

Published four times yearly by the Global Initiative for Chronic Obstructive Lung Disease, Secretariat at University Hospital, Dept. of Respiratory Diseases, De Pintelaan 185, B-9000, Ghent, Belgium.
The GOLD program is conducted in collaboration with the US National Heart, Lung, and Blood Institute, NIH.

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RAISING COPD AWARENESS WORLDWIDE

THE BEGINNING OF A YEAR-LONG CAMPAIGN!

On the first-ever World COPD Day, November 20, 2002 (see inside for more details), GOLD will launch a year-long campaign, **Raising COPD Awareness Worldwide**. The campaign will also provide the theme for World COPD Day in 2002.

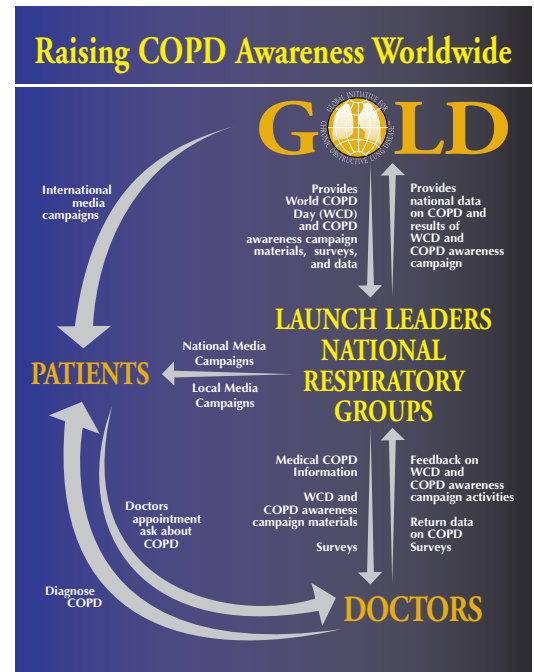
"Worldwide data suggest that an astonishing number of people, including health care professionals, are unfamiliar with COPD," says Dr. Peter Calverley, Chair of the GOLD Dissemination Committee, explaining how the theme for the campaign was chosen. For example, a recent poll shows that only 17% of US adults are familiar with COPD, a statistic that has not changed substantially since 1999.

GOLD organizers are developing a multi-media campaign and will provide Launch Leaders with public service announcements, press briefings, patient self-assessment questionnaires, and other material that can be used in the effort to increase awareness of COPD before, during, and after World COPD Day itself.

Meanwhile, GOLD Launch Leaders will adapt and develop these tools within their own countries to make the general public more aware of COPD and physicians more aware of diagnostic tools.

The goal over the course of the year will be to increase knowledge among the general public of COPD symptoms, risk factors, and tests that can be done

– especially spirometry – to determine if they or a family member has COPD. Meanwhile, the campaign will seek to prepare physicians to recognize the symptoms of COPD, know how to make a diagnosis, and answer patient questions about the disease.



Throughout the year, the GOLD Dissemination Committee (see mast-head for a list of members) and other program leaders will work with Launch Leaders to develop methods to evaluate the success of the effort.

"It's easy to determine whether a person is at risk of COPD, and if the disease is detected early, treatments are available to prevent further deterioration of lung function. Now we just need to get the word out," Calverley says.



JOIN IN THE ACTIVITIES OF WORLD COPD DAY NOVEMBER 20, 2002

HELP RAISE COPD AWARENESS WORLDWIDE

Romain Pauwels, MD, PhD
Chair, GOLD Executive Committee

Chronic Obstructive Pulmonary Disease (COPD) is a major cause of morbidity and mortality throughout the world but receives inadequate attention from health care communities and governments in comparison to its impact on the world's population. **World COPD Day, November 20, 2002**, is an opportunity to implement, and to participate in, activities that will raise awareness of COPD as a major public health problem.

The theme of World COPD Day 2002 is "Raise COPD Awareness Worldwide." The slogan for World COPD Day 2002 is "Breathing for Life!" COPD experts and medical associations from more than 100 countries, in cooperation with the US National Heart, Lung, and Blood Institute, are working to bring attention to the burden of this chronic disease, and to disseminate information about its diagnosis and management through the GOLD program.

