Misconceptions About Chronic Obstructive Pulmonary Disease (COPD)

Beroj Steena.T¹, Dr.Prof. Nalini Jeyavantha Santha²

¹M.Sc(N), Research Scholar, Department of Nursing, Himalayan University, Itanagar.
²M.Sc(N),Ph.D., Research Supervisor, Department of Nursing, Himalayan University, Itanagar.

COPD is an umbrella term of collection of progressive respiratory conditions, all of which causes breathing difficulties. Two forms of COPD are chronic bronchitis and emphysema. The most prevalent symptoms of COPD are shortness of breath and cough. Over times, small activities like getting dressed can become challenging. We need to know common myths associated with COPD.

**COPD are rare**

As per the WHO estimation, 3.23 million deaths in 2020 means COPD is the third leading cause of death in world wide. Also medical news today says millions of people are undiagnosed. American lung association (ALA) recommends that anyone who is experiencing COPD symptoms like Chronic cough, Shortness of breath, frequent respiratory infections, Significant mucus production(called phlegm or sputum) or wheezing can obtain a breathing test called ‘spirometry’ which can help to diagnose COPD.

**Only Smokers develop COPD**

It’s true that Tobacco smoking is the leading cause of COPD. But other than this many risk factors that contribute to the development of this disease include air pollution, infection and some forms of asthma. Approximately 10%–20% of COPD patients are not smokers. Some of these non smokers include significant second hand smoke exposure, genetic pre-disposition through alpha 1 antitrypsin deficiency or exposure to air pollution.

Alpha 1 antitrypsin is an enzyme that protects the body from an immune attack. Some people have a mutation in the gene that codes for this enzyme and causes alpha 1 antitrypsin deficiency. Deficiency of alpha 1 antitrypsin increases the risk of COPD.

**Older adults develop COPD**

COPD is more common in order adults than in younger people, but younger people are not immune to the condition. It is evident that a significant proportion of those individuals diagnosed before the age of 50 have hereditary form of disease that causes deficiency of alpha 1 antitrypsin.

**COPD only affects the lungs**

COPD co-exists with many co-morbidities, including heart disease, lung cancer, hypertension, osteoporosis and diabetes. This association be due to common causative factors as well as systemic inflammation. Smoking is a risk factors for both COPD and Heart disease. At the same time, COPD with systemic inflammation which can also independently risk of other conditions.
People with COPD cannot exercise
Without proper guidance patients with COPD may have difficulty in completing physical exercise. Fact is COPD patients doing exercise can help increase their breathing capacity and improve their daily symptoms.

There are no treatments for COPD
There are numerous therapies and strategies that improve the causes of the disease. That includes medications, rehabilitation, diet and vaccines that protect against respiratory infections that accelerate the course of the disease. Certain patients may also get benefit from alpha 1 antitrypsin augmentation or even lung transplants.

COPD is the same as Asthma
COPD and Asthma, both the diseases are considered as obstructive lung diseases, there are several difference between COPD and asthma.
Asthma mostly begins in childhood, where it is frequently associated with allergies and problems of inflammation. COPD usually begins in 60’s and is associated with smoking.

Body weight does not affects COPD
It’s not true. Excess body weight can increase the disability associated with COPD and also people have a body weight that is below moderate, it can be the sign of emphysema and also indicate poor prognosis.

If, you have COPD, there is no point quitting smoking.
Actually smoking accelerates the loss of lung function that accompanies COPD. Also smoking tobacco can promote acceleration of the symptoms.

Shortness of breath is the only symptom of COPD
Shortness of breath is a major presenting symptom along with cough, excess phlegm production, respiratory infections and all the symptoms of co morbidities are often the signs of progressing COPD and also other symptoms like sleep problems, anxiety, depression, pain and cognitive decline.

A healthy diet can’t help with COPD.
Fact is healthy diet can make a difference for people living with COPD. Healthy diet promotes general health and can protect against exacerbations of COPD and Co-morbidities. It’s concluded that healthy dietary pattern are associated with a lower prevalence of COPD. Also suggested that higher intake of fruits, dietary fibre and fish reduces the risk of COPD.

Conclusion
Although there is no cure for COPD, treatments are available and life style changes can reduce symptoms of severity.

References:
COPD 2020: changes and challenges
Alvar Agustí, Claus Vogelmeier, and Rosa Faner
04 NOV 2020 https://doi.org/10.1152/ajplung.00429.2020

Xiaoling Yao, et al,(2021)
Benefits Conferred by Peer-Support Nursing Intervention to Pulmonary Function and Quality of Life in Nonsmoking Patients with COPD

04 NOV 2020 https://doi.org/10.1152/ajplung.00429.2020
**COPD 2020: changes and challenges**

Agusti, et al, A,(2023)

**COPD**: Providing the right treatment for the right patient at the right time.

Burge AT, Cox NS, Abramson MJ, Holland AE.(2020)
**PMC article.**
Interventions for promoting physical activity in people
with *chronic obstructive pulmonary disease (COPD)*.

NPJ Prim Care Respir Med. 2022 Oct 3;32(1):38. doi: 10.1038/s41533-022-00302-x.PMID: 36192398  
**PMC article.**

**A meta-analysis on the structure of pulmonary rehabilitation maintenance programmes on COPD patients' functional capacity**

Van Buren E, et al (2023 Jun)
**PMC article.**
Genetic regulators of sputum mucin concentration and their associations with **COPD** phenotypes.

Beijers RJ, et al, (2022 Mar)
**Free PMC article.**
Effect of targeted nutrient supplementation on physical activity and health-related quality of life in **COPD**: study protocol for the randomised controlled NUTRECOVER trial.