

The Problem

Chronic respiratory diseases (CRDs) are diseases of the airways and the other structures of the lungs including asthma and respiratory allergies, chronic obstructive pulmonary disease (COPD), occupational lung diseases, sleep apnea syndrome and pulmonary hypertension.

- They account for four million deaths a year and many are preventable.
- The prevalence of these diseases is increasing everywhere, particularly among children and elderly people.
- The prevalence of asthma is increasing in low and middle income countries.
- Currently COPD represents the 4th leading cause of death worldwide.
- Preventable chronic respiratory diseases cause premature deaths and disabilities. They also have large adverse and underappreciated economic effects on families, communities and societies in general.
- Preventable Chronic Respiratory diseases are under recognized, under diagnosed, under-treated and insufficiently prevented.

Riskfactors

- Smoking (active or passive)
- Air pollution (indoor or outdoor)
- Allergen exposure
- Recurrent early childhood respiratory infections
- Occupational dusts and chemicals

In almost all countries, the poorest people are the most at risk for developing chronic respiratory diseases. Many people are not treated and therefore suffer from severe symptoms.

Impact

- People with asthma are less able to work or look after their families.
- Children with asthma have limited physical exercise and due to their respiratory symptoms, they frequently miss school.
- Drug costs, emergency visits and hospitalizations are a huge financial drain on struggling health systems and families.
- Tobacco use tends to be higher among poor people than among wealthier members of society.
- In low and middle-income countries, people are more exposed to indoor solid fuels used for cooking and heating and to unsafe occupational environments.

The Solution



Many chronic respiratory diseases are preventable. Some focus areas include:

Tobacco Prevention

Avoidance of direct and indirect exposure to tobacco smoke is of primary importance not only for healthier lungs, but also as a preventative measure for all major NCDs: cardiovascular disease, cancer, and diabetes. Tobacco control policies aim to reduce tobacco consumption, exposure to tobacco smoke, and prevent tobacco uptake by the lungs.²

Occupational Health

Early detection of lung diseases associated with occupational exposure is vital. Once the diagnosis is established, complete avoidance of the relevant exposure is the ideal prevention. Reduction of exposure could be an alternative approach.²

Diet and Nutrition

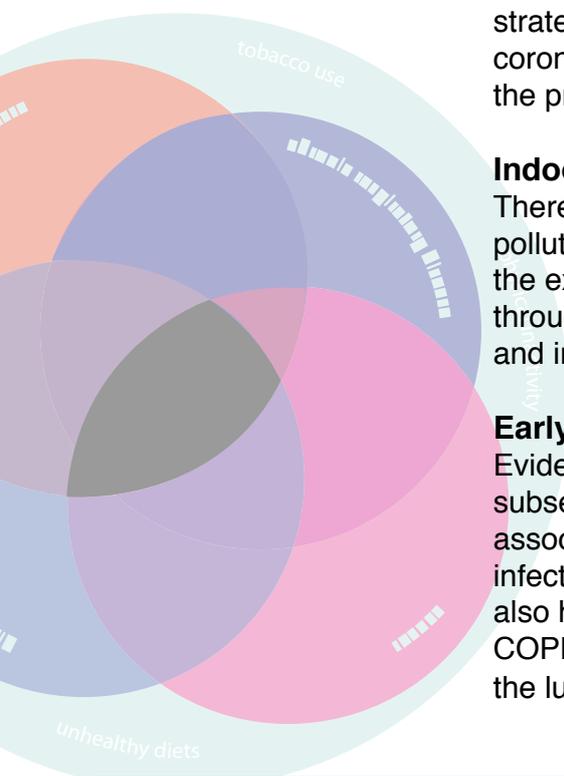
Associations have been reported between chronic respiratory disease and diet. Obesity has also been associated with an increased risk of asthma and reduced lung function. It is therefore feasible that dietary strategies compatible with those already existing for the control of coronary heart disease, diabetes and cancer could be developed for the primary and secondary prevention of CRDs as well.²

Indoor and Outdoor Air Quality

There is emerging evidence on the effects of chronic exposure to pollutants on the development and maintenance of lung function and the exacerbation of asthmatic symptoms. Control of exposure is largely through control of sources of emissions from domestic heating, traffic and industrial sources.²

Early life

Evidence shows that a child's health in the first year of life affects the subsequent respiratory health. Although the precise nature of these associations is still unclear, children who have lower respiratory tract infections in the first year of life or who have low body weight at one year also have low lung function and a higher risk of developing asthma or COPD in later life. Maternal smoking during pregnancy adversely affects the lung function of the child at birth.²



1 Global Surveillance, Prevention and Control of Chronic Respiratory Diseases, WHO. 2007.

2 Implementation of the WHO Strategy for Prevention and Control of Chronic Respiratory Diseases, WHO Meeting Report. 2002