

# Chronic Obstructive Pulmonary Disease

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## Is COPD a disease of accelerated ageing?

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Ageing is associated with a progressive degeneration of the tissues, which has a negative impact on the structure and function of vital organs and is among the most important known risk factors for most chronic diseases. There is increasing evidence that many chronic inflammatory diseases represent an acceleration of the ageing process. Chronic pulmonary diseases represents an important component of the increasingly prevalent multiple chronic debilitating diseases, which are a major cause of morbidity and mortality, particularly in the elderly. The lungs age and it has been suggested that chronic obstructive pulmonary disease (COPD) is a condition of accelerated lung ageing and that ageing may provide a mechanistic link between COPD and many of its extra-pulmonary effects and comorbidities. In this presentation the physiological changes and mechanisms of ageing will be described with particular focus on the pulmonary effects of ageing and how these may be relevant to the development of COPD and its major extra-pulmonary manifestations.

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## Clinical, pathophysiological and therapeutic aspects of COPD in the highlands

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COPD is very important problems, especially for highlanders. Particularly bad situation for COPD mortality among residents of high mountains, the mortality rate among the highlanders are 2-3 times higher than that among lowlanders, also a high prevalence of COPD among the highlanders than lowlanders. The distribution of patients by age showed an increase in the prevalence of COPD in patients older than 40 years to 25.4%. It is 4 times higher than the official statistics. Smoking is a major risk factor of COPD among highlanders, we found 60% male smokers. Indoor pollution is a very important reason for the development and progression of COPD among highlanders, especially for women and children. Each highlander's family has large reserves of biomass (dung), which are the main fuel for heating and cooking. Noteworthy is the negative impact of smoke, when many highlanders use open fire for cooking. Also an important risk factor could be the smoke from cooking. We got interesting results, the frequency of respiratory symptoms is 2 times higher in families where they use of biomass than in families where they use of other fuels. What we can say about the clinical features of COPD in the inhabitants of the mountains. We observed a significant dyspnoea in highlanders with COPD, also in GOLD stages I and II. The quality of life of the mountain people with COPD was also worse than lowlanders. We also found a significant reduction in physical activity in highlanders with COPD. For 6 minutes, they could go much smaller distance than lowlanders. Thus, COPD is one of highly prevalent diseases of highlanders which cause high mortality. COPD in highlanders is severe and progressive. We have new approaches for the treatment of COPD in the highlands with oxygen therapy and other methods.

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