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The current challenges and opportunities in the management of COPD in a resource limited setting of an Indian subcontinent

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Statement of the Problem: The current challenges and opportunities in the management of Chronic Obstructive Pulmonary Disease (COPD) in a resource limited setting of an Indian subcontinent. Lung diseases and COPD is a unique medical issue in a developing nation, under-diagnosed and sub-optimally treated since independence. However, a renewed focus and urgency has been seen in the National Health Policy 2017. This is aggravated by the world-wide focus and global trend of most non-communicable disease burdens gradually being static over last decade, while COPD incidence is witnessing a rapid rise in India and other developing nations. Currently, COPD is the third largest killer affecting an estimated 210 million people. Almost 90 per cent of COPD deaths occur in low and middle-income countries. In India, it is the second largest killer Responsible for 22 million deaths, COPD destroys quality of life.

COPD Scenario in the India sub-continent: The National Commission on Macroeconomics and Health (NCMH) has identified India as one of the countries most affected by COPD. According to NCMH, in 2011, COPD contributed ₹35,0000 million to the economic burden of India and was estimated to reach ₹48,0000 million by 2016–17. Lung diseases including COPD have direct healthcare costs, accounting for nearly two-thirds of the total revenue, related to the detection, treatment, prevention, and rehabilitation of the disease. Emergency and hospital stay accounts for roughly 45–50% of the total direct cost generated by COPD patients across all three stages. The alarming fact is that 25–50% of people with clinically significant COPD are ignorant about the disease; there is rampant misdiagnosis too. There are significant gaps in the clinical approach to the management of COPD and other airway diseases. The indirect costs include morbidity and mortality, days off from work, poor exercise tolerance and altered sleep patterns. Half of all COPD patients say that the disease hinders their ability to work. Lack of awareness leads to underestimated disease prevalence, resulting in disease progression and poor disease management.

New Indian Programme Focused Initiatives: The first point of care, i.e. Primary Healthcare Centers (PHC) are ill-equipped and hence general physicians are unable to diagnose the disease in the early stages. They are also not comfortable with the use of inhalational drugs and prefer using much less efficacious oral medications, which also have greater side effects. Often due to symptomatic similarities between asthma and COPD, patients are put on asthma treatment protocol. Since patients respond to the treatment, physicians don't feel the need to diagnose and distinguish between asthma and COPD. However, according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD), the disease classification comprising moderate, severe and very severe diseased, need different treatment strategies. To summarize, the Indian government is keenly focused on multi-pronged framework approach involving the education, reduction of risk factors, improving availability of health personnel and other infrastructure such as drugs and devices and effective surveillance systems.

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