Misconceptions About Chronic Obstructive Pulmonary Disease (COPD)

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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.



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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 anti

trypsin 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.

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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.

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