [EU Environment and Health Action Plan](#) takes a very small step in the right direction by encouraging a better understanding of the links between sources of pollution and their health effects, but this is by no means enough!"

In a recently published report, which brings attention to the huge threat posed by chronic diseases<sup>5</sup>, the World Health Organization projects that COPD will account for 7% of all deaths<sup>6</sup> in the world this year.

Symptoms of COPD include: breathlessness; increased effort to breathe; heaviness or a 'need for air'; excessive mucus; and chronic coughing. The disease commonly affects people over the age of 40<sup>7</sup>, but it can also be caused by genetic and environmental factors, such as exposure to certain dusts, chemicals

<sup>1</sup> WHO Health Report 2000. Health systems: improving performance. Annex table 3. Geneva, Switzerland. *World Health Organization, 2000.*

<sup>2</sup> Loddenkemper R., Gibson G.J., Sibille Y. *The burden of lung disease in Europe: data from the first European White Book.* 2004.

<sup>3</sup> Rudolf M. The reality of drug use in COPD. *Chest* 2000; 117:29S-32S

<sup>4</sup> World COPD Day is organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) in collaboration with health care professionals and COPD patient groups throughout the world. World COPD Day is organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) in collaboration with health care professionals and COPD patient groups throughout the world. See: <http://www.goldcopd.org>

<sup>5</sup> WHO, *Preventing Chronic Diseases - a Vital Investment.* 2005. [http://www.who.int/chp/chronic\\_disease\\_report/en/](http://www.who.int/chp/chronic_disease_report/en/)

<sup>6</sup> Total deaths projected globally for 2005: 58 million. (idem - WHO, 2005)

<sup>7</sup> Smoking accounts for 80-90% of the risk of developing COPD. Feenstra, Talitha L., Marianne van Genugten, Rudolf Hoogenveen et. al. The Impact of Aging and Smoking on the Future Burden of COPD. *Am J Respir Crit Care Med.* 2001; Vol 164: 59

at work<sup>8</sup>. COPD is progressive and without cure, though a lot can be done to reduce its severity and progression. At an advanced stage, COPD can dramatically restrict daily activities such as getting washed and dressed in the morning, walking up a short flight of stairs, etc. Towards the end of the disease, people with COPD experience can become disabled and may require oxygen therapy.

The number of people with COPD is rising rapidly and the disease can no longer be overlooked, neither by the public, nor by national and European governments, who have the power to make a positive difference by investing in COPD awareness and treatment and by adopting strict legislation to prevent smoking and ensure clean indoor and outdoor air so that fewer, not more people have to suffer from COPD.

**“Breathless not Helpless!”: World COPD Day 2005 is on 16 November 2005.**

For more information on COPD and World COPD Day 2005, go to: <http://www.efanet.org/copd>, [www.goldcopd.org](http://www.goldcopd.org) and [www.internationalcopd.org](http://www.internationalcopd.org), or Media inquires: Sophie Kazan [sophie.kazan@efanet.org](mailto:sophie.kazan@efanet.org) Tel: +32 (0)4 85 50 62 75

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Note to editors:

- World COPD Day is organized by the [Global Initiative for Chronic Obstructive Lung Disease \(GOLD\)](#) in collaboration with health care professionals and COPD patient groups throughout the world. World COPD Day is organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) in collaboration with health care professionals and COPD patient groups throughout the world.
- [The European Federation of Allergy and Airways Diseases Patients Associations \(EFA\)](#) is a European network of allergy, asthma and COPD patient organizations that was founded in 1991 to combine the forces of national patient associations on asthma and allergy for results at European level and to improve the health and quality of life of people in Europe with those diseases.

References:

- EFA sample background information on COPD treatment and management: <http://www.efanet.org/documents/backgrounder.doc>
- EFA COPD statistics: <http://www.efanet.org/documents/statistics.doc>
- EFA COPD Patient Manifesto – Vision for Change (EN, FR, ES, DE, IT versions) [http://www.efanet.org/copd/documents/manifesto-eng\\_000.pdf](http://www.efanet.org/copd/documents/manifesto-eng_000.pdf)
- Pocket Guide to COPD Diagnosis, Management, and Prevention (2005) A quick-reference guide for physicians and nurses, with key information about patient management and education. (EN, ES versions) <http://www.goldcopd.org/Guidelineitem.asp?l1=2&l2=1&intId=1116>

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<sup>8</sup> Pauwels RA, Rabe KF. Burden and clinical features of COPD. *The Lancet* 2004; 364:613-620

### **THREE facts about Chronic Obstructive Pulmonary Disease (COPD)**

1. COPD is the fastest growing cause of mortality in the world's advanced economies<sup>9</sup> and amount to €28.5 billion in productivity losses annually<sup>10</sup>
  - i. 4-10% of all adults in Europe have COPD.
2. Smoking is the predominant risk factor for COPD, accounting for 80-90% of the risk of developing the disease.<sup>11</sup>
3. The disease is most common in people over 40 years of age. COPD is not a disease that affects children. COPD is similar to asthma, but it is not the same disease. Medicines can usually reverse the affects of asthma, but COPD is a progressive disease, and medicines cannot halt the effects of COPD, but can help patients to feel better, to improve life expectation, quality of life and to reduce the progression of the diseases.

