



Fast facts about Chronic Obstructive Pulmonary Disease (COPD) 2011

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- › COPD has significant impacts on the lives of Canadians in terms of overall health, mental health and limitations to mobility, activities of daily living, work and volunteer participation, and social and recreational activities.

Fast facts about Chronic Obstructive Pulmonary Disease (COPD): Data compiled from the *2011 Survey on Living with Chronic Diseases in Canada*

In 2009-2010, 772,200 (4%) Canadians, aged 35 years and older, reported being diagnosed with chronic obstructive pulmonary disease (COPD).¹ COPD is a chronic and progressive condition characterized by gradual airway obstruction, shortness of breath, cough and sputum production. Cigarette smoking is the principal underlying cause of COPD and is responsible for about 80% of deaths from COPD.² Cigarette smoking is a key modifiable risk factor for COPD and quitting has been associated with improved lung function, reduced chronic cough and airway mucus production, and decreased mortality from COPD.³

Other risk factors for COPD include occupational exposure to dusts (e.g., coal dust, grain dust) and some fumes.⁴ Exposure to second-hand smoke (SHS) may exacerbate the symptoms.⁵ Repeated childhood respiratory infections and exposure to SHS may increase the likelihood of later developing COPD.⁶ Early detection through lung function testing is key to managing the condition and slowing its progression.

The Public Health Agency of Canada's **2011 Survey on Living with Chronic Diseases in Canada (SLCDC)** provides new information on how COPD affects Canadians and the approaches that they and their health professionals are using to manage the disease. This survey, conducted by Statistics Canada, interviewed a nationally representative sample of 1,133 Canadians aged 35 years and older who reported being diagnosed with COPD by a health professional.

How does Chronic Obstructive Pulmonary Disease (COPD) affect Canadians?

COPD has significant impacts on the lives of Canadians in terms of overall health, mental health and limitations to mobility, activities of daily living, work and volunteer participation, and social and recreational activities.

Among Canadians with COPD, 45% reported their overall health as "fair or poor", and 33% reported their health as "somewhat worse or much worse" than a year ago. By comparison, of the 2009-10 Canadian Community Health Survey (CCHS) respondents who did not report having COPD, 13% reported "fair or poor" health and 13% reported that their health was "somewhat worse or much worse" than a year ago.

- › Smoking is a key risk factor for COPD and continued smoking affects prognosis. Benefits of quitting include: improved lung function, reduced chronic cough and airway mucus production, and decreased mortality from COPD.
- › Among respondents with COPD, 36% were current smokers while 47% were former smokers.

COPD also affects mental health:

- 15% reported their mental health as “fair or poor”.
- 28% reported most days are “quite a bit or extremely stressful”.
- 14% reported being “dissatisfied or very dissatisfied” with their life.

What do Canadians with COPD experience in their daily lives?

Overall 21% reported that breathing problems affect their life “quite a bit or extremely”. Respondents reported that their breathing problems caused “a lot” of difficulty in the following activities:

- 19% getting a good night’s sleep.
- 7% bathing or dressing.*
- 5% getting around the house.*
- 16% doing chores.
- 16% running errands/shopping.
- 31% participating in exercise/sports.
- 15% participating in leisure activities, hobbies or social activities.

Earning a living can be a challenge, with 17% of those with COPD reporting they had changed the number of hours worked or type of work due to breathing problems, and 14% reported they stopped working permanently. COPD can also affect participation in the community. Of those with the condition, 22% reported they changed the number of hours or type of volunteer work due to breathing problems.

Smoking is a key risk factor for COPD and continued smoking affects prognosis:

- Among respondents with COPD, 57% reported having smoked since first being diagnosed with COPD, 36% were current smokers, 47% were former smokers, and 82% reported quitting or cutting down on smoking to help control their breathing problems after their COPD diagnosis.
- Second-hand smoke may exacerbate COPD symptoms. Among those with COPD, excluding those who are current smokers, 20% reported second-hand smoke in their home.

Good health care is central to managing COPD. Among respondents with COPD:

- 84% reported having undergone lung function testing.
- 78% reported their general practitioner was most responsible for their care.
- 79% reported one or more visits to a health care professional in the past 12 months due to their respiratory condition.
- 20% reported one or more visits to the emergency department in the past 12 months due to their respiratory condition.
- 8% reported one or more nights stay in hospital in the past 12 months due to their respiratory condition.

- › Among respondents with COPD, 67% reported taking a reliever or rescue medication for an acute bronchospasm in the past month.
- › Many Canadians with COPD reported being actively involved in managing their disease and receiving appropriate health care. However, a substantial proportion of people with COPD (one in three) continue to smoke and one in five is exposed to second-hand smoke in their homes.

