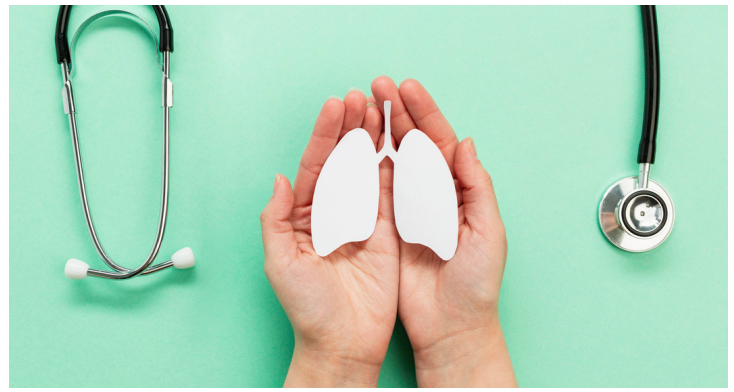


COPD PATIENT EMPOWERMENT

Scientific evidence and quality of life in COPD



A systematic review aimed at patients, family members and caregivers

Prevention

Scientific evidence and quality of life in COPD



COPD prevention

COPD and inequalities

COPD disproportionately affects the poor and disadvantaged people disproportionately affected by COPD. It is a moral imperative to improve access to treatment.

The elimination of COPD requires joint and coordinated action, with the investment of sufficient financial resources and a confluence of intellectual resources from all parties involved: physicians, patients, caregivers, government managers, regulatory agencies, private industry and the general public.

Early diagnosis in COPD

Spirometry does not identify early changes in the airways, or emphysematous destruction of lung tissue, it detects irreversible changes.

COPD is preventable

Banning any type of cigarette or tobacco, improving the quality of the air breathed, would greatly reduce these cases.

Personalized management in COPD

Treatment and prognosis should take into account the predominant risk factors in each patient.

COPD and lung development

Exposure to risk factors in early stages determines the trajectory of lung function and the future probability of developing COPD.

COPD exacerbations

The diagnosis of exacerbations The diagnosis of exacerbations should be based on standardized criteria, confirmed by evidence, of worsening respiratory symptoms. They can be categorized into severe and non-severe.

COPD, Diagnostic criteria

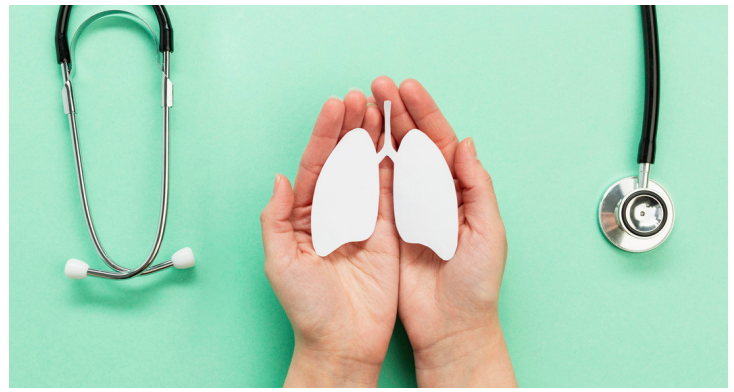
It should include expanded clinical criteria (symptoms, history and risk factors) + spirometry and/or other pulmonary function or imaging tests.

Integral approach in COPD

Successful management of COPD requires early diagnosis, taking into account the pathophysiological differences and the clinical expression of the disease in each individual.

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Prevention

- **COPD disproportionately affects the poorest and most disadvantaged people**
- **A large proportion of COPD cases are preventable:** banning any type of cigarette or tobacco, and improving the quality of the air breathed, would greatly reduce these cases.
- **COPD is a heterogeneous disease** with various forms of clinical expression.
- **Exposure to risk factors at early stages determines the trajectory of lung function** and the future probability of developing COPD.
- **The diagnosis should include expanded clinical criteria:** respiratory symptoms, personal history, risk factors, persistent airflow obstruction documented by spirometry and other pulmonary function or imaging tests.
- **Spirometry alone is not capable of identifying early airway changes or emphysematous destruction of lung tissue,** and probably only detects irreversible disease.
- **The diagnosis of exacerbations should be based on standardized, evidence-confirmed criteria for worsening respiratory symptoms.**
- **Exacerbations can be categorized** according to the degree of clinical, biological, and physiological deterioration into severe and non-severe.
- **Treatment and prognosis should take into account** the predominant risk factor for each patient.
- **Treatment for COPD is not available for many people.** It is a moral imperative to improve access to effective treatment and the development of curative or regenerative treatments.
- **Successful management of COPD is likely to be favored by early diagnosis** that takes into account the pathophysiological differences and the clinical expression of the disease in each individual.
- **The elimination of COPD requires joint and coordinated action,** allowing the investment of sufficient financial resources and the confluence of the intellectual resources of all parties involved: physicians, patients, caregivers, government managers, regulatory agencies, private industry and the general public.



Discover more COPD Empowerment assets at:
<https://gaapp.org/copd/copd-patient-empowerment-scientificevidence/>



This educational assets have been created for COPD patients and caregivers,
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