

The Puzzle of Patients Awareness of having COPD

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COPD is often inappropriately treated in many patients, COPD is a discrete disease from other obstructive airway diseases. Despite the availability of well- authenticated references for diagnosis and management, still Under-diagnosis of COPD is a major issue with between 40% and 80% of people with COPD mistaking their symptoms for another condition.

This research work aimed to examine sociodemographic, general health, and COPD specific factors, including severity of lung obstruction, that are associated with healthcare provider-diagnosed COPD among U.S. adults.

This research was crucially required as respiratory symptoms are underestimated by the patient, who considers his symptoms are physiological due to aging or results from smoking habits [1].

In Spain, it has been observed that only 60% of patients with chronic respiratory symptoms go to a doctor and only 45% of them are then directed to a spirometry test [2]. while, In Italy the results of some epidemiological surveys showed that the under-diagnosis of COPD oscillates between 25 and 50% [3].

Patients with history of exposure to risk factors such as tobacco smoke or occupational exposures, who have symptoms such as dyspnea, chronic cough or sputum production, and/or a, diagnosis of COPD should be considered. postbronchodilator spirometry is Highly is required to confirm the presence of persistent airflow obstruction [4].

Moreover, patients initially diagnosed with COPD, even those admitted with an exacerbation, should be reassessed at follow-up to avoid overdiagnosis and overtreatment. It has been reported that a significant number of adults diagnosed with COPD and receiving treatment do not actually fulfill the diagnostic criteria for COPD and they may discontinue therapy. Therefore, periodic reassessment of patients with COPD, is crucial to avoid misdiagnosis and overtreatment [5].

COPD may be difficult to distinguish in clinical practice with other airway disease, particularly asthma. In addition, some patients may exhibit with features of both diseases, which is described as ACO [6].

Self-reporting of the patient of having COPD needs large scale survey conducted by aware and highly qualified health care providers. In addition to full awareness of diagnosis management of COPD together with educated patients with above average IQ.

To establish the target of awareness of patients of their health status regarding diagnosis of COPD with determining the severity of the case, needs great effort with huge expenses especially in poor countries. Only governments can organize and provide the expenses.

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