

Open Letter Advocating for the Widespread Screening of Chronic Obstructive Pulmonary Disease (COPD) through Breath Measurement Accessible to All Healthcare Professionals

In industrialized nations, Chronic Obstructive Pulmonary Disease (COPD) is responsible for over 3 million direct deaths annually, affecting 8% of the population and ranking as the third leading cause of mortality. These figures are considered underestimated by public health institutions, which estimate that between 66% and 90% of cases go undiagnosed. They also highlight that mortality linked to COPD is often underreported on death certificates, as its underlying comorbidities frequently overlap with other competing causes of illness.

Indeed, COPD often goes unnoticed, as its insidious symptoms—particularly recurring fatigue and anxiety—are frequently mistaken for mere transient exhaustion or depressive states. These afflictions, which reveal a lack of understanding of the disease by the patients themselves, who are often unaware of their condition, progressively worsen over time, severely hindering their daily activities, whether social or professional, ultimately leading to complete isolation and eventual disability.

Long associated with a masculine image, this pathology is, on one hand, increasingly prevalent and still frequently underdiagnosed. On the other hand, it affects younger individuals more and more, impacting their pulmonary growth, and is also becoming increasingly common among women. As women, who smoke in greater numbers, are physiologically more susceptible to the harmful effects of tobacco, the condition is consequently becoming more feminized.

COPD, while primarily associated with smoking, also affects non-smokers. With a prevalence of 20% among this group, it represents a significant portion of cases. These alarming figures surpass those of certain more common diseases and causes of death, underscoring the considerable impact of COPD.

The risks associated with pollution, fine particulate matter, and climate change cannot be dismissed. Genetic predisposition represents an additional inequality. Certain socio-professional groups are more exposed than others, and a link has been established between frequent exposure to pesticides and six serious diseases, including COPD.

Victims of unfortunate stigmatization and an invisible disability, non-smoking individuals with COPD face a double burden, grappling with inadequate screening and complex, erratic care pathways with multiple points of disruption. It is urgent to acknowledge their plight, promote early detection, and eliminate this sense of medical exclusion.

COPD leads to irreversible deterioration of respiratory functions. Only prevention through early detection and diagnosis, via a spirometry test, would alert healthcare professionals and enable effective treatment. This test is cost-effective, non-invasive, and extremely simple to perform. Furthermore, the spirometer is a reusable device.

COPD represents a significant burden on health, society, and the economy, with projections that are alarming. Early diagnosis is essential for enhancing patients' quality of life, preventing further respiratory decline, and saving lives.

Early diagnosis is also crucial for alleviating the pressure on hospitals and reducing overall public health costs, given that one in two patients is readmitted within six months following a COPD-related hospitalization.

The impact of early screening is crucial for realizing financial benefits by significantly reducing long-term treatment costs.

As a priority in health plans, the screening for COPD is crucial. Its full integration into patient habits and medical practice remains to be achieved, despite recommendations that are still insufficient in addressing the recurring issues of late diagnosis.

In many countries, the number of pulmonologists is significantly insufficient to address all respiratory conditions, including the management of the millions of patients suffering from COPD.

This shortage of specialists, coupled with the increasing medical desertification, presents a major challenge to accessing specialized care, jeopardizing the quality of patient management and follow-up. This situation is a genuine alarm signal that calls for immediate reaction and action; early screening becomes vital to ensuring health equity in light of this medical shortage.

In light of this reality, our objective is to widely implement COPD screening through spirometry and to make it accessible to all healthcare professionals and individuals, both smokers and non-smokers. This medical measure requires only the authorization of health authorities. It is therefore imperative to broaden the competencies of healthcare professionals, as was done during the COVID-19 pandemic. Doing so is a matter of common sense and an essential advancement, necessitating the collective involvement of all stakeholders in healthcare.

Legislating and promoting incentives for this protective measure would in no way undermine rational medical practices. Rather, it would support and enhance them by aligning with the recommendations of public health authorities, establishing COPD screening as a practice comparable to measuring blood pressure or temperature. Applying this precautionary procedure is essential to making this screening accessible to all healthcare professionals and establishing it as a standard in health policy.

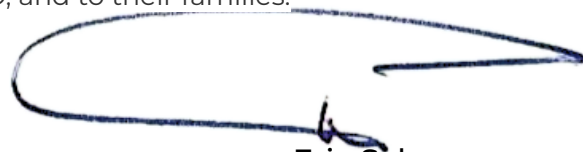
Screening is a duty of exemplary conduct, as COPD represents a global challenge and is also the third leading cause of mortality. Let us remember that COPD is an insidious, fatal disease that, quite simply, suffocates its victims. It is important to recall that this chronic illness remains incurable.

As it is foreseeable that a series of deaths among increasingly younger individuals will provoke widespread questioning and confusion, it is crucial to anticipate a future crisis of trust in public health statements. We must prevent undue influence from lobbyists and guard against any opportunistic political exploitation of this public health challenge that affects us all.

The COVID-19 crisis has refocused certain key values in the field of health. It is a unique "opportunity" that should transform our way of thinking. Let us not leave this awareness in abeyance. Let us act!

The more we unite our efforts to raise awareness about this disease, the more we consolidate our initiatives to recognize, diagnose, combat, and prevent it, the better we will empower all those affected to confront it effectively.

Beyond the imperative need for prevention through screening, such a resolute action would also serve as a powerful message, conveyed with compassion, respect, and dignity to all those who have departed too soon, taken by COPD, and to their families.



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