

Editorial on Chronic Obstructive Pulmonary Disease (COPD)

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Editorial

COPD is a prominent cause of death in the United States and throughout the world. The most common cause of COPD is smoking cigarettes. The disease progresses differently in different patients, with some having a high degree of blockage and few symptoms, while others with better lung function have more symptoms. There hasn't been any evidence that pharmacological therapy improves COPD survival. Patients with COPD who have symptoms despite using first-line inhaled medication, have frequent exacerbations, have been hospitalised, or have moderate-to-severe illness should be referred to a pulmonologist.

Every year, more than 3 million individuals die from chronic obstructive pulmonary disease (COPD) in the world. Despite breakthroughs in the treatment of symptoms and the avoidance of acute exacerbations, little progress has been made in slowing the development of the disease or lowering mortality. It is necessary to gain a better knowledge of the complicated disease pathways that lead to COPD. Smoking cessation programmes, increased physical activity, and early detection and treatment of comorbidities are all important factors in lowering the risk of heart disease.

COPD, on the other hand, will continue to be a serious health-care concern for decades unless a global political and economic effort is made to reduce tobacco use, regulate environmental exposure, and find alternatives to the large use of biomass fuel. The diagnosis and treatment of chronic obstructive pulmonary disease (COPD) has traditionally been based on a one-size-fits-all philosophy. COPD is diagnosed when the physiologic requirements of fixed blockage in forced expiratory flows are met, and treatment focuses

on symptomatic alleviation with little impact on overall prognosis. Patients with COPD, on the other hand, have particular characteristics that affect how the disease progresses. The several subtypes of COPD are discussed in this overview, each with their own pathophysiologic abnormalities, therapeutic response, and disease progression. The finding of COPD subgroups is anticipated to lead to the development of much-needed disease-modifying therapeutics. We propose that advancing the field in the treatment of this disease requires a precision strategy that incorporates various dimensions (clinical, physiologic, imaging, and endotyping).

Facts to remember In the United Kingdom, an estimated three million people suffer with chronic obstructive pulmonary disease (COPD), although only a third of them are identified. COPD is a term used to describe a set of lung diseases in which the airways narrow, making it difficult to expel air from the lungs. In patients with chronic obstructive pulmonary disease, exacerbations are significant events in the illness process (COPD). They have a negative impact on the patient's quality of life as well as the disease's progression.

Exacerbations that occur frequently are linked to an increased risk of death. Patients' prognosis is dependent on the prevention of subsequent exacerbations and attention to associated disorders, in addition to adequate therapy. Current recommendations for the diagnosis, management, and follow-up care of COPD exacerbations are summarised in this review article. Cardiovascular disorders such as pulmonary hypertension, ischemic heart disease, arrhythmias, and heart failure are typically connected with chronic obstructive pulmonary disease. These co-morbidities can make it harder to diagnose or treat individuals with chronic obstructive pulmonary disease, and they can increase morbidity and death dramatically.

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