

10 June 2008

PRESS RELEASE

3rd LEADING CAUSE OF DISEASE BURDEN – LITTLE SUPPORT FOR REHABILITATION

Only 200 pulmonary rehabilitation programs are available for the more than 1 in 6 Australians over 45 with Chronic Obstructive Pulmonary Disease (COPD).

COPD, otherwise known as emphysema or chronic bronchitis, is Australia's fifth biggest killer and the third leading cause of disease burden after heart disease and stroke (see attached backgrounder for more information on COPD).

'With only 200 pulmonary rehabilitation programs available to these people, The Australian Lung Foundation estimates that only about 1% of those who need it have access to this important treatment ... and then only if they live in urban or larger regional centres', said Ms Heather Allan, Executive Director of the COPD National Program, The Australian Lung Foundation.

The Australian Lung Foundation calls on the Australian Government to fund the 6 to 8 week pulmonary rehabilitation programs that will save the health system dollars and is known to be highly effective for patients.

Ms Allan said that an analysis conducted by The Australian Lung Foundation demonstrates that a modest investment in 12,000 new pulmonary rehabilitation places per year plus ongoing hospital-based and community-based maintenance could reduce hospital admissions by between 25% and 50%, thus providing a savings to the health system of between \$115m and \$264m over four years

'As COPD is also the second leading cause of avoidable hospital admissions in Australia, this would be a significant gain for patients, carers and the health system,' said Ms Allan.

The Australian Lung Foundation estimates that up to one in six Australians 45 or over have some form of COPD. This equates to more than one million people – up to 50% will go on to have advanced disease which will require medical intervention such as pulmonary rehabilitation.

Pulmonary rehabilitation, through exercise training and education, is designed to help COPD patients improve their fitness and better understand and manage their illness.

Through its submission to the Health & Hospital Reform Commission, The Australian Lung Foundation recommends that the Commonwealth identify a national funding stream for the development and ongoing support for pulmonary rehabilitation.

The Australian Lung Foundation further recommends that part of this national funding stream is administered at a local level, possibly through the Divisions of General Practice, in conjunction with the Australian Lung Foundation, through the Divisions' chronic disease management funding.

'This will facilitate the development of pulmonary rehabilitation programs in the community to complement existing hospital based programs, particularly in more rural areas where no hospital based programs exist,' said Ms Allan.

The Health & Hospital Reform Commission is due to finalise its report for the Federal Government by the June 2009.

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*When you can't breathe...
nothing else matters*

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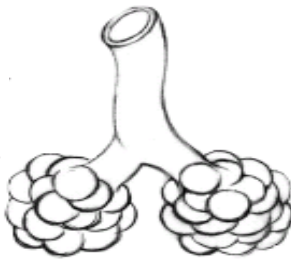
Chronic Obstructive Pulmonary Disease (COPD)

Breathless not helpless: COPD is a lung disease that affects up to one in six Australians 45 or over.¹ While there is no cure there are things people can do to breathe easier, stay out of hospital and improve their quality of life, particularly if it is identified and managed early.

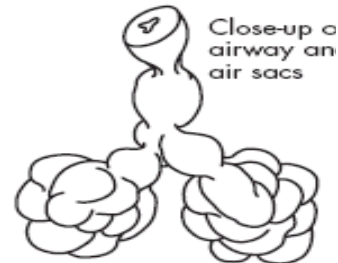
What is COPD?

- Chronic Obstructive Pulmonary Disease (COPD) is a long term disease of the lungs which causes shortness of breath.² It is not fully reversible.²
- COPD is characterised by:
 - Shortness of breath on minimal exertion
 - A repetitive cough with phlegm / mucus most days
 - History of cigarette smoking

Figure One: Close up of airway and air sacs



Normal lungs: each airway is clear and open and each air sac fills up with air which then goes quickly out.



Lungs damaged by COPD: openings of the airways are smaller and air sacs cannot empty, causing shortness of breath.

What Causes COPD?

- Cigarette smoking is the single largest cause of developing COPD.² However despite being the highest risk group for COPD, regular smokers are less likely than the rest of the population to consider themselves at risk of developing COPD.³
- Other known risk factors are passive smoking, exposure to environmental agents, including indoor and outdoor air pollutants and occupational dusts and chemicals.⁴
- Women may be at greater risk than men of COPD from exposures at work and are more susceptible to COPD due to smaller lungs and airways and more sensitive airways.⁵

Prevalence of COPD

- The Australian Lung Foundation estimates that approximately one million Australians have some form of COPD,⁶ with recent studies finding that up to:
 - One in six Australians over 45 have the some form of the condition.¹
 - One in 10 Australians over 40 have a sufficiently advanced stage of COPD as to already be experiencing symptoms.⁷
- As many as three in four Australians with COPD are unaware that they even have the disease,⁸ which means they are not taking the important steps to manage the condition before it reaches a more advanced and debilitating stage. People may mistake their symptoms as signs of ageing or of asthma – a simple lung function test from a GP can diagnose COPD.

The Burden of COPD

- COPD is Australia's fifth biggest killer, and the third leading cause of disease burden, after heart disease and stroke⁹ – but it is still not a health priority area in Australia.
- COPD is the second leading cause of avoidable hospital admission¹⁰
- It is estimated that COPD costs Australia \$800-900m annually, and it is likely that the actual economic burden is a lot higher due to misdiagnosis of COPD.¹¹
 - In fact, every day 1,000 COPD patients occupy Australian hospital beds, with an average cost of \$3,700 per admission (average 7.5 day stay)¹²

COPD Prevention and Treatment

The key aims of COPD treatment are to improve quality of life, increase the capacity for exercise and ultimately, reduce morbidity. There is no cure for COPD, however there are a number of steps people with COPD can take to improve the length and quality of their lives:

- Stop smoking – helps improve symptoms and slow down the rate the disease progresses (see Figure Two).
- Reliever inhalers and some other medications – make the airways wider and help make breathing easier.
- Pulmonary rehabilitation – Pulmonary rehabilitation reduces breathlessness, fatigue, anxiety and depression, improves exercise capacity, emotional function and health-related quality of life and enhances patients' sense of control over their condition. Pulmonary rehabilitation reduces hospitalisation and has been shown to be cost-effective.¹³
- Support groups/services – as COPD worsens and patients feel less able to carry on their normal activities, patients become increasingly isolated. Support groups/services help meet the emotional and social needs of people with the condition, helping them realise that they are not alone.
- Oxygen therapy – helps people with advanced lung disease to get the extra oxygen that they need and be more active. It may also prevent some of the complications of COPD.
- People over 45 with a history of cigarette smoking should speak with their GP if they do any of the following:
 - Cough several times most days
 - Bring up phlegm or mucous most days
 - Are short of breath compared with others their age

The Australian Lung Foundation

- The Australian Lung Foundation is the premier organisation for lung health in Australia, providing medical and support group representation nationwide.
- The Australian Lung Foundation was established in 1990 to reduce the significant and debilitating cost of lung disease and is the leading facilitator of research and professional development in lung disease.
- The Australian Lung Foundation offers LungNet – a national network of patient support groups for people with COPD and other lung conditions. Patients are supported with information via www.lungnet.com.au, a quarterly health education newsletter, telephone information and toll free support hotline (1800 654 301).

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* Research undertaken in three inner south-eastern Melbourne electorates among 1,224 adults aged between 45 and 69 (95% CI, 15.3% - 21.6%)

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