



BUILDING RESEARCH ACROSS
THE WORLD IN LUNG DISEASE

BREATHE WELL

Building global research in COPD

250+ million

people in the world live with COPD. It affects 1 in 10 adults over 40 years old although less than half have a diagnosis.

3 million

people die every year from COPD: that's about 6 people per minute.

80%

of all COPD deaths in the world occur in low-and-middle-income countries (LMICs).

1 in 5

or 20% of all people in the world smoke tobacco. Smoking is one the biggest risk factors for COPD. Around 20% of smokers will go on to develop COPD.

50-70%

of those living with COPD in poor countries remain undiagnosed due to limited healthcare capacity and lack of knowledge about the condition.

\$2.6 trillion

is the expected economic cost of illness due to COPD in LMICs by 2030. This is 2.5 times the estimated cost in 2010.

COPD can leave people breathless, fatigued and prone to chest infections. This results in high personal, healthcare and societal costs through loss of work. In many LMICs, COPD hospitalisation and care can cause financial hardship impacting social and mental health.

However, these problems can be avoided or managed by timely diagnosis and the right care.

In LMICs, COPD is mostly diagnosed and managed in hospitals, often miles from people's homes. Primary care is the first point of contact with healthcare services and is strategically placed in local communities. It has the potential to prevent, diagnose and treat COPD, but is either poorly resourced, without adequately trained staff or does not have the authority to diagnose and treat COPD.

BREATHE WELL IS A COLLABORATION BETWEEN THE UNIVERSITY OF BIRMINGHAM AND RESEARCHERS FROM 4 LMICs TO PRODUCE EVIDENCE FOR IMPROVED PREVENTION, DIAGNOSIS AND MANAGEMENT OF COPD

BREATHE WELL RESEARCH STUDIES

Brazil



Identifying cost-effective screening/testing strategies for finding people with undiagnosed COPD in primary care/community hospitals

China



Exploring barriers and enablers for physical activity in individuals living with COPD

Exploring views of patients and clinicians in the design of a new Lung Health Service

