



V Giornata Mondiale BPCO

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Le Linee Guida GOLD

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Global Initiative for Chronic Obstructive Lung Disease



**GLOBAL STRATEGY FOR THE DIAGNOSIS,
MANAGEMENT, AND PREVENTION OF
CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

2006



Credits

- GOLD is a partner organization in a program launched in March 2006 by the World Health Organization, the Global Alliance Against Chronic Respiratory Diseases (GARD)



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Global Initiative for Chronic
Obstructive
Lung
Disease



GLOBAL STRATEGY FOR THE DIAGNOSIS,
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CHRONIC OBSTRUCTIVE PULMONARY DISEASE

2006

- 1. Introduzione**
- 2. Definizione e classificazione**
- 3. Aspetti socio-economici**
- 4. Fattori di rischio**
- 5. Patogenesi, anatomia patologica e fisiopatologia**
- 6. Diagnosi e Trattamento**

NEW ISSUES PRESENTED IN THIS REPORT (1)



- COPD is characterized by:
 - chronic airflow limitation and a range of pathological changes in the lung
 - **Some significant extrapulmonary effects**
 - **Important comorbidities that may contribute to the severity of the disease in individual patients**

SYSTEMIC FEATURES OF COPD

- Cachexia: loss of fat free mass
- Skeletal muscle wasting: apoptosis, disuse atrophy
- Osteoporosis
- Depression
- Normochromic normocytic anemia
- Increased risk of cardiovascular disease: associated with \uparrow CRP

BPCO:

La Broncopneumopatia Cronica Ostruttiva (BPCO) è una **malattia prevenibile e curabile** con alcuni significativi effetti extrapolmonari che possono contribuire all'aggravamento nel singolo soggetto.

La componente polmonare è caratterizzata da una riduzione del flusso delle vie aeree non completamente reversibile.

Tale riduzione del flusso è, di solito, progressiva e associata ad una risposta infiammatoria polmonare anomala in seguito all'inalazione di particelle o gas nocivi.

NEW ISSUES PRESENTED IN THIS REPORT (2) DEFINIZIONE



The phrase “**preventable and treatable**” has been incorporated to recognize the need to present a positive outlook for patients, to encourage the health care community to take a more active role in developing programs for COPD prevention, and to stimulate effective management programs to treat those with the disease.

NEW ISSUES PRESENTED IN THIS REPORT (3) 'CLASSIFICAZIONE DI GRAVITA'



- The spirometric classification of severity of COPD now includes four stages—*Stage I: Mild; Stage II: Moderate; Stage III: Severe; Stage IV: Very Severe.*
- A fifth category “*Stage 0: At Risk,*” - that appeared in the 2001 report is no longer included as a stage of COPD as there is incomplete evidence that the individuals who meet the definition of “At Risk” (chronic cough and sputum production, normal spirometry) necessarily progress on to *Stage I.*

NEW ISSUES PRESENTED IN THIS REPORT (4) CLASSIFICAZIONE DI GRAVITA' 2



- The spirometric classification of severity continues to recommend use of the fixed ratio, postbronchodilator $FEV_1/FVC < 0.7$, to define airflow limitation. Using the fixed ratio (FEV_1/FVC) is particularly problematic in milder patients who are elderly as the normal process of aging affects lung volumes.
- Using the lower limit of normal (LLN) values for FEV_1/FVC , that are based on the normal distribution and classify the bottom 5% of the healthy population as abnormal, is one way to minimize the potential misclassification.
- Postbronchodilator reference values in this population are urgently needed to avoid potential overdiagnosis.

NEW ISSUES PRESENTED IN THIS REPORT (3) CLASSIFICAZIONE DI GRAVITA' 2



- The impact of COPD on an individual patient depends not just on the degree of airflow limitation, but also on the severity of **symptoms** (especially breathlessness and decreased exercise capacity)
- There is only an imperfect relationship between the degree of airflow limitation and the presence of symptoms. Spirometric staging, therefore, is a **pragmatic approach** aimed at **practical implementation** and should only be regarded as an **educational tool** and a **general indication to the initial approach to management**.

NEW ISSUES PRESENTED IN THIS REPORT (5) **BURDEN OF COPD**



Published data from prevalence surveys carried out in a number of countries, using standardized methods and including spirometry, estimate that **about one-quarter of adults aged 40 years and older** may have airflow limitation classified as *Stage I: Mild COPD* or higher.

