

慢性阻塞性肺疾病（COPD）診療指引 ---- 流行病學與診斷

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Chronic Obstructive Pulmonary Disease (COPD) is a preventable and treatable disease with some significant extrapulmonary effects that may contribute to the severity in individual patients. • Its pulmonary component is characterized by airflow limitation that is not fully reversible. • The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases.

The prevalence rate of COPD in adult is around 3.5 to 6.5% in Asia Pacific countries. From the PLTINO study in Latin America, the prevalence is increasing along the age. COPD is the 6th leading cause of death in the US. It is also the only one increasing in the past 15 years. In Taiwan, COPD was assumed as the 11th cause of death. It became 7th after we correct the disease coding. We have about one million COPD patient from the data of National Health Insurance Bureau. It cost about 1.4 billion NT for outpatient and 2.4 billion NT for inpatient care per year.

The diagnosis of COPD is based on clinical picture and spirometry. The evaluation of severity is based of post bronchodilator test FEV1. From the Japanese study (NICE), we know the diagnosis of COPD by doctor is still far below the actual patients. The highly suspicious by clinician and use of the spirometry are the key for diagnosis. There is questionnaire may be used by patients themselves to evaluate the risk of COPD and help them to see the doctor for help.

The COPD are more likely to combine with other systemic disorder. It is partly due to old aged for the disease but in others may be related with the systemic inflammatory effect. We have to look for the possible co morbidity of COPD patients also.