

COPD underdiagnosed in older adults, but can be managed

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"Recognizing and Treating COPD in Older Adults," the latest issue of the *What's Hot* newsletter from The Gerontological Society of America, addresses what is known about the prevalence, incidence, and impact of chronic obstructive pulmonary disease (COPD) in older adults.

Despite high incidence of COPD—as many as 30 million Americans are affected—many patients are not diagnosed, according to the publication. This occurs for multiple reasons, including poor awareness of symptoms among patients and providers, low suspicion of disease, and inadequate reimbursement for diagnostic tests.

Once diagnosed, patients face further challenges with a multitude of treatment options and devices, inadequate patient education to manage their condition, exacerbations, and disparate perceptions between patients and providers of what is most important to address in treatment plans.

"This publication provides insight on improving our understanding of COPD, enhancing the tools available to health care professionals in diagnosing and managing the illness, and raising awareness of the impact of COPD in older adults," said Barbara Yawn, MD, MSc, who served on the advisory board that oversaw the new *What's Hot*.

COPD is defined by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) as "a common, preventable, and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases and influenced by host factors, including abnormal lung development."

COPD is more common in older adults, but underdiagnosis may occur because they think that shortness of breath or other symptoms are a normal sign of aging, and do not mention these symptoms to their health care providers. But outcomes can be improved with appropriate reporting of symptoms, screening, and treatment. The What's Hot also indicates that COPD has well-established guidelines for management of the disease, but greater awareness and adherence to guidelines among health care providers is needed as well.

The publication further summarizes the symptoms and differential diagnoses for the disease and identifies additional reasons for underdiagnosis in older adults. Treatment options following GOLD guidelines are explained, along with steps to improve the process of diagnosis and treatment.

"Preventive measures are effective for helping people avoid COPD," Yawn said. "Early diagnosis and optimal management through pulmonary rehabilitation, immunizations, smoking cessation support, behavioral changes, oxygen therapy when needed, management of associated comorbidities,



and pharmacotherapy will enable people with COPD to improve symptoms, increase functional capacity, and live life to its fullest."

Provided by The Gerontological Society of America

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