Medication, Oxygen Therapy and Vaccination are components of COPD management. Among respondents with COPD:

- 75% reported they are currently taking a prescribed medication for their COPD.
- 67% reported taking a reliever or rescue medication for an acute bronchospasm in the past month.
- 5%* of respondents with COPD reported using oxygen therapy.

The Canadian Thoracic Society recommends an annual influenza vaccination to reduce illness, hospitalization and death among those with COPD.⁷ The CCHS indicates that 76% of those with COPD reported having had at least one flu shot in their lifetime.

Education and reducing exposure to environmental triggers help to manage COPD. Among respondents with COPD:

- 21% reported that a doctor or health professional had ever suggested visiting a respiratory educator to help manage their condition, and 22% reported that they had visited a respiratory educator.
- 7% reported that a doctor or health professional had suggested participating in a supervised pulmonary rehabilitation program and 6%* reported participating in such a program.
- 19% reported that a doctor or health care professional had suggested changing their home environment to help manage their condition.
- While 35% made no changes, the following changes were made to help manage their condition:
 - › 31% changed floor coverings and/or changed window coverings in the bedroom.
 - › 28% covered their mattress with an anti-allergy cover and/or covered pillows with anti-allergy covers.
 - › 39% installed air conditioning and/or used an air cleaning device.
 - › 37% installed a humidifier and/or installed a dehumidifier and/or changed heating sources.

Summary

Many Canadians with COPD reported being actively involved in managing their disease and receiving appropriate health care. However, a substantial proportion of people with COPD (one in three) continue to smoke and one in five is exposed to second-hand smoke in their homes.

- › Maintaining a healthy lifestyle, together with smoking cessation and medication adherence, are cornerstones of COPD self-management. Health care professionals are key players in helping individuals with COPD achieve better symptom control.

Spirometry testing is the standard method of diagnosing COPD. While the majority of Canadians with COPD reported receiving lung function testing, all should have received this test. The Canadian Thoracic Society recommends that those at risk or with symptoms (smoker, former smoker, persistent cough and sputum production, repeated respiratory tract infections, activity-related shortness of breath) be referred for spirometry testing to establish early diagnosis and manage symptoms.⁸

Maintaining a healthy lifestyle, together with smoking cessation and medication adherence, are cornerstones of COPD self-management. Health care professionals are key players in helping individuals with COPD achieve better symptom control.

Additional information on COPD can be found at:

- The Public Health Agency of Canada
<http://www.phac-aspc.gc.ca/cd-mc/crd-mrc/index-eng.php>
<http://www.infobase.phac-aspc.gc.ca>
- The Canadian Lung Association http://www.lung.ca/home-accueil_e.php
- Health Canada, Health Warning Message Fact Sheet on Smoking and COPD <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/legislation/label-etiquette/pulmon-eng.php>

For more information on the Canadian Thoracic Society recommendations for the management of COPD, go to:

http://www.respiratoryguidelines.ca/sites/all/files/CTS_COPD_Guidelines_2007_Update.pdf

More information about the 2011 Survey on Living with Chronic Disease in Canada can be found at:

<http://www.statcan.gc.ca/start-debut-eng.html?site=full>

Need help to quit smoking? Call the pan-Canadian quitline toll-free at 1-866-366-3667.



References

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2. Rehm J, Baliunas D, Brochu S, Fischer B, Gnam W, Patra J, et al. The Costs of Substance Abuse in Canada 2002. Ottawa: Canadian Centre on Substance Abuse; 2006.
3. U.S. Department of Health and Human Services. The Health Benefits of Smoking Cessation. U.S. Department of Health and Human Services. Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. DHHS Publication No. (CDC) 90-8416, 1990
4. Public Health Agency of Canada. Life and Breath: Respiratory Disease In Canada. Public Health Agency of Canada, 2007, P52.
5. Ibid.
6. Ibid.
7. Canadian Thoracic Society. *Canadian Thoracic Society Recommendations for Management of Chronic Obstructive Pulmonary Disease – 2003*. Canadian Respiratory Journal, May/June, 2003. (Vol. 10 – Supp. A): p 20A.
8. Canadian Thoracic Society. *Canadian Thoracic Society Recommendations for Management of Chronic Obstructive Pulmonary Disease – 2003*. Canadian Respiratory Journal, May/June, 2003. (Vol. 10 – Supp. A): p 14A.
9. The coefficient of variation for this estimate is between 16.6 and 33.3

* Note: This estimate is based on a small number of respondents and must be interpreted with caution.⁹