

Chronic Obstructive Pulmonary Disease

July 11-12, 2016 Brisbane, Australia

COPD: The Indian scenario

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A global healthcare survey of WHO highlighted some health concerns for India viz., vulnerability of young children, poor sanitation and limited insurance with only 3-5% of Indians covered under health insurance. There is a high percentage of ageing population as well. Chronic diseases like COPD add to this pre-existing burden on healthcare systems. The current COPD burden is limited but is expected to increase as the population ages. There is a lot of variation in COPD prevalence in India in rural and urban population. In India, cigarette smoking is just one of the major risk factors for COPD. Exposure to tobacco smoke from hookahs, chillums and bidees, burning of biomass fuel like animal dung and wood, burning of mosquito coils, also poses a great risk. This is coupled with under-diagnosis of COPD with Spirometry still being underutilized. Comorbid conditions like ischemic heart disease, hypertension, skeletal muscle dysfunction, osteoporosis, depression, diabetes and renal conditions add to the morbidity. The Indian guidelines for COPD classify severity simply as mild, moderate and severe whereas GOLD guidelines have a combined assessment of COPD in the form of a grid which is classified as mild, moderate, severe and very severe. Management options include SABAs/SAMAs, LAMAs and LABAs, inhaled corticosteroids, antibiotics and the preferred device being MDI with spacer or nebulization. Due to diversity of COPD stages at which patients present themselves along with urban and rural prevalence, it will be interesting to ponder over different treatment algorithms based on some case studies.

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