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THE INFORMED PATIENT
By LAURA LANDRO



Shining a Light on a Deadly Lung Disorder

May 2, 2007; Page D1

Recovering from a heart attack and fighting pneumonia, Frank Miller, a 67-year-old Vietnam veteran, was transferred from a VA hospital to the University of Kansas Medical Center in Kansas City, Kan., to be evaluated for surgery to repair his blocked arteries. Wheezing and coughing badly, he learned he had another deadly ailment that would require treatment first: chronic obstructive pulmonary disease.



A woman being evaluated at the COPD Foundation's mobile testing unit in Dallas.

Mr. Miller, a retired long-haul trucker who had given up smoking more than a decade ago, is one of an estimated 24 million Americans with COPD -- half of whom remain undiagnosed, according to the National Institutes of Health's National Heart, Lung and Blood Institute. Along with a number of nonprofit groups and medical-specialty societies, the NHLBI is leading a new campaign to raise awareness of COPD. The aim is to encourage people over 45 who may be at risk to get a simple breathing test and talk to their doctors about treatments that can slow or even reverse its course, including medications and lifestyle changes such as exercise and quitting smoking.

COPD is an umbrella term for lung diseases that inflame airways, obstruct breathing and trap bad air in the lungs, including emphysema and chronic bronchitis. It's hardly a new disease, but its prevalence has been rising steadily, while other major causes of death have been decreasing. The increase is due largely to the fact that people are living longer and developing the disease as they age. But it is also rising in younger people and women, who are experiencing the long-term ravages of smoking even years after they quit, as well as exposure to second-hand smoke and other pollutants.

Most Americans have never heard of COPD, surveys show, and many doctors don't follow the guidelines for testing and diagnosis. Physicians and patients alike may dismiss symptoms such as shortness of breath, fatigue and chronic coughing as a sign of aging, or attribute them to other diseases COPD is often linked to, including heart disease and lung cancer.

Globally COPD is the fifth-largest cause of death; in the U.S. it is the fourth-ranked killer behind heart disease, cancer and stroke, and is projected to move to third place by 2020. The total annual cost is estimated at close to \$40 billion annually, including \$21 billion in direct medical costs.

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Risk of Exposures

Former smokers may believe they are out of the woods because they quit, but nearly half of COPD patients are former smokers rather than current smokers, according to Amy Pianalto, project director of the NHBLI's "Learn More, Breathe Better" awareness campaign (www.learnaboutCOPD.org¹), which is sponsoring radio and print ads and offers materials for both doctors and patients.

Second-hand smoke, air pollution and workplace exposure to pollutants like chemicals, dust and fumes can also trigger the disease. An estimated 100,000 Americans also have a genetic disorder known as alpha-1 antitrypsin, or AAT, deficiency that makes them susceptible even without any kind of exposure.

"There are 12 million people in this country who are coughing and can't breathe who don't know they have COPD," says Molly McGuire, administrator of the nonprofit COPD Foundation (COPDFoundation.org²). "It has been a slow process getting everyone connected to resources."

The COPD Foundation, in partnership with the American Association of Respiratory Therapists, is sending a mobile testing unit to a number of cities across the country offering free spirometry, a lung-function test that measures the amount of air a person can breathe out and the time it takes to do so. Even though hand-held versions of the device can cost as little as \$500 to \$800, and it is considered the gold standard for an initial diagnosis of COPD, the COPD Foundation says that close to 40% of primary-care doctors don't have spirometers in their practice. Among those who do have the devices, a third don't use them routinely, even though Medicare and most private insurers cover the use of spirometry when COPD is suspected.

"Though we'd like to believe everyone is following the standard of care and is up-to-date on the guidelines, there are millions of patients in rural areas and small towns where it is difficult for the general practitioners to keep up with everything," says Frank Quijano, a pulmonary and critical-care physician at the University of Kansas who treated Mr. Miller's COPD.

There are several drugs commonly used to treat COPD, which though incurable can be prevented from worsening. Many drugs come in the form of puffers or inhalers; among the most commonly used are tiotropium (known by the brand name Spiriva), which dilates the bronchial tubes, and a combination of the steroid drugs fluticasone and salmeterol (known by the brand name Advair), which can also fight inflammation.

While a host of new treatments and drug dosages are being studied in large-scale trials, there has as yet been no major breakthrough. A study in the May issue of the American Journal of Respiratory and Critical Care Medicine found that a promising anti-inflammatory drug, infliximab, failed to improve symptoms of moderate to severe COPD.

Moreover, because the conditions of COPD patients can often worsen dramatically, it has been difficult to conduct conclusive research. In one large study, known as the Towards a Revolution in COPD Health Trial, 40% or more of the subjects didn't continue to receive the assigned treatment throughout the study, because they either died, dropped out or sought other treatment.

According to an American Lung Association survey, about half of COPD patients say their condition limits their ability to work, sleep, do household chores, and enjoy social and family activities, while 70% say it limits them in normal physical exertion. Mr. Miller, for example, has found it hard to exert himself, and his hospitalizations have forced him to miss out on a

treasured pastime: riding his three-wheeled "trike" motorcycle with the Patriot Guard, a group that escorts military funerals.

Need for Early Treatment

Though oxygen therapy and surgery to reduce the size of the lungs can help prolong the life of severely ill COPD patients, at present, half die within 10 years of diagnosis -- a toll experts say could be sharply reduced if patients are diagnosed and treated early. The National Committee for Quality Assurance, which accredits health plans, is pressuring plans to encourage doctors to conduct screening for COPD. And the Center for Medicare and Medicaid Services is evaluating whether it can cover rehabilitation services, according to Steve Phurrough, director of the coverage and analysis group.

For patients like Mr. Miller, who suffer from other diseases along with COPD, proper treatment can dramatically improve the quality of life. His doctors at the University of Kansas treated his lungs with inhaled breathing treatments and antibiotics. And rather than perform open heart surgery that would have required a ventilator that might have done more damage to the airways, they performed angioplasty to open his blocked arteries. For now, the COPD is under control. Says Dr. Quijano, "He walked out of here ready to ride his motorcycle."

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