NEW ISSUES PRESENTED IN THIS REPORT (6) **BURDEN OF COPD**



The prevalence of COPD is appreciably higher in:

- smokers and ex-smokers than in nonsmokers
- in those over 40 years than those under 40
- and higher in men than in women.

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NEW ISSUES PRESENTED IN THIS REPORT (6) RISK FACTORS

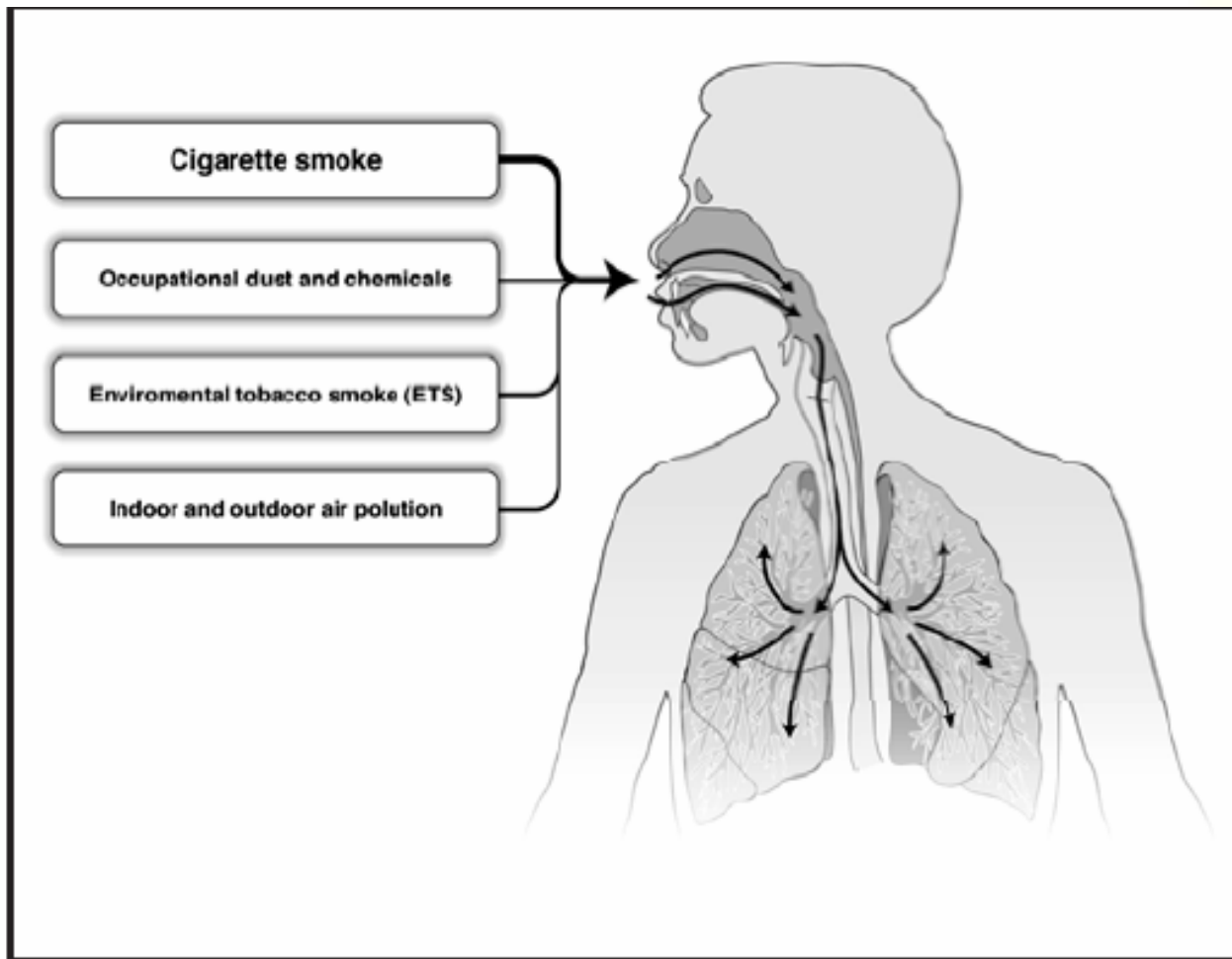


Throughout it is emphasized that cigarette smoke is the most commonly encountered risk factor for COPD and elimination of this risk factor is an important step toward prevention and control of COPD.

