

Chronic obstructive pulmonary disease international guidelines

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Although chronic obstructive pulmonary disease (COPD) has a public health importance similar to asthma, it has received less attention. The first guideline on the management of COPD was released in 1987 by the American Thoracic Society. In 1992 the Canadian Thoracic Society released its guidelines. In 1995 the European Respiratory Society and the Thoracic Society of Australia and New Zealand released their guidelines and the American Thoracic Society updated and expanded its COPD guidelines. All these documents were followed in 1997 by the guidelines developed by the British Thoracic Society. These COPD guidelines show many similarities but also have some interesting differences. The aim of this paper is to review these similarities and discrepancies. Like all guidelines, COPD guidelines suffer from the limited amount of evidence-based medicine supporting them, a limitation that, however, provides a strong stimulus for further research.

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Abbreviations

ATS	American Thoracic Society
BTS	British Thoracic Society
COPD	chronic obstructive pulmonary disease
ERS	European Respiratory Society
EUROSCOP	European Respiratory Society Study on Chronic Obstructive Pulmonary Disease
FEV ₁	forced expiratory volume in 1 second
ISOLDE	Inhaled Steroids in Obstructive Lung Disease in European Study
VC	vital capacity

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In the past decade concerns about a worldwide increase in bronchial asthma (formerly called simply “asthma”) morbidity and mortality, despite increasing knowledge of the pathophysiology of asthma and the availability of effective antiasthma drugs, led to the formulation of national and international guidelines for the management of asthma [1–11]. Although chronic obstructive pulmonary disease (COPD) has a public health importance similar to asthma, it has received less attention [12]. The first attempt to develop consensus guidelines on management of COPD was released in 1987 by the American Thoracic Society (ATS) [13]. In 1992 the first guidelines on COPD were released by the Canadian Thoracic Society [12]. In 1995 the European Respiratory Society (ERS) [14] and the Thoracic Society of Australia and New Zealand released their own guidelines for the diagnosis and treatment of COPD [15], and the ATS updated and expanded its guidelines [16]. All these consensus documents were followed in 1997 by the guidelines developed by the British Thoracic Society (BTS) [17••].

Epidemiology and socioeconomic costs of the disease

Chronic obstructive pulmonary disease is a major worldwide respiratory public health problem. COPD is a common disease and a leading cause of morbidity and mortality among the adult population. The prevalence, morbidity, and mortality of COPD are increasing. Because COPD is caused mainly by chronic tobacco smoking, the demographics of COPD reflect the demographics of smoking [18]. In North America, COPD is rare in persons younger than 40 years of age but is a very common disease among old people, with a prevalence of approximately 10% in those aged 55 to 85 years. The disease is more common in men than in women, but it will soon decrease in incidence in men but not in women a reflection of gender-based differences in smoking behavior [18]. According to estimates of the World Health Organization in 1990, COPD was the sixth most common cause of death in the world [19]. In the United States, COPD is the fourth most common cause of death, the third most common cause of hospitalization, and the only leading cause of death that is increasing in prevalence [20,21]. In Europe, COPD, asthma, and pneumonia are, together, the third most common cause of death [14]. It was estimated that in the United States in 1996 more than 100,000 people would die of COPD alone, though for many more COPD would be a contributing cause of death [22]. For example, COPD is a major risk factor for death from lung cancer [22].

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