

Novartis supports Filipino pulmonologists call for improving care for women with COPD

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- *Spirometry is the most reliable test to diagnose COPD. Early diagnosis of COPD is crucial so that treatment can be started immediately. Catching COPD in its moderate stage offers the greatest potential for effective treatment.*

Mandaluyong City, November 22, 2016 – In observance of World COPD Day 2016, research-based Swiss healthcare company Novartis joined the Philippine College of Chest Physicians (PCCP) in calling for improved primary care for women with chronic obstructive pulmonary disease (COPD), a chronic inflammatory lung disease that causes obstructed airflow from the lungs. COPD symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. COPD is caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. People with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions.

According to the World Health Organization (WHO), more than three million people worldwide died of COPD in 2005. By 2030, the WHO predicts COPD will be the third leading cause of death globally. Department of Health (DOH) statistics in 2013 showed that COPD was the seventh leading cause of death among Filipinos. Although a national COPD prevalence study has yet to be done in the Philippines, the Burden of Obstructive Lung Disease (BOLD) study done in 2007 found that one to two out of 10 Filipinos in Manila and two out of 10 Filipinos in two Nueva Ecija towns have COPD. The study also found that COPD is highly under-diagnosed in the country.

Why focus on women?

“Research suggests that women with COPD face tougher challenges in coping with the disease,” said Cheryl Maley, President and Managing Director, Novartis Healthcare Philippines. Women are less likely to be correctly diagnosed with COPD compared to men.^{1,2,3} Studies have also shown that conditions that often develop simultaneously with COPD (co-morbidities), such as asthma, anxiety, depression and osteoporosis, are more common in women than men.^{4,5,6} Women with COPD experience at least 25% more exacerbations (worsening of symptoms) than men.⁷ Lastly, women may find it more challenging to stop smoking than men.^{4,8,9}

“On behalf of the PCCP, I call on Filipino primary care physicians to lead the way in improving primary care for women with COPD,” said Dr. Tim S. Trinidad, Chairman, PCCP Council on COPD and Pulmonary Rehabilitation.

Dr. Trinidad urged local primary care physicians to use symptom-based questionnaires and spirometry (test to assess lung function) to remove the gender bias in diagnosis; individualize therapy to women's characteristics, needs and co-morbidities; recognize the challenge women face in stopping smoking and adapt cessation

programs to consider gender; and target the prevention of exacerbations.

Early diagnosis is crucial

“Early diagnosis of COPD is crucial so that treatment can be started immediately. Catching COPD in its moderate stage offers the greatest potential for effective treatment,” stressed Dr. Trinidad.

Spirometry is the most reliable test to diagnose COPD. According to Dr. Trinidad, the PCCP recommends spirometry for any person who is at least 40 years old; has a significant smoking history of more than 10 pack years (1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year); and with symptoms of chronic cough and shortness of breath. Spirometry is also recommended for persons with significant exposure (more than 200 hour years) to biomass fuel (e.g. wood, rice hull, coconut shell/husk, etc.) and occupational dust exposure (e.g. miners, construction workers, farm or grain workers, welders, gas attendants). If you do not have symptoms but have a significant smoking history and suspect you have COPD, consult your doctor if you need to undergo spirometry.

“COPD is not only preventable; it is also treatable. It is never too late to receive COPD treatment,” said Dr. Roland M. Panaligan, Chairman, Council on Diagnostics and Therapeutics, PCCP. There are many treatment options for COPD. Non-pharmacologic treatments include smoking cessation (the only way to keep COPD from getting worse), use of protective devices (e.g. mask, cooking vent) to lessen exposure, increasing physical activity, vaccination (for flu and pneumonia) and pulmonary rehabilitation. Pharmacologic treatments include bronchodilators, inhaled steroids, combination inhalers and oral steroids, among others. Doctors prescribe several kinds of medications to treat the symptoms and complications of COPD. Some medications are taken on a regular basis, others as needed.

Novartis in partnership with Pond Healthcare Innovation developed the Air Smart Spirometer, a user-friendly medical device that provides lung function measurements as accurately as a professional spirometer. The Air Smart Spirometer works with iPhone and connects via its cable to the headphone input jack. It is designed to work with disposable and single use FlowMir[®] turbines. When performing a spirometry test, the user exhales into the turbine. The airflow generated sets a rotor in motion. The Air Smart Spirometer registers the speed of the spinning rotor, converts it and transfers the data to the smartphone with the Air Smart Spirometer app. The app can be downloaded for free on Apple’s App Store. The app guides the user, performs calculations and displays results.

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