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⌕ Lung Health for All: Chronic Obstructive Lung Disease and World Lung Day 2022

“Lung Health for All” is the key theme of World Lung Day 2022 (September 25). The day aims to highlight the global burden of the major respiratory diseases and the impact of coronavirus disease (COVID-19), with a focus on low- and middle-income countries (LMIC). Key messages for the day are the importance of early detection and reduction of inequalities. These align well with the objectives Global Initiative for Chronic Obstructive Lung Disease (GOLD) of improving the diagnosis and management of chronic obstructive pulmonary disease (COPD) around the world.

COPD affects 1 in 10 of the adult global population and is one of the three commonest causes of death worldwide (1). It is also a major cause of the global inequalities in health and is more prevalent where such inequalities are more extreme.

In 2019 COPD killed 3.22 million people (2), and the number of deaths rose by 17.5% between 2007 and 2017 (3). The main burden of mortality from COPD is seen in Latin America, sub-Saharan Africa, India, China, and Southeast Asia. The Global Burden of Disease study estimated that COPD affected 104.7 million men and 69.7 million women globally in 2015 and that between 1990 and 2015 the prevalence of COPD had increased by 44.2% (4); however, another analysis has estimated that COPD is much more common and that 384 million people had COPD in 2010 (5). Until recently the mean life expectancy of the population in many LMIC has been poor and survival to an age when COPD would usually be diagnosed was uncommon, but improvements in life expectancy in LMIC over the last 50 years, together with reductions in childhood mortality, are

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likely to lead to a substantial increase in the prevalence of COPD in Latin America, Africa, and Southeast Asia in future decades.

It is now clear that tobacco smoking in adult life is not the only cause of COPD, although it remains a major risk factor (4). From a global perspective, exposure to indoor and outdoor biomass fumes and air pollution in adult life are also important risk factors (6). Poor lung growth, both before and after birth, as a result of malnutrition, infections, and/or passive exposure to indoor and outdoor pollutants, can also lead to COPD (7–9); and these risk factors are closely linked to poverty. Exposure to these factors is increasing in most LMIC, as a result of increasing urbanization, deteriorating air quality, and increasing rates of tobacco use. Reduction of these risk factors is essential to reduce the future burden of COPD. The realization that COPD can start early in life and affect young individuals, and that there are precursor conditions, such as pre-COPD (10), opens new windows of opportunity for its prevention, early diagnosis, and prompt and appropriate therapeutic intervention (11).

Correct diagnosis of chronic respiratory disease prevents prolonged suffering. Underdiagnosis and misdiagnosis of COPD are common (12). Making a diagnosis depends on being aware of the condition and recognizing its symptoms. Confirming the diagnosis depends on identifying airflow obstruction using spirometry (13), but this is not widely available in many LMICs (14). Availability of inhaled medicines in public primary health care facilities in low and low-middle income countries is poor, with only two-thirds of countries reporting availability of bronchodilators and one-third reporting availability of steroid inhalers (15). There is an urgent need to address this unacceptable situation and prevent unnecessary suffering and death (16).

GOLD strongly supports the Global Alliance against Respiratory Disease statement that inequities in provision of life-changing care for chronic lung diseases must no longer be tolerated. GOLD has already called on ministries of health, national and international professional societies, and the pharmaceutical industry to work without further delay to prevent the development of COPD by reducing exposure to risk factors, to ensure the diagnosis is made as early as possible and to ensure all patients around the world receive effective therapy (16). It is essential that there is an urgent, whole system approach that leads to a reduction in the number of people suffering and dying from COPD around the world. ■

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