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EU policy-makers call for urgent action to halt the growing epidemic of chronic respiratory diseases

Chronic respiratory system diseases cost European economies more than €102 billion annually. Chronic obstructive pulmonary disease (COPD) alone leads to annual costs of more than €50 billion, and the trend is increasing. Experts at the European Health Forum Gastein complain of an epidemic that is frequently underestimated. Up to 75 percent of those afflicted with COPD never get diagnosed, foregoing the potential benefit of appropriate treatment.

Bad Hofgastein, October 6, 2010 – Respiratory experts and patient organisations called for chronic respiratory diseases to be made a public health priority across the EU and for governments and health services to provide improved and equal access to early diagnosis and treatment for people with suspected asthma and chronic obstructive pulmonary disease (COPD, including chronic bronchitis and emphysema), and other diseases of the lung. There is an urgent need to address the growing epidemic of respiratory disease with an immediate, comprehensive and integrated approach at an EU policy level, European policy-makers stressed today at the European Health Forum Gastein (EHFG).

About 600 decision makers in the area of health policy, research, science and patients' organizations from over 40 countries are currently convening at the European Union's most important health policy congress in Bad Hofgastein, Austria, to discuss crucial future topics related to Europe's health systems.

Respiratory diseases are ranked second in Europe in terms of mortality, incidence, prevalence and costs, with an estimated yearly financial burden of €102 billion in Europe stemming from both healthcare costs and lost working days, according to a report by the European Respiratory Society and the European Lung Foundation. Of all chronic respiratory diseases, COPD is the single greatest contributor and is responsible for half of these costs, approximately €50 billion a year. In addition, because COPD affects mainly people of working age between 40 and 65, it also results in a loss in productivity of around €28.5 billion annually.

Two-thirds of COPD victims do not get diagnosed – access to care varies widely throughout Europe

In Europe more than 44 million people are affected by COPD, a lung disease that progressively and permanently reduces the ability of adults to breathe well. COPD is a preventable and treatable disease, but approximately 75% of those affected remain undiagnosed, as also WHO data have shown. Furthermore, there are significant inequalities in access to early diagnosis and treatment of the condition across Europe, with some countries, such as The Netherlands, achieving high early detection rates whilst the rates in other countries are low. In the UK an estimated 3 million people have COPD but an estimated 2 million remain undiagnosed, and most people are not diagnosed until they are in their fifties. If left untreated, COPD can limit a person's ability to perform everyday tasks.

Professor Klaus Rabe, President Elect of the European Respiratory Society, highlighted that the inequalities across Europe in the management of COPD need to be tackled urgently. "We need to level the playing field and create greater alignment across Europe when it comes to the management of COPD. Early diagnosis and treatment should be prioritised and spirometry should be reimbursed everywhere. COPD is a chronic disease that is not reversible. So the sooner we identify people with COPD and treat them appropriately, the better their long-term outlook, lessening the emotional, financial and physical burdens associated with COPD."

COPD is currently the fourth leading cause of death and is projected to rise to third place by 2030, according to WHO estimates. But compared to other diseases that pose a similar threat to public health, COPD does not receive the same attention and priority, experts criticised at the EHFG. For example, the worldwide prevalence of diabetes is 220 million versus 210 million for COPD and mortality 1.1 million versus 3 million respectively. Yet, the public awareness of diabetes and the resources spent on managing the disease is greater than for COPD.

“Earlier identification and treatment leads to a greater likelihood of limiting the impact of COPD, protecting the quality of life and life expectancy of those affected,” said Marianella Salapatas, President of the European Federation of Allergy and Airways Diseases Patients’ Associations. “We need co-ordinated public awareness campaigns and the creation of screening guidelines and mandates for early diagnosis and management of the disease.”

“What we need is a robust policy framework to allow health care professionals to identify patients earlier and make the necessary interventions to tackle this disease effectively,” said MEP Catherine Stihler. “By working with countries as they adapt these new approaches for their own unique health sector circumstances, we can ensure that policy brings with it the change in focus that COPD requires.”

Changes at policy level have been shown to influence detection rates and improve outcomes in conditions such as cardiovascular disease and cancer. For example, following the 2004 introduction of Quality and Outcomes Framework (QoF) as part of the primary care physician’s contract in the UK, there were substantial improvements in clinical outcomes in coronary heart disease and type 2 diabetes over a 5 year period. These included improved control of serum cholesterol from 17% to 61% and improved control of blood pressure 47% to 72% in coronary heart disease.

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EHFG Press Office:

B&K Medien- und Kommunikationsberatung

Dr. Birgit Kofler

Ph. during the Congress: +43 6432 3393 239

Mobile: +43 676 636 89 30

Ph. Vienna office: +43 1 319 43 78

E-Mail: kofler@bkkommunikation.com