

Together, we can help European citizens to breathe better

CALL TO ACTION

ON COPD

CHRONIC **O**BSTRUCTIVE **P**ULMONARY **D**ISEASE

22

concrete actions to improve the health and quality of life of European citizens

WHY TAKE ACTION ON COPD NOW ?

The magnitude of the issue and the societal burden is such that not presenting a collective and coordinated response to COPD would inevitably further affect economies and communities. This would likely result in increased care and treatment costs for employers, individuals and health systems, including the loss of labour productivity and reduced economic growth.

It is important to recognise that COPD is **more than a “smoker’s cough” - it is a life-threatening lung disease.**

In Europe:

- 4-10% of adults have COPD¹.
- The total COPD-related expenses for **outpatient care** (= not in hospital) is approximately **€ 4,7 billion per year**²;
- Inpatient care (= in hospital) generates costs of **€2,9 billion** and pharmaceutical **expenses of € 2,7 billion** per year³.

Worldwide:

- COPD is the only major cause of death whose incidence is on the increase and is expected to be the third-leading cause of death worldwide by 2030 (exceeded only by heart diseases and stroke).
- Without interventions to reduce risks, particularly exposure to tobacco smoke, total deaths from COPD are projected to increase by more than 30% in the next 10 years.
- COPD is presently the 5th biggest cause of death worldwide.

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According to the Global Risks Report⁶, chronic diseases are a global risk equal in cost to the current global financial crisis. Without urgent collective action, the effects of these risks will be felt for years to come.



¹EU Public Health Information System (Halbert et al., 2003, Interpreting COPD prevalence estimates: what is the true burden of disease? Chest, 2003; 123(5): 1684-92. Estimate - there is not enough epidemiological information on the matter.

²⁻³ERS European Lung White Book.

⁴In 2004, WHO reference.

⁵Representing 5% of all deaths globally in 2005 (greater than the mortality from HIV/AIDS or tuberculosis), WHO reference.

⁶World Economic Forum, <http://www.weforum.org/reports/global-risks-report-2011>.

WHAT IS COPD ?

Chronic Obstructive Pulmonary Disease (COPD) is a serious disease affecting up to 10 % of European adults. The European COPD Coalition calls on the EU to take effective action to support patients, their families and caregivers, by creating the conditions to eliminate avoidable COPD and premature death. **COPD is a long-term, irreversible lung and airways disease. COPD is a chronic disease.**

COPD causes wheezing, shortness of breath, chest tightness and other symptoms. This makes it hard to move air in and out of the lungs.

COPD is often misdiagnosed and confused with asthma.

COPD is mainly caused by smoking and therefore **mostly preventable**. Long-term exposure to other lung irritants, such as air pollution, chemical fumes, or dust, may also cause or contribute to COPD.

A small proportion of COPD cases are caused by a genetic disorder.

WHAT IS NEEDED:

An EU COPD framework should aim to **improve the health and quality of life of European citizens**, including persons at risk of, or affected by, COPD. Based on the common European values of universal healthcare, access to good quality care, equity and solidarity, and encouraging innovation, the COPD framework should encompass health promotion, disease prevention, medical and psychological support, and the social and environmental aspects of the disease.

Tackling COPD effectively requires cooperation by stakeholders including physicians, patient organisations, caregivers, life science representatives and politicians in a coordinated framework.

The EU must address key risk factors **across all relevant policies and sectors**, taking into consideration the social, cultural, gender, economic and environmental determinants of health.

We call for EU leadership on COPD, supporting Member States' efforts, by:

- Recognising the political importance of acting on COPD
- Tackling COPD through appropriate and effective actions
- Facilitating learning and best practices
- Ensuring the EU protects public health, as set out in the Treaty

HEALTH PROMOTION AND DISEASE PREVENTION

Most cases of COPD are preventable because risk factors, such as smoking and exposure to chemical irritants, can be addressed. The EU must continue to promote healthy lifestyles as the only sustainable way forward.

We therefore call upon the EU to:

1

Create greater awareness of COPD in pan-European campaigns on healthy lifestyles. Strong messages against smoking and promoting on-going physical activity are important to help reduce the risk of COPD; one very concrete way of doing so, would be to include COPD-related warnings on the cigarette packs.

2

In its legislation, implement the recommendations made by WHO's Framework Convention on Tobacco Control (FCTC), public health and civil society actors experts in the field of tobacco products and smoking prevention: measures on pricing, marketing, packaging, product display and distribution of tobacco products, on cigarette substances and supporting smoking cessation programmes will help prevent the onset of COPD.

3

Finance appropriate public health campaigns on risk factors, notably smoking and air pollution.

4

Put strong measures in place to drastically reduce both indoor and outdoor air pollution. These measures shall concern all sectors source of pollution, including transport, agriculture, housing, energy and industrial production of goods. The EU Air Quality Package must set ambitious targets and set deadlines, and be completed by measures to tackle indoor air pollution, absent from the said package.

