Chronic Obstructive Pulmonary Disease (COPD): Health briefing

**COPD is the fifth biggest killer disease** in the UK, causing 23,000 deaths a year in England \(^i\)

Premature mortality from COPD in the UK is almost twice as high as in the rest of Europe \(^ii\)

There are an estimated 3 million people in the UK with COPD, 2.2 million of whom are undiagnosed. This is equivalent to 13% of the population of England aged 35 and over \(^iii\)

**What is COPD?**

COPD stands for Chronic Obstructive Pulmonary Disease: an umbrella term for a group of lung diseases that include chronic bronchitis, emphysema and small airways disease.

COPD is characterised by airflow obstruction or limitation, where lung damage over a long period of time impairs the flow of air in and out of the lungs and causes breathlessness. The obstruction is progressive and incurable. Common symptoms include cough, phlegm and shortness of breath.

The best way to confirm diagnosis is through a breathing (spirometry) test, which can usually be carried out in primary care.

**Who is affected?**

Typically, COPD occurs in people over the age of 35 who are, or have been, regular smokers. It can also result from chronic severe asthma, passive smoking, exposure to other environmental pollutants and, in a small minority of cases, from faulty genes. It is estimated that 9 in 10 of those diagnosed with COPD are or have been smokers \(^iv\).

Socially deprived populations have the highest prevalence and highest under-diagnosis of COPD. For instance, men aged 20-64 in England and Wales who are employed in unskilled manual occupations are around 14 times more likely to die from COPD than men employed in professional roles \(^v\).

**Costs of COPD**

COPD is the second most common cause of emergency hospital admissions in the UK, with an estimated 94,000 admissions each year \(^vi\), and is one of the most costly inpatient conditions treated by the National Health Service (NHS) \(^vii\).

Lung disease and particularly that associated with COPD costs business 24 million working days in sick leave and £3.8 billion in direct costs from lost productivity each year \(^viii\). It is estimated 40% of people with lung disease are below retirement age, and a quarter of those with lung disease who are below retirement age are unable to work at all \(^ix\).

**Living with COPD**

COPD can affect every aspect of day-to-day life, and can lead to social isolation through having to give up normal activities and hobbies. The effect on family, friends and carers can also be profound.

COPD is characterised by exacerbations - sudden sustained worsening of symptoms, which often leads to admission to hospital. In a BLF survey of people with COPD, 83% ‘agreed’ or
‘strongly’ agreed that fear of having an exacerbation often limits social activities. Those most frequently restricted included seeing family (35%).

Treatment

Although COPD is not curable, treatment can help to manage symptoms and slow progression of the disease.

Early diagnosis and treatment can markedly slow decline in lung function, making it possible to enjoy an active life for longer. However, it is common for people with COPD to play down their symptoms until their disease is quite advanced, attributing symptoms to ‘smoker’s cough’. By the time they seek medical help the damage to their lungs may be considerable. After diagnosis, smoking cessation and remaining active through pulmonary rehabilitation classes, which help to build up fitness and lung strength as well as providing training in self-management, are crucial to slowing the progression of the disease.

Effective management of COPD depends on self-management education and support, regular follow-up and well-coordinated community services. A range of treatments are prescribed to combat the symptoms of COPD, including inhaled medicine (bronchodilator) and, in some cases, oxygen therapy.

What does the BLF do?

The British Lung Foundation is the UK’s lung charity. We:

- fund word-class research into the causes and treatments of lung disease
- provide information and support in a variety of forms, including through our helpline. The BLF helpline received around 3000 COPD inquiries in 2011-12
- run a network of more than 230 Breathe Easy support groups across the UK. The groups meet regularly and provide a forum for support, as well as for talks and expert advice from local health care professionals. If you would like to be put in touch with your local Breathe Easy group, please contact Malcolm.Reid@blf.org.uk
- campaign nationally and locally to improve treatment, care and support, and to increase awareness of lung disease

Further information

For further information on any of the above, please contact Malcolm Reid on Malcolm.Reid@blf.org.uk

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5 Dever and Whitehead. Health Inequalities Decennial Supplement 15. Office for National Statistics
7 Invisible Lives: Chronic Obstructive Pulmonary Disease (COPD) finding the missing millions. British Lung Foundation, 2007; Care-sensitive conditions: identifying the potential for reductions. The King’s Fund, 2012
Chronic Obstructive Pulmonary Disease (COPD): Key issues and campaigns

Key issues

Late diagnosis

Early diagnosis and treatment can slow decline in lung function. However, it is common for people with COPD to play down their symptoms until their disease is quite advanced - attributing symptoms to “smokers’ cough” and avoiding activity that provokes breathlessness. By the time they seek medical help the damage to their lungs may be considerable. More work is required to improve symptom awareness and encourage self-referral to GPs in at-risk populations.

