



## PRESS RELEASE

### **Policymakers to prevent Europe from suffocating**

*EFA launches policy recommendations to curb the human and societal burden of COPD*

**15 November 2011| Brussels** - On the eve of World COPD Day, the European Federation of Allergy and Airways Diseases Patients' Associations (EFA) launched its policy recommendation to reduce the 32.8 billion EUR now spent each year to address COPD and to improve the lives of the roughly 44 million COPD patients in Europe.

Estimated by the World Health Organisation to rise to the third leading cause of death rank by 2020, **chronic obstructive pulmonary disease** (COPD) is virtually unknown amongst not only the general public but also amongst many healthcare professionals in primary care.

COPD cannot be cured, which makes prevention, a timely diagnosis and a therapy tailored to the patients' needs all the more important, to ensure that people with COPD can contribute to society and enjoy a good quality of life for as long as possible.

#### **EFA's recommendations**

EFA's recommendations are the result of two workshops on COPD in the European Parliament on 29 June and 9 November, widely supported by the European Respiratory Society (ERS), the European Lung Foundation (ELF), the International Primary Care Respiratory Group (IPCRG) and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) and co-hosted by MEPs Sean Kelly and Karin Kadenbach.

#### **The recommendations include:**

- Cite COPD explicitly as a warning on tobacco products;
- Make access to spirometry testing available to all those at risk;
- Improve cooperation between patients, those working in primary care and specialists to ensure a patient-centered management of the disease that supports staying active;
- Induce employers to adopt flexible approaches to allow their staff with COPD to remain in the work force;
- Support the mobility of people with COPD on oxygen therapy
- Fund research on how to prevent exacerbations;
- Address COPD co-morbidities, such as depression;

EFA calls upon the EU and Member States to follow its recommendations and implement them as soon as possible, to prevent an average estimate of 10 percent of Europeans from suffocating over the next decade.

The clock is ticking: With Tobacco being by far the most important risk factor, smoking cessation policies are undoubtedly important. However, as Breda Flood, EFA President, points out: *"Even if all smokers were to quit immediately, COPD would remain prevalent for*

*decades to come. We hence need a timelier and more accurate diagnosis of COPD patients, as well as a better coordination between the health professionals involved, making the patient's needs the centre of therapy efforts."*

### **Emulate existing good practice to curb EU health inequalities**

Professor Jørgen Vestbo, Pulmonologist and Chair of the Scientific Committee of the Global Initiative for Chronic Obstructive Lung Disease adds: "*the revised GOLD strategy document, adopted on 8 November in Shanghai, can help doctors understand and treat COPD better, improve the quality of life for patients and reduce the number and severity of exacerbations which are currently responsible for two third of the COPD-related costs. What is hence needed is GOLD's implementation*".

Pronounced health inequalities with regard to COPD exist throughout the EU - countries such as Denmark or Finland have proven that investments in COPD are worthwhile: The Finnish COPD programme managed to curb societal costs related to COPD by 88 percent, thanks to a combination of awareness-raising of the general public, smoking cessation policies, education of those working in primary care and an increased availability of COPD testing. Costly days spent in hospital dropped drastically from 34.607 in 1997 to 18.018 in 2007.

Karin Kadenbach MEP concludes: "*the Finnish good practice example needs to be emulated throughout Europe. The EU has an obligation to ensure that health inequalities related to COPD are eradicated for the benefits of patients, but also with a view of curbing the societal burden of the disease.*"

**ENDS**

### **Note to Editors:**

#### **About COPD – the anonymous killer**

COPD is not reversible: the disease worsens over time and gradually limits the patient's ability to breathe. As a result, the patient's organs and muscles receive less and less oxygen and they slowly but steadily suffocate. There are significant comorbidities related to COPD, such as depression, which is estimated to be prevalent in up to 40% of COPD patients. Although frequently misconceived as a disease which only affects male pensioners, there are as many COPD patients under 65, as over 65 years of age, with a rising prevalence in women in particular. The resulting loss in productivity adds significantly to the costs of COPD.

#### **About EFA**

EFA is a European network of patient organizations that was founded in 1991, prompted by the belief that an international organization formed by European patients associations that share the same aims would be a more effective way to serve the needs and safeguard the rights of patients and their careers.

[www.efanet.org](http://www.efanet.org)

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## Annex: EFA policy recommendations

### First workshop

- **Prevention:** occupational and passive exposure to risk factors such as smoke needs to be further limited;
- **Smoking cessation:** with a view to promoting smoking cessation,
  - healthcare professionals need to be remunerated for their efforts to help smokers fight their addiction and quit;
  - good practice in employer-led health promotion programmes needs to be promoted and disseminated. Investments into health on behalf of the employer need to be encouraged; the economic benefits of a healthy workforce need to be flagged more strongly.
- **Tobacco labelling:** COPD needs to be mentioned explicitly as a debilitating and fatal lung disease on tobacco packaging in order to raise awareness of the disease and warn those who smoke.
- **Education of healthcare professionals:** co-operation between primary care and specialists needs to be established with a view to correctly interpret lung function test results. Rigorous training needs to be given to those who do not have access to specialist knowledge.
- **Access to spirometry testing** needs to be given to all those at risk. As of the age of 35 years, smokers, former smokers and those with an occupational hazard need to undergo a lung function test, provided they present at least one respiratory symptom (dyspnoea, cough, wheeze, phlegm and/or recurrent respiratory infections).
- **Registration:** establish a register for COPD patients to support evidence based policy-making.

### Second workshop

#### Policy Recommendations

- **Disease Management:** with a view to preventing costly and irreversible exacerbations,
  - COPD care needs to become tailored to each patient's needs and supports staying active, allowing patients to take ownership of the management of their disease;
  - the cooperation between specialists, primary care workers as well as those disciplines taking care of potential co-morbidities needs to be optimized;
  - healthcare workers need to adopt a more positive attitude towards smokers and COPD patients;
- **Access:** Throughout the EU, equal access needs to be given to oxygen and rehabilitation programmes. The formation of self-help groups needs to be promoted.
- **Best practice:** The EU needs to facilitate the dissemination of lessons learned from best practice programmes, such as the Finnish COPD programme.
- **Employment:** Employers need to be motivated to adopt flexible approaches to allow their staff with COPD to remain in the work force. Policymakers should promote such flexibility, as well.
- With a view to achieving a sustainable improvement in the quality of life for COPD patients and ensuring their contribution to society, biomedical and health research must increase for COPD in the following fields:
  - How to reduce the risk of exacerbations;
  - How to improve the cooperation within a multidisciplinary team;

- Real life studies to complement randomized controlled trials;
- Comorbidities, such as depression, and the interdependencies;
- The impact of patient self-help groups.