

COPD Exacerbations: Its Etiology and Management Strategies

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DESCRIPTION

Chronic Obstructive Pulmonary Disease (COPD), a common preventive and curable condition, is defined by persistent airflow restriction that is typically progressive and is caused by an elevated chronic inflammatory response due to unpleasant particles or gases in the airways and lungs. COPD is a major cause of disease and mortality globally, resulting in a significant and increasing economic and social burden. COPD prevalence, morbidity, and death differ by country. COPD affects roughly 24 million Americans, causes around 120,000 deaths each year, and is currently the third greatest cause of mortality in the United States.

Impact of COPD exacerbations

A COPD exacerbation is defined by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) as an event in the natural course of the disease that is characterized by a change in the patient's baseline dyspnea, cough, and sputum that is beyond normal day-to-day variations, is acute in onset, and necessitates a change in regular medication.

COPD exacerbations place a significant burden on healthcare systems around the world; they are a major cause of morbidity, mortality, and poor health status. Furthermore, they are responsible for the vast majority of hospital admissions. Exacerbation-related services account for more than half of the entire cost of COPD. In the United Kingdom, for example, they are the most prevalent reason for medical hospital admission, accounting for 15.9 percent of hospital admissions at a cost to the National Health Service of more than 253 million each year.

Recurrent exacerbations are linked to the rapid reduction in lung function that is characteristic of COPD. In one research, frequent exacerbates reported a reduction in forced expiratory volume in 1 second (FEV1) of 40.1 ml/year (95 percent CI 38-42) compared 32.1 ml/year (95 percent CI 31-33) in individuals with no or few exacerbations. A three-year longitudinal cohort research found that exacerbations throughout the study were related with an increased deterioration in lung function (FEV), with a mean loss of 2 ml per year each exacerbation.

ETIOLOGY

It is estimated that viral or bacterial respiratory infections cause 70-80 percent of COPD exacerbations. The remaining 20%-30% are connected with environmental contamination or have an unknown origin. Other medical diseases can resemble COPD exacerbations. Because the distinctive radiologic signs of congestive heart failure and pneumonia may be disguised in severe disease, the existence of these disorders might be difficult to detect from an acute exacerbation. Furthermore, these two illnesses, along with other numerous comorbid disorders, may exacerbate an exacerbation. Patients seeking medical attention for dyspnea may be experiencing symptoms linked to their various comorbid conditions rather than a real COPD exacerbation.

According to limited research, deep venous thrombosis and pulmonary embolism are linked to acute exacerbations. A meta-analysis of five observational studies revealed a link between COPD exacerbation and pulmonary embolism. The incidence of pulmonary embolism was 20% among the 550 individuals who had a COPD exacerbation. The frequency was much greater (25%) among hospitalized patients.

Management strategies

The aims of COPD exacerbation treatment are to reduce the impact of the present exacerbation and to avoid the development of subsequent exacerbations. An exacerbation can be treated in either an outpatient or hospital setting, depending on its severity. Outpatient pharmacologic treatment, such as bronchodilators, corticosteroids, and antibiotics, is usually adequate.

Based on the facts, early diagnosis and active rapid care of exacerbations are required to provide the best possible result. Unfortunately, many COPD patients do not disclose their exacerbations to their doctors. As a result, it is critical to educate patients about the signs and symptoms of exacerbations in order to develop a self-management strategy that will allow them to seek counsel early in the course of exacerbations.

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