Pulmonary Rehabilitation

Pulmonary rehabilitation (PR) is an exercise and education programme for people with COPD and other lung conditions, helping them to cope with breathlessness and increase activity levels and strength, and providing them with the tools and the confidence for effective self-management. PR is an indispensable aspect of treatment for those with moderate and severe COPD: it has been shown to be cost-effective in reducing mortality and hospital readmission rates, and in improving quality of life. However, availability and quality of PR is patchy across the UK, with the Department of Health estimating full provision at only 58 per cent.

Smoking cessation

Stopping smoking significantly reduces decline in lung function and worsening of symptoms in people with COPD. However, many long-term smokers find it extremely difficult to combat their addiction, and are never made aware of the further damage that continuing to smoke can cause once they have COPD. All COPD patients still smoking, regardless of age, should be encouraged at every opportunity to stop, and offered help to do so through pharmacological treatment and smoking cessation services.

Home oxygen

Home oxygen therapy is provided to around 85,000 people in England at a cost of approximately £110 million each year. Many clinical commissioners do not commission quality-assured clinical assessment and review of their patients’ need for long-term home oxygen, increasing the potential for poor quality and waste. The Department of Health estimates that 24 - 43 per cent of people prescribed oxygen either derive no clinical benefit or do not use it. The introduction of a Home Oxygen Assessment and Review Service can reduce costs and ensure consistency, as well as improving quality of life for patients.

Community-based care and availability of community teams

Good self-management support allows people with COPD to recognise and act upon symptoms at an early stage, reducing reliance on hospital care due to sudden exacerbations. Community-based respiratory teams inform and educate patients to improve their understanding of their condition and how to manage it, including advice on physical activity and correct inhaler use. They are also best placed to provide risk assessment and intervene in cases of poor management, and to support the transition back into the community for people with COPD who are discharged from hospital. Unfortunately, community-based teams are not consistently available across the country.

End-of-life care

A greater proportion of those who die from respiratory diseases die in hospital (69 per cent), and a smaller proportion at home (13 per cent), than for any of the other leading causes of
death in England. Only a small number die in hospices. This is a significant problem for COPD, which accounts for around 5 per cent or all deaths in England. End-of-life care needs to be considered within the broader spectrum of COPD care. It is important that health care professionals have the expertise and confidence to assess prognostic indicators, so that people with advanced COPD can be identified and offered palliative care that meets their physical and emotional needs, allowing them to die with dignity in a place of their choosing.

Westminster campaigns

The future of the respiratory programme

The NHS Commissioning Board announced at the end of July 2012 which disease areas would be included in its list of centrally funded Strategic Clinical Networks (SCNs). Respiratory disease was not included in this list. The BLF is concerned that the progress made so far in improving outcomes for respiratory patients will not be continued without the leadership and funding from an SCN. We are campaigning for respiratory disease to continue to be prioritised in the reformed NHS.

Protecting children from second-hand smoke in vehicles

Exposure to second-hand smoke during childhood is associated with a range of respiratory illnesses, and with an increased risk of COPD and respiratory symptoms in adulthood. Children are particularly vulnerable to second-hand smoke, as they have smaller lungs, faster breathing and less developed immune systems. Smoking in the car is a particular concern in view of the confined space: a single cigarette exposes a child in the centre of the back seat to two thirds as much smoke as in a smoke-filled pub, even with the window half open. Around one child in five aged 11-15 reports being exposed regularly to second-hand smoke in cars.

The BLF has campaigned since 2010 for legislation to ban smoking in private vehicles when children are present, as we believe that legislation accompanied by educational campaigns will be most effective in changing behaviours. Legislation has been adopted in a number of foreign jurisdictions and has high public support in the UK. Lord Ribeiro introduced a Private Member’s Bill in 2012 with provisions to ban smoking in cars when children are present. Following passage in the House of Lords, the Bill awaits the continuation of its second reading in the Commons.

Further information

For further information on any of the above, or to lend your support to any of our campaigns, please contact Malcolm Reid on Malcolm.Reid@blf.org.uk

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3 Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care. NICE clinical guideline, 2004 (updated 2010)
4 HOS-AR Good Practice Guide. NHS Primary Care Commissioning, 2011
11 5 countries globally; 7 Australian states; 10 Canadian provinces; 4 US states
12 80% overall public support (65% of smokers) in 2012 ASH/YouGov survey