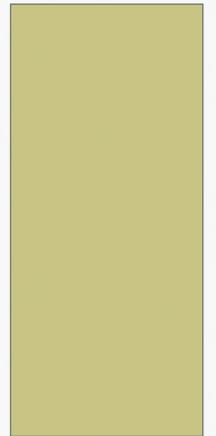


CHRONIC OBSTRUCTIVE PULMONARY DISEASE



DEFINITION

- Chronic obstructive pulmonary disease (COPD) is a common preventable and treatable disease characterized by airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and lung to noxious particles or gases.

WHAT ARE THE CAUSES OF COPD?

- Smoking is the most common risk factor of COPD worldwide.
- Tobacco smoke, including cigarettes, pipe, cigars and other types of tobacco, popular in many countries, as well as environmental tobacco smoke.

WHAT ARE THE CAUSES OF COPD?

- Environmental pollution inside buildings, coming from the combustion of biomass used for cooking and heating systems in homes whose inadequate ventilation is a risk factor that particularly affects women in developing countries.

WHAT ARE THE CAUSES OF COPD?

- Dust and occupational chemicals (vapors, irritants, and fumes) in cases of intense or prolonged exposure.
- External environmental pollution also contributes to the total load of inhaled particles into the lungs, although it appears to produce a relatively small effect as a cause of COPD.

WHAT ARE THE CAUSES OF COPD?

- The genetic risk factor best documented is a severe hereditary deficiency of alpha-1-antitrypsin.

CLINICAL PICTURE

- COPD Symptoms include:
- Dyspnea (Respiratory distress)
- Chronic cough
- Chronic expectoration

CLINICAL PICTURE

- Dyspnea that is usually:
Progressive (gets worse over time)
- Generally worsens with persistent effort

CLINICAL PICTURE

- Chronic cough: May be intermittent and dry
- Chronic expectoration:
- Any quantity of chronic phlegm production may indicate a COPD

DIAGNOSIS

- To establish the clinical diagnosis of COPD, a spirometry test is needed; the presence of FEV1 / FVC fixed <0.70 post-bronchodilator confirms the existence of a chronic airflow limitation and therefore COPD.

COPD AND COMORBIDITIES

- **Cardiovascular disease** (including coronary artery disease, heart failure, atrial fibrillation and hypertension) is the leading comorbidity in COPD, and probably the most common and the most important.

COPD AND COMORBIDITIES

- **Osteoporosis and anxiety / depression** are important comorbidities in COPD; they are often under diagnosed and associated to a worse health status and a poorer prognosis.
- **Lung cancer** frequently affects patients with COPD; it has been shown to be the most common cause of death among patients with moderate COPD.

COPD AND COMORBIDITIES

- Also serious **infections**, especially in the bronchial tree, are common in COPD.
- The coexistence of **metabolic syndrome** and **diabetes** is more common in patients with COPD; diabetes probably has a greater impact with regard to prognosis.

TREATMENT

- **Smoking cessation.** *Quitting smoking is a choice that can most influence the natural history of COPD.*

TREATMENT

- **Nicotine replacement therapy** (gum, inhaler, nasal spray, transdermal patch, sublingual tablet or pill) and **pharmacological options** of varenicline, bupropion or nortriptyline increase the rates of long-term smoking cessation; these treatments are significantly more effective than placebos.

TREATMENT

- ***Occupational exposures.*** Emphasis will be placed on primary prevention, which can be achieved by eliminating or reducing exposure to various substances in the workplace.

TREATMENT

- ***Domestic and air pollution.*** Measures will be adopted to reduce or avoid indoor air pollution originating from the combustion of biomass used for cooking and heating of homes with inadequate ventilation.

TREATMENT

Physical activity. Developing physical activities on a regular basis is beneficial for all patients with COPD.

TREATMENT

- ***Oxygen therapy.*** Long-term administration of oxygen (> 15 hours / day) to patients with chronic respiratory failure has been shown to increase survival in patients with severe resting hypoxemia

TREATMENT

- ***Mechanical ventilatory support.*** The combination of non-invasive ventilation with prolonged oxygen therapy can be useful in a selected subgroup of patients, especially those with pronounced daytime hypercapnia.

TREATMENT

- ***Surgical treatments.*** The advantage of lung volume reduction surgery (LVRS) regarding medical treatment is limited to patients with predominantly upper lobe emphysema and low exercise capacity prior to treatment; However, LVRS is costly in terms of cost-effectiveness for a health program that does not include surgery.

THE 8 NATURAL REMEDIES

- Water
- Rest
- Exercise
- Sunlight
- Fresh Air
- Nutrition
- Temperance
- Hope (trust in God)

RECOMMENDATIONS EGW

THE MINISTRY OF HEALING, P. 231

- Tobacco is a slow, insidious poison, but of the most harmful.
- In any way that use is made of it, it undermines the constitution; it is all the more dangerous when its effects are slow and barely noticeable at first.
- The use of tobacco is inconvenient, expensive and dirty; pollutes the person who uses it and bothers others.
- The use of tobacco among children and youth causes immeasurable damage.

BIBLICAL FOUNDATION

- LET EVERYTHING THAT HAS BREATH PRAISE THE LORD. PSALMS 150:6
- PRAISE THE LORD AS YOU BREATHE FRESH AIR.

BIBLIOGRAPHY

- COPB GOLD 2011
- HOLY BIBLE
- THE MINISTRY OF HEALING