For more facts and to learn more about COPD visit: [www.efanet.org/copd](http://www.efanet.org/copd)

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<sup>9</sup> Murray CJL, Lopez AD. eds. The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injures, and risk factors in 1990 and projected to 2002. Cambridge; Harvard University Press; 1996

<sup>10</sup> European Respiratory Society and European Lung Foundation. European Lung White Book. The First Comprehensive Survey on Respiratory Health in Europe; 2003.

<sup>11</sup> Feenstra, Talitha L., Marianne van Genugten, Rudolf Hoogenveen et. al. The Impact of Aging and Smoking on the Future Burden of COPD. *Am J Respir Crit Care Med.* 2001; Vol 164: 59

## COPD Glossary

**Alveoli** - Small air sacks in the lungs where oxygen is exchanged for carbon dioxide

**Ambulatory oxygen therapy** - Mobile oxygen therapy. It is called 'ambulatory' because it allows you to walk around while you are using it

**Anticholinergic drugs** - Drugs that make breathing easier by relaxing and widening the airways. They work by binding to receptors in the lungs called M receptors

**Beta-2 agonist** - Drugs that make breathing easier by relaxing and widening the airways. They work by binding to beta-2 receptors in the airways

**Bronchi** - The two big airways that take air from the trachea, or windpipe, to the lungs. One bronchi goes to the left lung, and one to the right lung

**Bronchioles** - The smaller airways that take air from the bronchi to the lungs. About 24 bronchioles branch off each bronchi and go deep into the lungs, delivering air to the alveoli

**Bronchitis** - Inflammation of one or more of the bronchi. This is usually caused by infection

**Bronchodilator** - Any medicine that acts by dilating the bronchi and bronchioles

**Cilia** - Hair-like cells that sweep away dust and mucus from the lungs. They beat in one direction (upwards) so particles are driven up to the throat where they are swallowed or coughed out

**Corticosteroid** - Corticosteroid drugs work by reducing inflammation. Usually given as inhaled corticosteroids (ICS) for the long-term management of COPD. Tablet preparations are often given during acute exacerbations

**Emphysema** - Damage to the air sacks (alveoli) so that the walls break down, making the air sacks bigger. This makes the lungs less able to transfer oxygen to the blood to supply the rest of the body

**Exacerbation** - The sudden worsening of a disease or its symptoms

**FEV<sub>1</sub>** - Forced Expiratory Volume. The total amount of air that can be breathed out of the lungs in one second. See FVC (Forced Vital Capacity)

**FVC** - Forced Vital Capacity. This is the total amount of air that can be breathed out with maximum effort and without time constraints

**Inhaled corticosteroids (ICS)** - Corticosteroids that are taken using an inhaler

**Long-acting bronchodilator** - A bronchodilator makes breathing easier by relaxing and widening the airways. They are used to improve symptoms of breathlessness. Long-acting bronchodilators have a long duration of action and are intended for long-term treatment, compared to short-acting bronchodilators which are used to relieve symptoms as they occur

**Long-term oxygen therapy** - Oxygen therapy that is used regularly, over prolonged periods of time. It is usually used for around 15 hours a day

**Nebulizer** - A device that delivers a drug by pumping a jet of air or oxygen through a solution of the drug, to produce a fine mist. This is then breathed in through a mask

**Peak Expiratory Flow (PEF)** – To measure of how quickly the air can be expelled from the lungs. This measurement is carried out using a peak flow meter

**Pulmonary rehabilitation** - A graded exercise programme designed to improve the capacity of your lungs

**Short-acting bronchodilator** - Short-acting bronchodilators are used to relieve symptoms as they occur. They usually have a rapid onset of action, but last for only a short duration of time compared to the long-acting bronchodilators

**Short-burst oxygen therapy** - Oxygen therapy given in short bursts on occasions when people get breathless. See also long-term oxygen therapy

**Somnolence** - Excessive sleepiness or unnatural drowsiness. For people with COPD, it is a sign of dangerously high levels of carbon dioxide in the blood. If you experience this you should seek emergency care immediately.

**Spirometer** - A machine that measures how much you can breath out of your lungs, and how quickly

**Wheeze** - The gasping or whistling sound made when breathing becomes difficult