One strategy to help achieve GOLD's objectives is to provide health care workers, health care authorities, and the general public with state-of-the-art information about COPD and specific recommendations on the most appropriate management and prevention strategies. The GOLD Workshop

GOLD WEBSITE TO SERVE AS WORLD COPD DAY HEADQUARTERS

A special **World COPD Day Headquarters** section of the GOLD Website (<http://www.goldcopd.com>) is now online! As you proceed with planning World COPD Day activities in your country or region, visit the site to:

- **Download World COPD Day documents** and resources such as fact sheets, activity ideas, and press materials. Check the Website today for a complete list!
- **Learn about activities planned** in other countries or elsewhere in your country, in a country-by-country listing on the Website.
- Download an information form that you can complete in order to **have your activities listed** on the Website.

Don't delete your bookmark after World COPD Day 2002! The World COPD Day Headquarters site will serve as an **ongoing forum** for information on efforts to improve COPD awareness worldwide.

Report, *Global Strategy for the Diagnosis, Management, and Prevention of COPD*, documents that COPD can be prevented and it can be managed effectively, especially if the disease is detected early.

Writing and publishing guidelines is only a first step – guidelines must be implemented. World COPD Day, November 20, 2002, is an opportunity for everyone who has a commitment to COPD, whether it be care of patients, research related to COPD, or if you are a patient with COPD, to implement and participate in activities that will raise awareness of COPD. The major task that we are all facing is

improving early diagnosis, management, and prevention of COPD. On World COPD Day we have an opportunity to provide needed focus for COPD, open the door for greater public education of its symptoms and treatment, and raise the level of awareness of its increasing prevalence at the local, national, and international levels.

We must work together to dispel the rather nihilistic attitude toward COPD that has arisen among some health care providers due to the relatively limited success of primary and secondary prevention (i.e., avoidance of factors that cause COPD or its progression), the prevailing notion that COPD is largely a self-inflicted disease, and disappointment with available treatment options. The fact is that COPD can be prevented, and the course of the disease slowed, if detected early. Health care workers and public health officials must be encouraged to implement programs of early detection for those at risk for COPD. The public needs to be better informed about COPD, how it develops, the signs and symptoms of the disease, how to prevent it, and how to implement effective management programs.

As Chair, GOLD Executive Committee, I encourage you to take an active role in COPD awareness programs in your community. **GOLD will do its part by providing press materials, fact sheets about COPD, logos, and posters.** But, these must be tailored to local audiences and needs. Together, we can make a difference! We can work toward the implementation of programs for early detection, encourage aggressive smoking cessation efforts, and implement effective management strategies to improve the quality of life of those who suffer from this chronic respiratory disease. I hope you will join me – and thousands of others around the world – on November 20, 2002, for this first annual World COPD Day.



COPD EPIDEMIOLOGY: WHAT IS THE TRUE BURDEN OF THIS DISEASE?

The true prevalence of COPD in Japan may be more than 40 times higher than the prevalence rate reported by the country's Ministry of Health and Welfare, according to a recent study headed by Dr. Yoshinosuke Fukuchi. He is one of a growing number of researchers around the world who are using the GOLD system to aid in the collection of more accurate epidemiological data on COPD.

The same characteristics that often make "the silent disease" difficult for clinicians to diagnose – COPD can be present without significant physical impairment, particularly in its early phases, and is often not clinically apparent until it is moderately advanced – also pose a challenge for epidemiologists. Recently, concern has arisen that because of these qualities available prevalence and morbidity data greatly underestimate the true burden of COPD.

In the study headed by Dr. Fukuchi, who is a member of the GOLD Executive Committee, 2700 individuals agreed to participate. These individuals, randomly selected from 20,000 households, were older than 40 years, had smoked for more than 15 years, and underwent lung function screening. Using the GOLD definition of COPD and criteria for classifying disease severity, Dr. Fukuchi and his colleagues found a COPD prevalence rate (adjusted) of 9.1% for the country. By contrast, Japan's Ministry of Health and Welfare had previously estimated COPD prevalence at 0.2%.

"This would make a total of 5.3 million cases of COPD in the population which far exceeds the number of cases (0.22 million) reported by the Ministry of Health and Welfare in our country," says Dr. Fukuchi.

In the past, the problems involved in collecting accurate epidemiological data on COPD have been compounded by the use of different definitions of COPD, which often depended on patient-reported symptoms. But in the GOLD system, COPD diagnosis and classification of severity depend on objective measurements of lung function, usually by spirometry. GOLD proposes precise, universally applicable spirometric cutoff points for the different levels of COPD severity.

