

## Editorial on Chronic Obstructive Pulmonary Disease

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### Editorial Note

Chronic Obstructive Pulmonary Disease (COPD) is a chronic inflammatory lung disease characterized by persistent, progressive airflow obstruction. It is a result of an enhanced chronic inflammatory response to inhaled noxious particles or gases. Different ecological exposures play a role in the advancement of COPD, but, by far, smoking is the serious risk factor. The primary goals in COPD management are eliminating risk factors, side effect control, diminishing the rate of lung function decline, preventing exacerbations and early detection of lung cancer [1].

This disease is generally associated with cigarette smoking. It's uncommon to see individuals with COPD who haven't been exposed to some sort of smoking. Individuals can encounter changing seriousness levels of COPD. At its generally extreme, it can cause individuals difficulty doing every day activities. Chronic Obstructive Pulmonary Disease (COPD) is a preventable and treatable disease with airway obstruction and is characterized by persistent respiratory symptoms.

### Signs and manifestations of COPD may include:

- Shortness of breath, particularly during physical exercises.
- Wheezing or a chronic cough.
- Chest tightness.
- A chronic cough that may deliver mucus (sputum) that might be clear, white, yellow or greenish.
- Frequent respiratory diseases.
- Lack of energy.
- Unintended weight reduction (in later stages)

### Causes of airway obstruction

**Emphysema:** This lung disease causes destruction of the fragile walls and elastic fibers of the alveoli. Small airways collapse when you exhale, impairing airflow out of your lungs.

**Chronic bronchitis:** In this condition, your bronchial tubes become inflamed and narrowed and your lungs produce more mucus, which can further block the narrowed tubes. You develop a chronic cough trying to clear your airways.

Chronic bronchitis (chronic cough and sputum production) and

emphysema (alveolar destruction) are often used synonymously with COPD. These two conditions usually occur together and can vary in seriousness among people with COPD. Damage to the lungs from Chronic obstructive pulmonary disease can't be exchanged.

Rescue inhalers and inhaled or oral steroids can help control signs and limit further harm. Loss of adaptability of the alveolar connections, or their devastation, is a sign of emphysema. Unlike asthma, COPD is not reversible.

### Four phases of COPD

**Stage I:** Mild COPD. Lung function is starting to decline but you may not notice it.

**Stage II:** Moderate COPD. Symptoms progress, with shortness of breath developing upon exertion.

**Stage III:** Severe COPD. Shortness of breath becomes worse and COPD exacerbations are common.

**Stage IV:** Very severe COPD.

### High risk factors for chronic obstructive pulmonary disease

- Exposure to air contamination.
- Breathing recycled smoke.
- Working with synthetic substances, residue and exhaust.
- A hereditary condition called Alpha-1 insufficiency.
- A history of childhood respiratory disease.

COPD ought to be suspected in patients with hazard factors who report dyspnea very still or chronic cough with or without sputum creation, or a background of wheezing. COPD might be suspected dependent on discoveries from the history and physical assessment; the analysis must be affirmed by spirometry to distinguish wind current check and its seriousness [2].

### Treatment options

- Smoking Cessation
- Inhaled Bronchodilators
- Inhaled Corticosteroids
- Oral Phosphodiesterase-4 Inhibitors
- Methylxanthines and Oral Corticosteroids

### References

- 1 <http://jphe.amegroups.com/article/view/3766/4554>
- 2 <https://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679>

- Long-Term Oxygen Therapy
- Pulmonary Rehabilitation
- Vaccinations
- Antitussives, Mucolytics, and Antibiotics

### Conclusion

COPD will remain a significant healthcare problem for years to come. COPD exacerbations are often triggered by airway infection and are an important cause of morbidity, impairment of health status and mortality. The main strategy in the COPD management is to identify early patients at risk and reduce risk factors, primarily smoking. Focusing on smoking cessation will have a great impact on the progression of disease.