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Karma of cardiovascular risk factor management for optimizing prevention of chronic obstructive pulmonary disease

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in the US and affecting approximately 64 million worldwide. According to US age-adjusted death rates from 1965 to 1998, while Cardiovascular Disease (CVD) mortality decreased by 60%, there was a 160% increase in COPD mortality. Furthermore, COPD is significantly underdiagnosed, and the actual prevalence is uncertain due to misdiagnosis, silent COPD, or accompanying comorbidities. Despite continued declines in CVD mortality, it remains the number one leading cause of mortality in the US. There is a strong association between COPD and CVD that is underappreciated. Patients diagnosed or treated for COPD have at least a two-fold greater risk of developing CVD compared to those without COPD; however, there is limited interaction between pulmonologists and cardiologists and misdiagnosis is frequent. Research on COPD and associated factors that increase CVD risk is crucial because of the substantial CVD risk associated with COPD; moreover, there are no proven methods of prevention of COPD except for the cessation of smoking. COPD and CVD have in common many risk factors such as age, smoking, hypertension, diabetes and systemic inflammation. Thus, a concerted effort to manage these risk factors together could reduce the CVD burden associated with COPD. Recently, we evaluated American Heart Association's Life's Simple 7 Cardiovascular Health metrics in relation to COPD and demonstrated a strong association between COPD and Life's Simple 7 scores, indicating that COPD prevention might be benefitted by improved adherence to Life's Simple 7 measures. Our findings indicated that those at ideal levels of Life's Simple 7 metrics had higher levels of lung function and lower COPD prevalence. This supports a call-to-action for health professionals to encourage the public to optimize cardiovascular lifestyle-related risk factors not only to maintain CVD health, but also to maintain pulmonary health.

Biography

Hwa Mu Lee is Clinical Professor of Medicine in the Division of Pulmonary and Critical Care Medicine at the University of California, Irvine College of Medicine, in Irvine, California and Clinical Professor of Medicine at Western University of Health Sciences, in Pomona, California. Dr. Lee is a noted authority on the relation of COPD with cardiovascular disease, including the role of cardiovascular risk assessment in patients with COPD and the role of lung function in the prediction of cardiovascular outcomes. He has published in prestigious journals including CHEST, European Respiratory Journal, and Respiratory Medicine. Dr. Lee regularly presents his work and lectures to trainees, researchers, and practitioners in the field locally and internationally.

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