



GLOBAL INITIATIVE FOR CHRONIC OBSTRUCTIVE LUNG DISEASE (GOLD)

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For Immediate Release

New Global Strategy for COPD Emphasizes Disease's Effect on Patients

January 3, 2012: The Global Initiative for Chronic Obstructive Lung Disease (GOLD) has released a new, extensively revised version of its report, *Global Strategy for Diagnosis, Management, and Prevention of COPD*. The revised report introduces a more individualized approach to COPD classification and, based on this, a new paradigm for management of stable disease.

COPD, or chronic obstructive pulmonary disease, is a progressive lung disease that is the world's fourth leading cause of death, according to the World Health Organization. Its symptoms include chronic cough, bringing up sputum, and shortness of breath during physical activity.

Past versions of the GOLD report classified COPD based exclusively on lung function as measured by a test called spirometry, with stages designated Mild through Very Severe. Spirometry is a simple, painless breathing test that measures how air flows into and out of the lungs.

"Spirometry is essential for diagnosis of COPD, but it doesn't fully capture the impact of the disease on individual patients," says Jørgen Vestbo, MD, Chair of the GOLD Science Committee, which combed through recent scientific literature on COPD and prepared the new report. For example, some patients might have severe breathlessness despite relatively well preserved lung function, while other patients are much more prone to acute worsening of the disease (exacerbations).

Therefore, the new report recommends that health care providers assess COPD using a combination of a patient's spirometry results, severity of symptoms, and history of exacerbations.

Based on this combined assessment, the GOLD report divides patients into four groups: A (less symptoms, low risk of exacerbations and other negative events); B (more symptoms, low risk); C (less symptoms, high risk); and D (more symptoms, high risk). The report also provides specific treatment recommendations for each of these groups.

“At first, this system for COPD assessment may seem more complex because it has more steps,” acknowledges Vestbo. “However, we believe that this approach more accurately reflects the experience of individual COPD patients, so it will help health care workers find the best treatment for their patients more quickly.”

Although there is no cure for COPD, treatments are available that alleviate symptoms such as breathlessness so that patients can participate more fully in daily life. Regular treatment can also help prevent exacerbations. However, studies show that up to half of people with the disease do not know they have it.

“People who have symptoms of COPD and have been exposed to risk factors such as tobacco smoking or smoke from indoor cooking and heating fires should ask their doctor about having a spirometry test,” says Roberto Rodriguez-Roisin, MD, Chair of the GOLD Board of Directors. The new GOLD report emphasizes that spirometry is required for diagnosis of COPD.

The report also incorporates information and recommendations about emerging therapies for COPD, such as phosphodiesterase-4 inhibitors.

The *Global Strategy for Diagnosis, Management, and Prevention of COPD* was first published in 2001. The new version, which is the first major revision of the document since 2006, builds on the strengths from the original recommendations and incorporates new knowledge. The new management approach can be used in any clinical setting anywhere in the world and moves COPD treatment towards individualized medicine—matching the patient’s therapy more closely to his or her needs.

The 2011 version of the *Global Strategy for Diagnosis, Management, and Prevention of COPD* is available at www.goldcopd.org.