Georgia



Testing the feasibility of a culturally adapted pulmonary rehabilitation service

Republic of North Macedonia

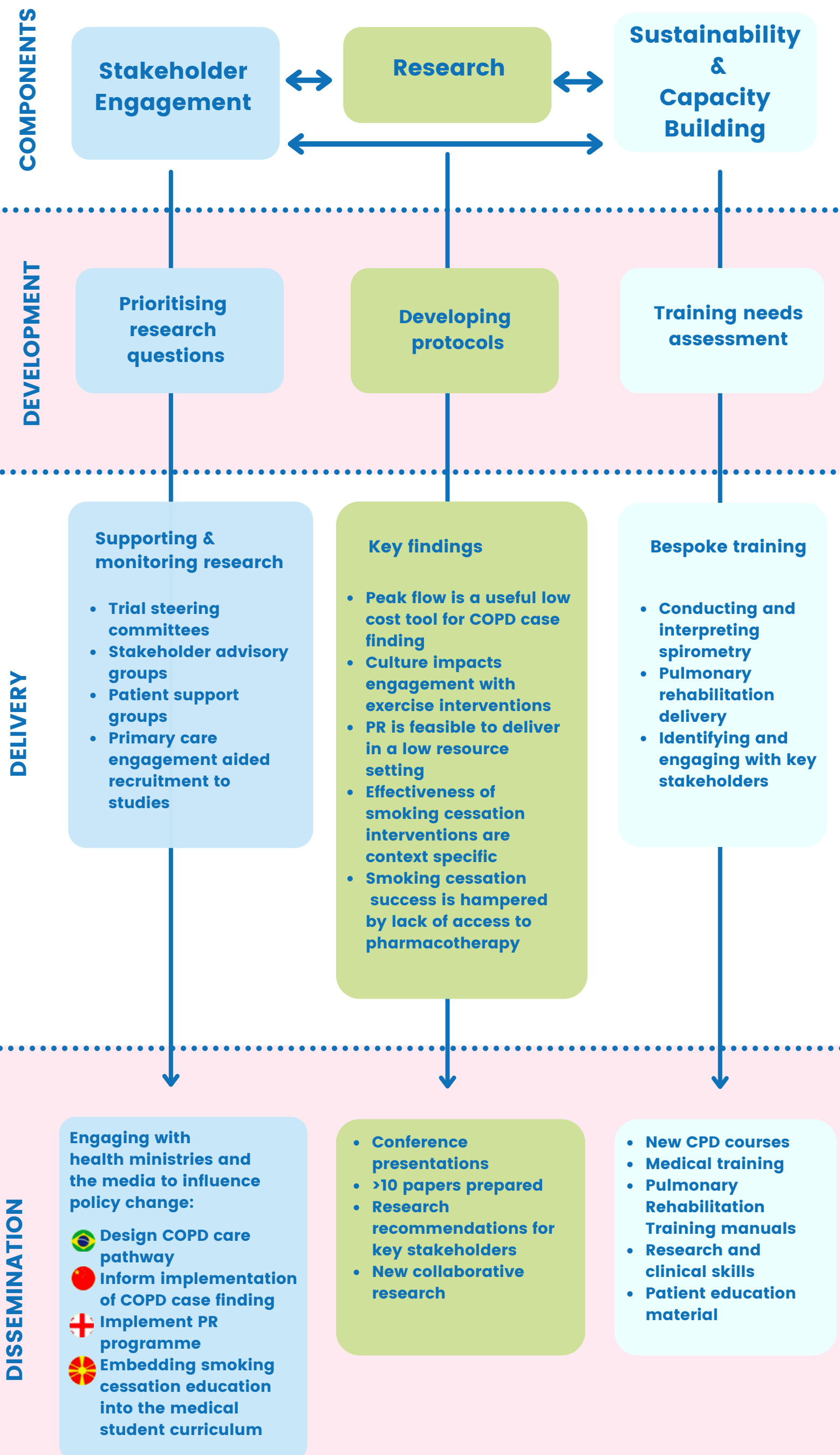


Testing smoking cessation interventions in primary care

WHAT WE LEARNED

Breathe Well studies have identified the most appropriate, low cost approaches for COPD case finding, applicable in low resource settings. Our research has highlighted the pressing need for culturally relevant smoking cessation support in LMICs where smoking prevalence remains high and where policies are poorly implemented.

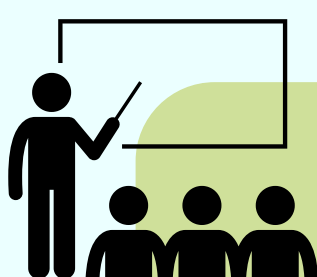
We have also demonstrated the feasibility of delivering culturally adapted rehabilitation programmes for individuals with COPD. Our research has shown that primary care systems play an essential role in the prevention, early diagnosis and management of people with COPD, improving their quality of life.



RECOMMENDATIONS

1

Increase community awareness about the risks and symptoms of COPD and influence timely care seeking through primary care teams, community networks and uptake to PR and behaviour change programmes.

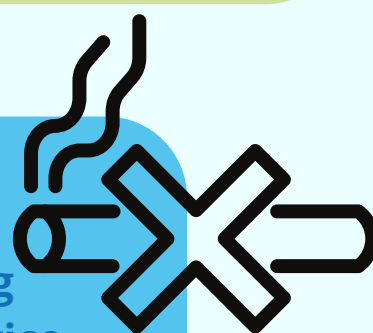


2

Build the capacity of primary care practitioners in smoking cessation support and COPD care through clinical curricula and cascaded education programmes.

3

Influence individuals to quit smoking by providing smoking cessation as a preventive service and enlisting pharmacological treatments in the state health insurance coverage.



4

Evaluate the implementation and long term benefit of low cost COPD case finding approaches in a range of LMIC settings.

5

Invest in capacity building and infrastructure to deliver high quality research in primary care. Evaluate locally relevant interventions to improve population health.



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Learn more at www.ipcrg.org/breathewell