

COPD MYTHBUSTERS

1. COPD is a rare disease

It is a common misconception that chronic obstructive pulmonary disease (COPD) is a rare disease. COPD is a common, preventable, and manageable disease that impacts both men and women. COPD is a leading cause of disability and death in the United States and the third leading cause of death worldwide. The two most common conditions that contribute to COPD are emphysema and chronic bronchitis.

Globally, over 65 million people suffer from moderate to severe COPD, and it is only continuing to grow. As of 2022, the Global Initiative for Chronic Obstructive Lung Disease (GOLD) report stated that COPD accounts for 56% of the direct cost of respiratory disease and projects a future cost of \$40 billion per year. With COPD being a common respiratory disease, we can now focus on awareness and health advancements to improve the lives of those living with the disease.

2. Emphysema does not affect women

Past studies have identified gender differences in the diagnosis of COPD. These differences may lead to misconceptions about the signs and symptoms that women experience and could contribute to delayed diagnoses and a worse prognosis later in life. While men often show higher rates of emphysema, women are still highly susceptible. One



study showed women with severe emphysema had lower rates of previous smoking than men. This means that even though a woman may smoke less than her male counterparts, she may still be at significant risk for developing emphysema later. It is important to highlight these differences to encourage women to access screening tools and management strategies to improve their quality of life with COPD.

3. COPD is not manageable

COPD is described as a manageable disease. Pulmonary rehabilitation plays a vital role in the management of COPD symptoms. Pulmonary rehabilitation (PR) is a “multidisciplinary treatment approach including patient assessment, physical training, strengthening, occupational therapy, and smoking cessation interventions.” Studies have found that the main benefits of pulmonary rehab include a decrease in shortness of breath and fatigue and an increase in exercise

adherence. Other management strategies include inhaled or oral steroids, oxygen therapy, and self-care. While there is not a cure for COPD, it can be managed to help people live better with COPD.

4. Quitting smoking is not necessary if I already have COPD

Quitting smoking at any stage of COPD will improve overall health and disease prognosis. Smoking causes a dramatic decline in lung function by damaging the airways and increasing the risk of lung and heart cancer. Quitting smoking can improve your breathing, cough, inflammation, and reduce your risk of heart attack. This will help with exacerbations and slow the progression of disease. Visit resphealth.org for more smoking cessation information to live a smoke-free life.

For more information about COPD and strategies for disease management, visit the RHA website at resphealth.org/COPD

References

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