

# Chronic Obstructive Pulmonary Disease: A Worldwide Public Health Emergency

Paige Sherman\*

Department of Pulmonology, McGill University, Quebec, Canada

## Opinion Article

**Received:** 28-Aug-2024,  
Manuscript No. JCROA-24-148900;  
**Editor assigned:** 02-Sep-2024,  
PreQC No. JCROA-24-148900 (PQ);  
**Reviewed:** 14-Sep-2024, QC No.  
JCROA-24-148900; **Revised:** 23-  
Sep-2024, Manuscript No. JCROA-  
24-148900 (R); **Published:** 30-Sep-  
2024, DOI:

10.4172/jclinresp.6.3.009

**\*For Correspondence:**

Paige Sherman, Department of  
Pulmonology, McGill University,  
Canada

**E-mail:** [shermannp@gmail.com](mailto:shermannp@gmail.com)

**Citation:** Sherman P. Chronic  
Obstructive Pulmonary Disease: A  
Worldwide Public Health  
Emergency. J Clin Res.  
2024;6:009.

**Copyright:** © 2024 Greer P. This is  
an open-access article distributed  
under the terms of the Creative  
Commons Attribution License,  
which permits unrestricted use,  
distribution, and reproduction in  
any medium, provided the original  
author and source are credited.

## Introduction

Chronic Obstructive Pulmonary Disease (COPD) is a chronic, progressive lung disorder characterized by persistent airflow limitation, primarily caused by inflammation in the airways and lungs. The disease comprises two primary conditions: Emphysema and chronic bronchitis. COPD is one of the leading causes of morbidity and mortality worldwide, affecting over 300 million people globally. Despite being a preventable and treatable condition, COPD continues to pose a significant public health challenge, driven by smoking, environmental pollutants and under diagnosis.

## Epidemiology and global impact

COPD is the third leading cause of death worldwide, accounting for approximately 3.23 million deaths annually. The burden of COPD is disproportionately higher in Low and Middle-Income Countries (LMICs), where nearly 90% of COPD-related deaths occur. This disparity is largely due to higher rates of tobacco use, occupational exposures, and poor air quality in these regions.

Although traditionally considered a disease of elderly smokers, COPD is increasingly being diagnosed in younger individuals, particularly in areas with high levels of air pollution or biomass fuel exposure. Additionally, the economic burden of COPD is staggering, as it incurs substantial healthcare costs, productivity losses, and caregiving expenses.

## Pathophysiology of COPD

The underlying pathophysiology of COPD is complex and multifactorial. At its core, COPD involves chronic inflammation of the airways, parenchyma and pulmonary vasculature.

The primary agents of injury include cigarette smoke, environmental pollutants and occupational dusts, all of which contribute to an influx of inflammatory cells into the lungs. Over time, repeated injury and inflammation lead to structural changes in the airways, such as narrowing, thickening and destruction of alveolar walls (as seen in emphysema). Additionally, mucus hyper secretion, characteristic of chronic bronchitis, further impairs airflow by blocking the airways.

One of the defining characteristic of COPD is airflow limitation, which results from both small airway obstruction and loss of elastic recoil in the lungs. As the disease progresses, patients experience increasing difficulty in expelling air from their lungs, leading to air trapping and hyperinflation. This can result in dyspnea (shortness of breath), the cardinal symptom of COPD. In advanced stages, patients may develop respiratory failure, pulmonary hypertension, and core pulmonale (right-sided heart failure).

### **Risk factors and causes**

The primary risk factor for COPD is smoking, responsible for up to 85% of all cases in high-income countries. Long-term smoking damages the lungs by inducing chronic inflammation, destroying lung tissue, and causing permanent changes in the respiratory system. However, it is important to note that not all smokers develop COPD, suggesting that genetic predispositions, such as alpha-1 antitrypsin deficiency, may play a role in susceptibility.

In LMICs, exposure to indoor air pollution from burning biomass fuels, such as wood, charcoal, and animal dung, is a major risk factor, especially among women. Occupational exposures to dust, chemicals, and fumes also increase the risk of COPD in industrial settings, such as mining and construction. Outdoor air pollution, while less significant compared to smoking, is still an important contributor, particularly in urban areas with poor air quality.

### **Diagnosis and challenges in under diagnosis**

Despite its high prevalence, COPD is often underdiagnosed and misdiagnosed. This under diagnosis is largely attributed to the slow, insidious onset of symptoms, which are often mistaken for signs of aging or attributed to other conditions such as asthma or heart disease. Many patients do not seek medical attention until the disease has reached an advanced stage, at which point treatment options are limited.

Spirometer, a simple and non-invasive test that measures lung function, is the gold standard for diagnosing COPD. However, access to spirometer is limited in many parts of the world, particularly in rural and low-income areas. As a result, many individuals with COPD remain undiagnosed and untreated, increasing their risk of disability and death.

### **Treatment and emerging strategies**

While COPD is a progressive disease with no cure, its symptoms can be managed, and its progression can be slowed with appropriate treatment. The cornerstone of COPD management is smoking cessation, which can significantly reduce the rate of lung function decline. Pharmacologic treatments include bronchodilators, corticosteroids, and phosphodiesterase-4 inhibitors, which help to relieve symptoms, reduce exacerbations, and improve quality of life. In more severe cases, long-term oxygen therapy and pulmonary rehabilitation may be required.

Emerging treatments for COPD focus on reducing inflammation and repairing damaged lung tissue. For instance, anti-inflammatory biologics, which target specific inflammatory pathways, are currently being investigated in clinical

trials. Additionally, regenerative medicine approaches, such as stem cell therapy, hold promise in regenerating lung tissue and restoring function in patients with COPD. However, these treatments are still in the experimental stages and require further research before they become widely available.

### CONCLUSION

COPD is a major global health issue with significant social, economic and healthcare implications. While preventable and manageable, COPD remains underdiagnosed and undertreated, particularly in Low and Middle Income Countries (LMICs). Smoking cessation, early diagnosis and access to treatment are important in managing this debilitating condition. As research continues to advance, there is hope that new therapies will emerge, offering patients better outcomes and improved quality of life. Addressing the global burden of COPD will require a multifaceted approach, including public health interventions, policy changes, and continued innovation in treatment strategies.