However, other risk factors for COPD should be taken into account:

- occupational dusts and chemicals,
- indoor air pollution from biomass cooking and heating in poorly ventilated dwellings (especially among women in developing countries).

NEW ISSUES PRESENTED IN THIS REPORT (6) RISK FACTORS



COPD Risk is Related to the Total Burden of Inhaled Particles

NEW ISSUES PRESENTED IN THIS REPORT (7)
Pathology, Pathogenesis, and
Pathophysiology



Inhaled cigarette smoke and other noxious particles cause lung inflammation, a normal response which appears to be amplified in patients who develop COPD.

TERAPIA DELLA BPCO AD OGNI STADIO

Classificazione	I: Lieve	II: Moderata	III: Grave	IV: Molto grave
Caratteristiche	<ul style="list-style-type: none"> • VEMS/CVF < 70% • VEMS ≥ 80% • Con o senza sintomi 	<ul style="list-style-type: none"> • VEMS/CVF < 70% • 50% < VEMS < 80% • Con o senza sintomi 	<ul style="list-style-type: none"> • VEMS/CVF < 70% • 30% < VEMS < 50% • Con o senza sintomi 	<ul style="list-style-type: none"> • VEMS/CVF < 70% • VEMS < 30% o presenza di insufficienza respiratoria cronica o scompenso cardiaco destro
	<p>Evitare I fattori di rischio; vaccinazioni antinfluenzale ed antipneumococcica</p>			
	<p>+ broncodilatatori a breve durata d'azione al bisogno</p>			
			<p>+ trattamento regolare con uno o più broncodilatatori a lunga durata d'azione + riabilitazione</p>	
				<p>+ steroidi per via inalatoria in caso di ripetute riacutizzazioni</p>

NEW ISSUES PRESENTED IN THIS REPORT (8)

Management of COPD



For patients with COPD, health education plays an important role in smoking cessation (**Evidence A**) and can also play a role in improving skills, ability to cope with illness and health status.

NEW ISSUES PRESENTED IN THIS REPORT (8)

Management of COPD



None of the existing medications for COPD have been shown to modify the long-term decline in lung function that is the hallmark of this disease (**Evidence A**). Therefore, pharmacotherapy for COPD is used to decrease symptoms and/or complications.

NEW ISSUES PRESENTED IN THIS REPORT (8)

Management of COPD



In COPD patients influenza vaccines can reduce serious illness (Evidence A). Pneumococcal polysaccharide vaccine is recommended for COPD patients 65 years and older and for COPD patients younger than age 65 with an FEV1 < 40% predicted (**Evidence B**).

NEW ISSUES PRESENTED IN THIS REPORT (9) DEFINIZIONE DI RIACUTIZZAZIONE



A COPD exacerbation is defined as: *an event in the natural course of the disease characterized by a change in the patient's baseline dyspnea, cough, and/or sputum that is beyond normal day-to-day variations, is acute in onset, and may warrant a change in regular medication in a patient with underlying COPD.*

NEW ISSUES PRESENTED IN THIS REPORT (10)



A chapter on COPD implementation programs and issues for clinical practice has been included but it remains a field that requires considerable attention

CAUSES

The most common causes of an exacerbation are infection of the tracheobronchial tree and air pollution, but the cause of about one-third of severe exacerbations cannot be identified
(Evidence B).

CHAPTER 6: TRANSLATING GUIDELINE RECOMMENDATIONS TO THE CONTEXT OF (PRIMARY) CARE



KEY POINTS:

- There is considerable evidence that management of COPD is generally not in accordance with current guidelines. Better dissemination of guidelines and their effective implementation in a variety of health care settings is urgently required.
- In many countries, primary care practitioners treat the vast majority of patients with COPD and may be actively involved in public health campaigns and in bringing messages about reducing exposure to risk factors to both patients and the public.

CHAPTER 6: TRANSLATING GUIDELINE RECOMMENDATIONS TO THE CONTEXT OF (PRIMARY) CARE



KEY POINTS:

- Spirometric confirmation is a key component of the diagnosis of COPD and primary care practitioners should have access to high quality spirometry.
- Older patients frequently have multiple chronic health conditions. Comorbidities can magnify the impact of COPD on a patient's health status, and can complicate the management of COPD.



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