Using objective measurements of lung function may help epidemiological studies avoid underestimating the prevalence of COPD, as recent data from the U.S. Centers for Disease Control and Prevention (CDC) illustrate. The questionnaires used in the most recent National Health Interview Survey included questions about both lung function measurements and physician-diagnosed COPD.

As documented in an August, 2002 report (see sidebar above right for more details), CDC investigators estimated that 24.7 million Americans have lung function measurements consistent with the GOLD definitions of mild or moderate COPD. However, estimates based on respondents' reports of physician-diagnosed COPD yielded a prevalence of just 9.8 million, a greater than 2-fold difference.

The need for accurate epidemiological data on COPD is truly worldwide in scope. According to the World Health Organization (WHO), in

ONE STEP FORWARD AND TWO STEPS BACK: COPD IN THE U.S., 1971-2000

In 2000, the number of women who died of COPD in the U.S. surpassed the number of men for the first time, according to a report released by the U.S. Centers for Disease Control and Prevention (CDC) in August, 2002 (available online at <http://www.cdc.gov/mmwr>). The report compiles COPD prevalence, morbidity, and mortality data collected by the National Center for Health Statistics over the past three decades.

COPD death rates among women have been increasing steadily since 1980, nearly tripling between 1980 and 2000. Among men, the COPD death rate jumped 13% between 1980 and 1985, although it has remained relatively steady since then.

The CDC report also shows that COPD hospitalizations decreased from 1984-1989, but increased over the period 1990-1999. The greatest increases in hospitalization rates were seen among those over age 65.

The news was better for the younger generation. Spirometry data indicate a decrease in the prevalence of COPD among people younger than age 55 over the study period. This might be a sign that tobacco-control efforts and other initiatives to improve respiratory protection that have been implemented in the U.S. may be having a positive effect that will ultimately result in lower COPD morbidity and mortality rates in the coming years. Unfortunately, not many countries can boast such a trend so far!

the next few years COPD is predicted to overtake tuberculosis and respiratory infections to become the number-one cause of death and disability attributable to respiratory disease worldwide.

Although the burden of disease is global, action on COPD must happen at the local or national levels. "To design effective programs against COPD, we need to know the prevalence and burden of disease in each country," says Dr. Sonia Buist of Oregon Health Sciences University in Portland.

The problem is particularly acute in many developing countries, where data are lacking due to the expense involved in conducting epidemiological studies. COPD represents a real economic threat to these countries, whose economic strength resides in the good health of their people.

Dr. Buist, also a member of the GOLD Executive Committee, has been working in the field of COPD epidemiology for many years. She is now coordinating an international project, known as "Burden of Obstructive Lung Disease," to develop standardized methods for collecting data on the prevalence of COPD that can be used in many different countries, including the developing world. These methods, based on the GOLD definition and classification of COPD severity, will be pilot tested in three to four countries within the next year.



GOLD PROGRAM TAKES OFF IN ASIA-PACIFIC

Implementation of the GOLD program in the Asia-Pacific region is already yielding success in better knowledge of COPD epidemiology and expanded access to care, reports Dr. Wan Cheng Tan, GOLD Launch Leader for Singapore and a member of the GOLD Dissemination Committee.

"The efforts are being coordinated by the Asia-Pacific COPD Roundtable," which was formed in 2000 to facilitate implementation of the GOLD guidelines in the region, Dr. Tan says. Dr. Tan is a member of the Roundtable, which also includes COPD experts from Australia, China (Guangzhou and Hong Kong), Indonesia, Japan, Korea, Malaysia, the Philippines, Singapore, Thailand, Taiwan, and Vietnam.

The group's first major success was a preliminary study of the burden of COPD in the Asia-Pacific region. "Local statistics are crucial for lobbying health care community and governmental health policy authorities," Dr. Tan says.

The group used a statistical model to project the prevalence of COPD in individual countries of the Asia-Pacific region, and the results of this projection suggest that the prevalence of COPD in the region may be significantly greater than previously thought. The Roundtable study's combined prevalence estimate of 6.3% for these countries is considerably higher than the 3.9% extrapolated from World Health Organization data.

Although the study highlights the need for further epidemiological research, it has also provided some insight into the burden of COPD in the region and the relative contribution of tobacco and non-tobacco risk factors.

