

COPD: New opportunities for international collaboration

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Dear Sir,

Our paper on The Effectiveness Gap in COPD was published in 2013 [1]. It showed that COPD had been an increasing problem and that there was a long way to go in filling the gap between best possible outcomes with existing therapies and the actual results. The paper reviewed the care process and results in terms of admission rates to hospital in four older industrial areas, in France Germany, Finland and England. Only in Finland had admissions for COPD been reduced through improved process in primary care. Each primary care centre had a specialist nurse who kept personal contact with high risk patients. Adherence was much improved and numbers on state benefits for long term disability in respiratory disease reduced.

Since then the scale of the challenge has been even more clearly mapped out in country studies. The recent study of prevalence and risk factors for COPD in China showed that the overall prevalence was 8.6% with higher prevalence for men (11.9%) than for women (5.4%) Only 12% of people with COPD reported a that they had a previous pulmonary function test [2]. Another recent paper on 25 year trends in the global burden of disease showed that Ambient PM was already the fifth ranked mortality risk factor worldwide with further increases likely [3].

Japan has already shown that health services can achieve very low levels of hospital admission for COPD and Asthma. OECD data show that Asthma and COPD admissions per 100,000 population were 58.1 in Japan and 242.2 in the OECD [4]. The OECD Report on Quality improvement for Japan comments that "Significant reductions in admission rates for both conditions suggest real improvements in the quality of primary care [5]".

Japan could contribute to new programmes for international collaboration in improving outcomes in COPD and Asthma. The Salford Lung Study in the UK has shown through its research, in follow up interviews that it is possible to identify high risk patients who need assistance in maintaining adherence [6]. Special programmes for high-risk patients have particular relevance to older industrial areas such as exist across the globe in Japan other parts of Asia, Latin America and Europe. A co-ordinated programme could reduce the global burden of disease and improve patient quality of life which is often very low for COPD patients. This could be an area for new co-operation between Asia and Europe. COPD is also a major cause of early retirement and so better efforts here would help to retain people in a declining adult work force. We hope that Japan could be a key leader in developing programmes for reducing the effectiveness gap.

References

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