5

Promote and support Member States' measures on earlier screening and diagnosis for people at risk through spirometry, a simple lung function test for COPD (and asthma).

This will allow earlier detection and should be implemented as a population-based quality-assured screening programme.

CARE AND DISEASE MANAGEMENT

COPD cannot be cured but patients can benefit from treatment and care that is essential to their well-being and helps them to lead as healthy a life as possible.

We therefore call upon the EU to:

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Prioritise chronic diseases in its health-related policies, as chronic diseases are responsible for 86% of deaths in Europe.

7

Create and implement a coordination system that facilitates access to essential care in all EU Member States: this includes medicines, supplies of medical and diagnostic devices, treatments and self-care education appropriate to people's needs. Ensure that the safest and most proven medicines are purchased.

8

Ensure that there are adequate numbers of healthcare professionals and, in particular, put in place a strategy with EU Member States to address the shortage of healthcare professionals, within the framework of the Modernisation of the Professional Qualifications Directive (2005/36/EC). This will become an even greater issue as the population ages and as an increased number of people grow old with one or several chronic diseases.

9

Support EU Member States to refocus their health systems away from hospital care and towards better prevention and community based care.

10

Fund and support the development and implementation of innovative tools, techniques and approaches to treating COPD, which include the promotion of home care and of telemedicine. The use of modern technology (such as smart phones and applications) can improve patient access, information and disease monitoring, and may lead to cost savings.

11

Fund and support the development of European and national registries for COPD, as they represent valuable sources of medical and family history data and serve as a central information source where researchers can obtain data for analysis.

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Provide incentives to develop at national level rehabilitation programmes for patients with COPD.

13

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RESEARCH

COPD poses a great challenge of morbidity and especially in terms of the direct and indirect costs to society. A more strategic investment or mechanism for a dedicated and specific research strategy right across public health and the biomedical sphere and, in particular, for common respiratory diseases at EU level, is needed if the aims of the Innovation Union, a central pillar of the Europe 2020 strategy, are to be met⁷.

Therefore, we call for the following concrete actions:

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The EU must increase its funding dedicated to respiratory disease research. Only 4.3% of FP7 budget is dedicated to respiratory diseases and more specifically, 0.5% to COPD and asthma research (€31 million). Despite the slight decrease in funds dedicated to health in the “Horizon 2020” (10% instead of the present 11% of the overall budget for research will go to health), research on COPD must be prioritised to help improve treatments. In particular, the EU should lead in promoting and supporting biomedical research in COPD, for further innovation particularly in new fields such as personalised medicine.

15

The EU should create a European-wide framework, similar to the European Research Council, allowing collaboration and cooperation between researchers, health-care professionals and the life science industry at the EU level, to enhance and increase research on COPD, to avoid unnecessary duplication and fragmentation of research and to support clinical care to transition to the market place; COPD is one of the commonest chronic diseases in Europe and although it is primarily a chronic inflammatory disease of the lungs, there are no effective anti-inflammatory treatments and we cannot reduce disease progression or mortality or effectively treat exacerbations with existing therapies. Cross-fertilisation between clinical disciplines is vital to accelerating the translation of this basic science into clinical practice.

16

As a strong priority to combatting anti-microbial resistance is given by WHO, ECC is calling for strong political commitment to foster the development of new formulations of antibiotics. Further development of vaccines against respiratory bacteria and viruses is a must, as they are participating indirectly as comorbidity factors in the development of COPD.

17

The EU should support and initiate research at the European level on social and environmental determinants of health to better understand factors that increase the risk of developing COPD.

18

The EU should closely monitor and implement or support the implementation of research findings at the Member State level.

⁷ERS Respiratory Roadmap, Recommendations for the future of respiratory medicine, Health Policy Makers version, Research Chapter, published June 2011.

INFORMATION, EDUCATION, TRAINING AND PATIENT EMPOWERMENT

COPD needs to be better known, within the political leaders, but also within healthcare professionals and the whole population. Prevention requires information and training.

Therefore, we call for the following concrete actions:

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Further training and education of primary, secondary and tertiary healthcare professionals is needed to allow them to develop the skills to recognise COPD symptoms and properly diagnose it.

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The EU should support the creation and dissemination of peer-reviewed, non-commercial and sound information on COPD, medicines and treatments as part of a coherent strategy for EU health information.

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With healthcare professionals' mobility, it is important that core competencies are harmonised at a European level to deliver the same quality of care and ensure patient safety at the EU level. The EU should support the adoption of a European accreditation system to harmonise training standards.

22

The EU should support Member States in their programmes to develop patient empowerment, as an indispensable part of the future sustainability of European health systems, and to enable them to cope with the challenges posed by organisational and structural reforms, the increasing prevalence of chronic conditions and innovative technologies. Patients must be active participants in their health and care and the EU should provide the necessary means for patients to properly manage long-term chronic conditions, thus improving health outcomes.



CALL^{TO} ACTION

ON COPD

Together, we can help European citizens to breathe better.
Step up and support ECC's Call to Action.



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