WHAT **YOU SAY MAKES A** DIFFERENCE

COPD is a leading cause of death and disability in the United States. While millions of Americans are diagnosed with COPD, research shows that many do not get optimal treatment. Several millions more may have the disease and remain undiagnosed. But, early diagnosis and aggressive management can improve quality and length of life for patients.

LOOK for COPD in patients 40+ who have these risk factors:

- Persistent cough or progressive dyspnea
- Chronic cough or sputum production
- Decline in level of activity
- Shortness of breath with or without symptoms of cough or sputum production

TALK with patients to learn more about a history of:

- Smoking
- Environmental or occupational exposure to irritants
- Genetic factors, such as alpha-1 antitrypsin deficiency

While COPD is more likely among former and current smokers, as many as one out of four Americans with COPD has never smoked.







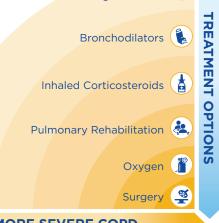
TEST

or refer for spirometry to determine severity. Spirometry with bronchodilator testing may distinguish COPD from asthma. Spirometry is shown in the video "How Is COPD Diagnosed?"

A criterion for COPD diagnosis is a post-bronchodilator FEV, /FVC < 0.7.

TREAT from the range of effective therapies, including recent advances. Proactive treatment can improve quality of life for patients with COPD.

> Self-Management Education and Smoking Cessation



MORE SEVERE COPD

Learn more at COPD.nhlbi.nih.gov NIH Publication No. 13-5845 Originally Printed Sept 2006 Updated March 2022