The Burden of Undiagnosed Airflow Obstruction in India

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COPD is a common, costly and preventable disease that has a major global impact on public health. It is the 6th commonest cause of death globally. The prevalence is as high as 10% to 15% of men over the age of 60 in the UK and US. In terms of absolute numbers this translates into at least 52 million worldwide who suffer from this disease. COPD prevalence is on the increase and the projection from the Global Burden of Disease study is that numbers may almost double from 1990 to 2020.

COPD burdens resources in the developed and developing world greatly. It accounts for 7% of hospitalizations in the UK, these patients have longer and more costly hospital stays than the general medical in-patient population and the morbidity for a COPD exacerbation (10%) far exceeds that of an acute myocardial infarction. Long term mortality 1 year post-discharge also remains unacceptably high at 40%. It is little wonder that the total costs of this disease to the health care system in the US in 2002 ran up to an astronomical total of $ 24 billion.

Large numbers of COPD patients have never been diagnosed or indeed have been misdiagnosed. Indeed the existing patients known to have COPD represent the tip of a very deep iceberg. A study at the Hinduja Hospital of 2065 adults undergoing spirometry as part of a routine health check revealed that a staggering 96% of those with FEV₁/FVC < 70% had not been correctly labeled and diagnosed as COPD. There are several reasons for this. Unlike asthma which strikes young people in the prime of their lives, COPD is a disease of an older and often socially disadvantaged population. Doctors often equate chronic cough and dyspnea as "smoking related", sometimes even unkindly feel these smokers are to blame for their plight and there is a feeling of therapeutic nihilism that comes in the way of these patients being correctly and promptly diagnosed and treated. Spirometry remains the only way to correctly diagnose COPD and assess its severity. Whilst it is a simple, inexpensive test it sadly remains one of the most under-utilized tests in all of medicine. As a result the great majority of patients with this disabling disease never receive the appropriate diagnostic label and are often diagnosed for the first time when they end up in an ICU on a ventilator with respiratory failure from an exacerbation.

There is a paucity of data and epidemiology on COPD in particular and airway diseases in general in India and the article by D Gothi, et al is a step in the right direction. Their findings are a bit unusual in that of the 268 patients with chronic airflow limitation they assessed more had asthma than COPD. Also of interest was the high incidence of obliterative bronchiolitis (OB). This is another airway disease, rarer than COPD and even more difficult to diagnose, that should be considered in the differential diagnosis of anyone with severe airflow limitation especially if the patient happens to be young and a non-smoker. Whilst the commonest cause of OB in the West is post-transplant where it remains a major cause of morbidity and mortality after a lung, heart-lung or bone marrow transplant, in India the common causes would be post-infectious and secondary to collagen vascular disease. In the current study 90% of patients had an infection as the presumed cause of their OB, most often tuberculosis.

The real tragedy of course is that COPD is preventable. It needs to attract much more attention in this country. It is only if doctors’ attitudes to this disease change and spirometry is more frequently requested that this disease can be diagnosed before it leads to permanent disability. The tobacco epidemic is on the ascent in India and tobacco control remains one of the most rational evidence based policies in medicine. Even though evidence that smoking kills has accumulated for half a century now we are decades away from control of this addictive poison. By 2020 India alone will account for 18% of the 8.4 million tobacco related deaths globally. We would be failing our COPD patients if we did not at least diagnose them in time and support and encourage them to quit smoking. Smoking cessation remains the most important strategy in halting the global epidemic of COPD in this country.

REFERENCES


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