

CORRESPONDENCE



Treating COPD

TO THE EDITOR: Chronic obstructive pulmonary disease (COPD) is finally moving from obscurity to prominence, and so it should. This phenomenon is nicely illustrated by the report on the Towards a Revolution in COPD Health (TORCH) trial by Calverley et al. and the accompanying editorial by Rabe, both in this issue of the *Journal*.^{1,2} Physicians and patients are eager, and in many cases desperate, for information that can help people with COPD. The key point is that COPD is not inexorable and that aggressive efforts to reduce its burden can be instituted now. Many available therapies, including drugs, pulmonary rehabilitation, oxygen therapy, and surgery, can improve longevity and the quality of life for people with COPD. Furthermore, smoking cessation retards the progression of incipient disease.

A pressing challenge is to use fully the approaches we have in hand today for diagnosing and treating COPD. Men and women over 45 years of age who have respiratory symptoms, especially current or former smokers, should be encouraged to seek spirometric testing and discuss treatment options with their doctors. Physicians must actively look for indicators of COPD in their patients, offer appropriate diagnostic testing, and update their strategies for managing the disease. The new Learn More Breathe Better public awareness campaign addresses these urgent needs, sending the message that COPD, although serious, is treatable.

Our expectation is that this educational effort will yield an immediate public health benefit while setting the stage for translation of new discoveries that are on the horizon. Better therapies will almost certainly emerge as innovative

research probes the genetic, biologic, and environmental origins of COPD and explores personalized approaches to its prevention and treatment. More information on the awareness campaign, including partner organizations and resources about COPD for physicians and patients, can be found at www.nhlbi.nih.gov/health/public/lung/copd/index.htm.

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1. Calverley PMA, Anderson JA, Celli B, et al. Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease. *N Engl J Med* 2007;356:775-89.

2. Rabe KF. Treating COPD — the TORCH trial, P values, and the dodo. *N Engl J Med* 2007;356:851-4.

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