As more data are collected in the future, the Roundtable will facilitate sharing of information. "We see ourselves as an avenue for the presentation, evaluation, and dissemination of regional data," Dr. Tan says.

For more information about upcoming GOLD activities in the Asia-Pacific region, see the Launch Activities table at right.



The GOLD program in Slovakia has recently produced local translations of several GOLD documents.

GOLD Launch Activities Update/Fall 2002

The next few months will be busy ones for the GOLD Program around the world, as Launch Leaders continue with their country launch activities and plan for World COPD Day. Following is a selection – not by any means a complete listing – of upcoming GOLD launch activities in a number of countries.

COUNTRY Contact Person • E-mail • Activities

Asia-Pacific Region

Wan Cheng Tan • mdctanwc@nus.edu.sg • Half-day Satellite Symposium, "GOLD: The Asia-Pacific Perspective," to be held Oct 26 '02, as part of the 7th Asia-Pacific Society of Respiriology Congress. Topics to be covered include "The impact of COPD in the Asia-Pacific region," "Pharmacotherapy: guideline vs. reality," and a panel discussion on guideline implementation.

Belgium

Marc Decramer • Marc.Decramer@uz.kuleuven.ac.be • Survey of GPs' and pulmonologists' attitudes toward COPD and current management practices recently completed. GOLD Symposium for GPs planned for Oct 12 '02, for pulmonologists Nov 30 '02. Pocket guide for GPs and pulmonologists, based on GOLD guidelines and results of recent survey, will be distributed Sep-Nov '02.

Brazil

Jose Jardim • JOSEJARDIM@pneumo.epm.br • GOLD Executive Summary, Pocket Guide, and Workshop Report have been translated into Portuguese and are being distributed to 11,000 doctors (1 document every 2 months). Ten GOLD Workshops have been held or are planned throughout Brazil, including symposia at meetings of national respiratory and geriatrics societies.

Serbia and Montenegro

Vesna Petrovic • vesnapetr@ptt.yu • Serbian translation of GOLD Workshop Report available Sep '02. GOLD meetings for occupational specialists and for GPs planned for Belgrade in Sep '02. GOLD meetings will be held in Kragujevac and Nis in Oct '02. Epidemiology project with questionnaire mailed to 9,000 Belgrade residents to be launched Oct '02. Postgraduate COPD course, COPD education course for nurses, and publication of public education document on tobacco and the lungs planned for Nov '02.

Singapore

Wan Cheng Tan • mdctanwc@nus.edu.sg • Articles on COPD in Asia-Pacific region to appear on www.copdprofessional.org Sep '02. Rehabilitation and smoking cessation programs set up in several hospitals. Polyclinics set up by Ministry of Health to provide decentralized COPD care. Singapore COPD guidelines for primary health care use being adapted from GOLD guidelines. World COPD Day activities planned.

Slovakia

Ladislav Chovan • chovan@nextra.sk • Slovakian COPD pocket guide and patient guide planned for late 2002. Press conference, televised panel discussion, free spirometry screening in supermarkets and other public areas, and postgraduate COPD course for specialists planned for World COPD Day.

Slovenia

Stanislav Suskovic • stanislav.suskovic@klinika-golnik.si • Slovenian version of GOLD guidelines will be published in the *Journal of the Slovene Medical Association* Oct '02. Guidelines will be discussed at a joint meeting of the Slovenian Respiratory Society and Society of Slovenian General Physicians Dec '02, to result in preparation of consensus paper on COPD management and adoption by both societies.

Spain

Roberto Rodriguez-Roisin • roisin@medicina.ub.es • Respiratory Mega-Conference planned for Oct 23 '02, involving up to 8 speakers from Europe and the U.S., who will give 15-20 minute presentations followed by short Q&A sessions. Consensus conference organized by SEPAR to take place Nov 25-26 '02 at Ministry of Health, Madrid, with participation of 20 experts. Editorial on "2002: COPD Year" to appear in *Archivos de Bronconeumologia*, editorial on "Current COPD Guidelines: GOLD, SEPAR, and others" to appear in *Medicina Clinica*.

Tatarstan Republic (Russian Federation)

Alexandre Vizek • lordara@mi.ru • Review of abstracts from Nov '01 global COPD conference to be published in Russian journal of pulmonology. Three conferences on pulmonology planned for Fall '02 – one in Kazan and 2 in provinces. Several ongoing research projects on COPD.