



Background document

EMBARGO UNTIL 12.00 noon (11.00 am GMT) Wednesday 14 November 2007

Press conference “COPD: It's hard to speak up when you're struggling to breathe”:

11.00-11.30 am, 14 November, Press conference room, European Parliament, Strasbourg (Briefing room LOW N –1.2) followed immediately by

Photo opportunity: *Professor William MacNee, Past President of the European Respiratory Society, Catherine Stihler MEP (Scotland PSE), Marianella Salapatas, Vice-President, European Federation of Allergy and Airways Diseases Patients Associations (EFA), and patient (from Strasbourg).*

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What is COPD?

The term, chronic obstructive pulmonary disease or COPD, should be as familiar as asthma or lung cancer, as it is one of the most common lung diseases. However, it is not a term that is widely used by physicians or other health professionals and is generally not recognised by the public.

Chronic obstructive pulmonary disease (COPD) refers to a condition that has previously been described as chronic bronchitis (inflammation and narrowing of the airways) and emphysema (weakening of the structure of the lung).

COPD causes gradual restriction of airflow and consequent difficulty in breathing. Because of this, shortness of breath, cough and sputum production are common symptoms in COPD. Although these symptoms can be dealt with, the weakening of the lungs caused by COPD is not fully reversible.

COPD is a common, costly and preventable disease that has substantial implications for the health of people living in Europe.

Causes

The most important cause of COPD (both bronchitis and emphysema), in about 90% of cases, is cigarette smoking.

However, not all smokers develop COPD, suggesting that genetic factors also have an influence on each individual's risk. The only proven genetic risk factor for COPD is hereditary deficiency of a specified protein. People with this deficiency who smoke may develop COPD in early adult life.

The role of outdoor air pollution as a cause of COPD is unclear, but urban air pollution is harmful to individuals with this condition.

Occupational factors that cause intense or prolonged exposure to dust, chemicals and vapours, etc., can result in COPD, whether a person smokes or not, and increase the risk of the disease in smokers. Indoor air pollution from biomass fuel has also been implicated as a risk factor for the development of COPD.

Passive exposure to cigarette smoke also contributes to respiratory symptoms and reduced lung function in schoolchildren. In later life, this may lead to COPD.

Magnitude of the problem

A recent worldwide study featured in *The Lancet* found the "burden of COPD is higher than thought and will increase as world population ages". Rates vary greatly. In tests in 12 worldwide sites, rates were highest in Cape Town, South Africa (men 22%, women 16.7%) perhaps due to previous tuberculosis and additional occupational exposures, and lowest in Hanover, Germany, (men 8.6%, women 3.7%). (The Lancet, Press release, Friday 31 August 2007)

In the UK, where respiratory disease has become the number one killer, an estimated 2 million people are suffering unknowingly from COPD.

(See also "Costs" below)

Deaths: Approximately 200,000–300,000 people die each year in Europe because of COPD. Data from the World Health Organization (WHO) in 1997 showed that COPD was the cause of death in 4.1% of men and 2.4% of women in Europe.

Worldwide: there are approximately 44 million cases of COPD.

Projections: COPD is the only leading cause of death that is becoming more common worldwide. Rates are set to rise further as the population ages.

By 2020, COPD is likely to account for over 6 million deaths worldwide every year. It will move from being the fifth leading cause of death to the third by 2020.

Because of ageing populations, "if every smoker in the world were to stop smoking today, the rates of COPD would probably continue to increase for the next 20 years," according to study leader Dr Sonia Buist whose report appeared in the Lancet.

The number of deaths from **lung diseases** is predicted to increase between now and 2020, in particular from chronic obstructive pulmonary disease (COPD), lung cancer and tuberculosis (TB).

In 2020, out of 68 million deaths worldwide, 11.9 million will be caused by lung diseases (4.7 by COPD, 2.5 by pneumonia, 2.4 by TB and 2.3 million by lung cancer).

Globally, in terms of mortality, incidence, prevalence and costs, respiratory diseases rank second (after cardiovascular diseases).

Costs

Among respiratory diseases, COPD is the leading cause of lost work days. In the EU, approximately 41,300 lost work days per 100,000 people are due to COPD every year.

In Europe, productivity losses due to COPD amount to a total of 28.5 billion Euro annually.

The total financial burden of lung disease in Europe amounts to nearly 102 billion Euro, a figure comparable to the annual gross domestic product (GDP) of the Republic of Ireland. COPD contributes to almost one-half of this figure, followed by asthma, pneumonia, lung cancer and TB.

