

Gap between COPD guideline and real practice

COPD(chronic obstructive pulmonary disease) is one of the less recognized diseases among general population and even among general physicians despite high morbidity and mortality. However, doctors and patients are well provided by the COPD guidelines which have been disseminated worldwide. However, what guideline indicates is not always applicable in real practice. Despite diverse sources, there are quite many doctors who are not familiar with COPD or its guideline.

In order to follow the COPD guideline, general population along with general physicians should be aware of the disease. Recent survey, however, revealed that only 25% of smoking population in Korea who are at high risk for COPD answered that they have heard of COPD mostly through mass media. Many Korean primary care doctors are unwilling to perform pulmonary function tests to diagnose COPD because of lack of spirometer or difficult implementation. These are main obstacles why COPD is underdiagnosed and undertreated.

In many Asian countries including Korea, tuberculosis is still prevalent pulmonary disease and so is its sequelae. Many patients with TB sequelae complain dyspnea which is partly treatable with bronchodilators. In Korea, considerable number of TB sequel patients is under treatment with COPD medication even though the pathogenesises of 2 conditions are conceivably different.

Economic background is another factor creating the gap between guideline and real world practice. COPD patients are generally poor and less educated, which is a worldwide phenomenon. They can not afford to take expensive medicine as guideline recommends. Some patients can not even access any healthcare resources. Economic condition is one of the reasons why the less expensive medicine such as theophylline is widely prescribed in Asia-Pacific region compared to western countries.

Rehabilitation is an evidence A management which improves exercise capacity and quality of life in COPD patients. It is assumed that only few COPD patients are under rehabilitation program in Korea although guideline strongly recommends. Home oxygen therapy is also very important because it increases survival. However, the prescription rate of oxygen is far less than Japanese equivalent even though it is reimbursed and encouraged from Korean government.

Doctors prescribe various mucolytics for COPD patients with phlegm on their own or in response to patients' requests. Although the guideline says that there are no effective mucolytics so far in the market, it is one of most popular drugs in pulmonary medicine.

Education is always essential in managing chronic diseases and COPD is not the exception. Education for COPD patients includes smoking cessation, what COPD is, how to cope with disease, how to use inhaler and many others. We all agree that those are important and we need to help the patients. However, in busy everyday practice, education sometimes is less weighted and overlooked.

What COPD is different from asthma is that it has a systemic influence which leads to high prevalence of co-morbidities such as cardiovascular disease, osteoporosis, weight loss, diabetes, depression etc. Since they are also major cause of death in COPD, the current guideline need to more emphasize the management of co-morbidities in long-term care of COPD patients.