

Chronic obstructive pulmonary disease

Headlines

The most common cause of chronic obstructive pulmonary disease (COPD) is smoking. Once smoking is stopped the risk of developing COPD reduces. COPD cannot be cured but stopping smoking will slow down its progression.

COPD is the fifth biggest killer disease nationally, causing 1 in 14 deaths. Locally, it is the third biggest killer, causing 1 in 10 deaths, after CVD and cancers.

Nationally, about 4.7% of people aged over 16 have COPD, yet only 1.5% are recorded locally. So only 1 in 3 people with COPD have a diagnosis and are therefore being appropriately managed.

Total deaths are projected to increase by more than 30% in the next 10 years without interventions to cut risks, particularly exposure to tobacco smoke.

Why is this issue important?

COPD is an umbrella term for chronic bronchitis, emphysema and chronic asthma. It is a debilitating and progressive lung disease characterised by obstruction to a person's main airways (bronchi). COPD is the fifth biggest killer disease nationally and the second highest cause of emergency admission to hospital¹.

Locally it is the third biggest killer, causing 1 in 10 deaths. COPD accounted for approximately 788 local emergency admissions to hospital in 2009-10, just under 2% of all emergency admissions².

In Kirklees 6,417 people (1.5%) were recorded on GP registers as having COPD in 2009-10³. The rate of COPD is estimated to be higher at 4.7% of those aged over 16 years in 2010⁴, so only 1 in 3 people with COPD have a diagnosis⁵ and are therefore being appropriately managed.

Total deaths are projected to increase by more than 30% in the next 10 years without interventions to cut risks, particularly exposure to tobacco smoke⁶.

What significant factors are affecting this issue?

Smoking is the most common cause of COPD. Stopping smoking reduces the risk of developing COPD as smoking is responsible for 4 in 5 cases of COPD¹. For those already suffering COPD, it cannot be cured, but stopping smoking will slow down its progression¹.

COPD can also be attributed to some occupational exposures associated with the mining and textile industries⁷, so is an issue locally due to a history of these industries.

Which groups are most affected by this?

Men are at greater risk of COPD than women, although this disease is increasing in women due to the link to smoking.

Many people who used to work in the textile industry are more likely to have COPD as they get older, because of occupational exposure.

Where is this causing greatest concern?

Dewsbury and Birstall & Birkenshaw had the highest rate of respiratory illness requiring hospital admission, particularly in those aged over 65 years. Mirfield had the lowest rate. Dewsbury also had the highest rate of deaths from COPD at 0.25 per 1,000, followed by Batley at 0.21, both above the Kirklees rate of 0.15.

Dewsbury has the highest rate of smoking, 1 in 4, compared to 1 in 5 across Kirklees⁸.

What could commissioners and service planners consider?

- Encourage improvement in the diagnosis of patients with COPD including identifying those at more risk.
- Ensure that those with COPD are supported to stop smoking.
- Encourage respiratory patients to self manage their condition.
- Utilise innovative technology to deliver and monitor care, for example, ensuring the availability of assistive technology across Kirklees to support respiratory monitoring.
- Commission accessible, convenient and tailored pulmonary rehabilitation in order to maximise uptake and adherence, particularly increasing the provision of pulmonary rehabilitation services within the south of Kirklees.
- Focus on addressing the variation in the quality of care provision for people with respiratory illness across Kirklees, especially amongst people who are housebound and/or at the end of life. This should include the provision of training and education opportunities to ensure that a skilled workforce can provide excellent respiratory management within primary care and ensuring adequate availability of community matrons and case managers for people with complex effects of respiratory disease or who are high intensity service users.

References

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