Denmark: The total financial burden of COPD is estimated at 300 million Euro per year.

Finland: The total annual treatment costs for COPD in Finland are estimated at 800 million Euro per year.

Italy: COPD results in more than 1 million days of hospital stay per year.

The Netherlands: COPD-related health costs total 280 million Euros per year.

Policy context

Article 152 of the Amsterdam Treaty on Public Health states: "A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities."

Until very recently indoor air pollution was a major health concern. Yet, the quality of the air we breathe is vital to our health, both outdoors and indoors. Europeans spend 70 to 90% of their time indoors (at the workplace or at home) where they are exposed to several pollutants.

In February 2005, the European Parliament's report on the Environment and Health Action Plan stressed that the quality of air inside buildings cannot be improved without a wide-ranging approach that takes into account the many sources of pollution, and effectively called on the Commission to draft a Green Paper dealing specifically with domestic pollution.

In addition, the World Health Organization European region is currently working on establishing Indoor Air Quality Guidelines for Europe that could complement the already existing Air Quality Guidelines for Europe.

Declaration text

Declaration number 102

The European Parliament,

- having regard to Rule 116 of its Rules of Procedure,
- A. whereas chronic obstructive pulmonary disease (COPD) is a common and costly lung disease whose advanced stage is chronic respiratory failure,
- B. whereas COPD is a under-recognised, under-diagnosed and under-treated disease neglected by healthcare providers and the public,
- C. whereas COPD is increasing worldwide as a result of the epidemic in tobacco use, the changing global demographics and indoor and outdoor air pollution,
- D. whereas COPD causes approximately 200,000-300,000 EU deaths yearly and is projected to move from the sixth to the third most common cause of death worldwide by 2020,

1. Calls on Member States to raise awareness of the condition by promoting prevention and ensuring equal access to early diagnosis, correct treatments and mobility of COPD patients;
2. Calls on the EU to facilitate long-term research into the causes, prevalence and treatments for COPD;
3. Urges EU Member States to implement comprehensive smoke free policies and to develop smoking cessation strategies;
4. Calls on the EU to publish a Green Paper on indoor air under the Environment and Health Action Plan;
5. Instructs its President to forward this declaration, together with the names of the signatories, to the Council and the Commission.

Information sources

For further information on COPD:

The European Respiratory Society (ERS) is a not-for-profit, international medical organisation with over 8,000 members from 100 countries. It was founded in 1990 and is the largest society in Europe in its field. Its main objective is to promote respiratory health in Europe in order to alleviate suffering from respiratory diseases. This is accomplished by promoting basic epidemiological and clinical respiratory research, collecting and disseminating scientific information, organising congresses and conferences, producing scientific publications, supporting training and continuous education in respiratory medicine and collaborating with organisations representing patients.

The European Lung Foundation (ELF) is the public voice of the ERS and the only pan-European foundation dedicated to lung health. Its aim is to serve the European Community by sharing scientific expertise in respiratory medicine with the public. This is achieved by providing resource materials on lung diseases and its related risks, and by informing decision-makers in policy, business and media. The ELF draws together the leading European medical experts to provide patient information and raise public awareness about respiratory disease.

ELF/ERS Information on COPD available at <http://www.european-lung-foundation.org/index.php?id=27>

European Federation of Allergy and Airway Diseases Patients Association (EFA) is a European network of allergy, asthma and COPD patient organisations that was founded in 1991. EFA's mission is to draw together a European community of patient organisations which share responsibility for substantially reducing the frequency and severity of allergies, asthma and COPD, minimising their societal implications, improving health-related quality of life and ensuring full citizenship of people with these conditions, as well as pursuing equal health opportunities in the field of allergy and airways in Europe.

EFA Information on COPD is available at www.efanet.org/copd/index.html

Global Initiative for Chronic Obstructive Lung Diseases (GOLD) works with health care professionals and public health officials around the world to raise awareness of Chronic Obstructive Pulmonary Disease (COPD) and to improve prevention and treatment of this lung disease.

GOLD information including groups in different countries available at www.goldcopd.com

Global Alliance against Chronic Respiratory Diseases (GARD)

The Global Alliance against Chronic Respiratory Diseases (GARD) is part of the World Health Organization's global work to prevent and control chronic diseases. GARD is a voluntary alliance of national and international organizations, institutions, and agencies working towards the common goal of improving global lung health.

GARD information available at www.who.int/respiratory/gard/en/

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