

Chronic Obstructive Pulmonary Disease

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COPD, asthma and gastro esophageal reflux: A complex relationship

Adalberto Pacheco

Hospital Universitario Ramon y Cajal, Spain

The relationship between COPD, asthma and gastro esophageal reflux has been the subject of many publications for decades because many epidemiological studies they approve. But still remain obscure mechanisms that explain it chiefly for two reasons; one is the lack of exploration with sufficient statistical power, especially those concerning the physiology of extra esophageal reflux and gastro-esophageal junction and second is the need to understand that by means of mechanism bidirectionality sharp, several vicious circles between the two entities are established. Comorbidities in COPD-asthma, obesity and obstructive sleep apnea probably also involved in the control of asthma having the reflux material as the link. The end result is that COPD-asthma and gastro esophageal reflux are multifactorial entities with many points of connection between them still scarcely analyzed as a whole, which favors that must involve at least three specialties, Pneumology, ENT and Gastroenterology to explore carefully reflux in each COPD or asthmatic patient in order to optimize therapy. In this paper, an update on this relationship be made and future directions of research will target.

adalberto.pacheco@salud.madrid.org

Should we treat chronic obstructive pulmonary disease as a cardiovascular disease?

William MacNee

University of Edinburgh, UK

Chronic Obstructive Pulmonary Disease (COPD) is characterized by persistent airflow limitation that is usually progressive and is associated with an abnormal inflammatory response in the lungs to noxious particles or gases. The natural course of COPD is complicated by the development of systemic consequences and comorbidities that have important prognostic implications that influence morbidity and mortality. Cardiovascular comorbidities are one of the most frequent comorbid conditions affecting patients with COPD and COPD is thought to be a risk factor for the development of atherosclerosis and consequent cardiovascular complications. The expiratory volume in the first second of a forced expiratory maneuver (FEV1) is also known to be an independent predictor of cardiovascular complications in COPD. Even a moderate reduction on the FEV1 increases the risk of morbidity and death related to cardiovascular events by two to three times. COPD shares common risk factors with several cardiovascular diseases (i.e., smoking habit) however, several mechanisms have been implicated for the increased prevalence of cardiovascular comorbidity in COPD including systemic inflammation and ageing mechanisms. Cardiovascular comorbidities in patients with COPD are under-recognized and undertreated and should be actively sought and treated according to usual guidelines. This presentation review will discuss the increased incidence of cardiovascular comorbidities and the prognostic implications in patients with COPD. The pathogenic mechanisms of cardiovascular comorbidities in patients with COPD will be also reviewed and the management of cardiovascular comorbidities in patients with COPD will be discussed.

W.MacNee@ed.ac.uk