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Chronic obstructive pulmonary disease (COPD)

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Key facts

- **Chronic obstructive pulmonary disease (COPD) is a progressive lifethreatening lung disease that causes breathlessness (initially with exertion) and predisposes to exacerbations and serious illness.**
- **The Global Burden of Disease Study reports a prevalence of 251 million cases of COPD globally in 2016.**
- **Globally, it is estimated that 3.17 million deaths were caused by the disease in 2015 (that is, 5% of all deaths globally in that year).**
- **More than 90% of COPD deaths occur in low and middleincome countries.**
- **The primary cause of COPD is exposure to tobacco smoke (either active smoking or secondhand smoke).**
- **Other risk factors include exposure to indoor and outdoor air pollution and occupational dusts and fumes.**

- **Exposure to indoor air pollution can affect the unborn child and represent a risk factor for developing COPD later in life.**
- **Some cases of COPD are due to long-term asthma.**
- **COPD is likely to increase in coming years due to higher smoking prevalence and aging populations in many countries.**
- **Many cases of COPD are preventable by avoidance or early cessation of smoking. Hence, it is important that countries adopt the WHO Framework Convention on Tobacco Control (WHO-FCTC) and implement the MPOWER package of measures so that non-smoking becomes the norm globally.**
- **COPD is not curable, but treatment can relieve symptoms, improve quality of life and reduce the risk of death.**

Chronic obstructive pulmonary disease is a lung disease that is characterized by a persistent reduction of airflow. The symptoms of COPD are progressively worsening and persistent breathlessness on exertion, eventually leading to breathlessness at rest. It tends to be underdiagnosed and can be lifethreatening. The more familiar terms “chronic bronchitis” and “emphysema” have often been used as labels for the condition.

Risk factors

The primary cause of COPD is tobacco smoke (including secondhand or passive exposure). Other risk factors may include:

- indoor air pollution (such as solid fuel used for cooking and heating)
- outdoor air pollution
- occupational dusts and chemicals (such as vapours, irritants, and fumes)
- frequent lower respiratory infections during childhood.

Many cases of COPD are preventable. Comprehensive implementation of the WHO FCTC will reduce smoking prevalence and the burden of COPD globally.

- [WHO Framework Convention on Tobacco Control \(WHO-FCTC\)](#)

Who is at risk?

Previously COPD was more common in men, but because of comparably high levels of tobacco smoking among women in high-income countries, and the higher risk of exposure to indoor air pollution (such as solid fuel used for cooking and heating) for women in low-income countries, the disease now affects men and women almost equally.

More than 90% of COPD deaths occur in low and middleincome countries, where effective strategies for prevention and control are not always implemented or accessible.

Symptoms

Chronic obstructive pulmonary disease develops slowly and usually becomes apparent after 40 or 50 years of age. The most common symptoms of COPD are breathlessness (or a "need for air"), chronic cough, and sputum (mucous) production. Daily activities, such as walking up a short flight of stairs or carrying a suitcase, and even daily routine activities can become very difficult as the condition gradually worsens. Sufferers also frequently

experience exacerbations, that is, serious episodes of increased breathlessness, cough and sputum production that last from several days to a few weeks. These episodes can be seriously disabling and result in need for urgent medical care (including hospitalization) and sometimes death.

Diagnosis and treatment

Chronic obstructive pulmonary disease is usually suspected in people who experience the symptoms described above and can be confirmed by a breathing test called "spirometry" that measures how much and how quickly a person can forcibly exhale air.

Chronic obstructive pulmonary disease is not curable. However, available medical and physical treatments can help relieve symptoms, improve exercise capacity and quality of life and reduce the risk of death. The most effective and cost-effective available treatment for COPD in people who continue to smoke is smoking cessation. Smoking cessation can slow down the progress of the disease in smokers and decrease COPD-related deaths. In some, but not all, people with COPD, treatment with inhaled corticosteroid medicines has a beneficial effect.

The availability of diagnostic and treatment options for COPD differs across varying resource settings. WHO has released a guideline with specific recommendations for COPD management in primary health care in resource constrained settings.

WHO response

WHO's work on COPD is part of the Organization's overall efforts to prevent and control noncommunicable diseases. WHO aims to:

- raise awareness about the global epidemic of noncommunicable diseases;
- create more healthy environments, especially for poor and disadvantaged populations;
- decrease risk factors of noncommunicable disease, such as tobacco smoking and exposure to second-hand smoke, indoor and outdoor air pollution, unhealthy diet and physical inactivity;
- improve access to effective therapies for people with COPD; and
- prevent premature deaths and avoidable disabilities from major noncommunicable diseases.

The WHO Framework Convention on Tobacco Control was developed in response to the globalization of the tobacco epidemic to protect billions of people from harmful exposure to tobacco. It is the first global health treaty negotiated by WHO, and has been ratified by 180 countries.

WHO also leads the Global Alliance against Chronic Respiratory Diseases (GARD), a voluntary alliance of national and international organizations, institutions and agencies working towards the common goal of reducing the global burden of chronic respiratory diseases. Its vision is a world where all people breathe freely. GARD focuses specifically on the needs of low and middle-income countries and vulnerable populations.

References

[Projections of Global Mortality and Burden of Disease from 2002 to 2030.](#)

Mathers CD, Loncar D. PLoS Medicine. 2006 Nov 28; 209–224.

Related

- [Chronic obstructive pulmonary disease \(COPD\)](#)
- [Global Alliance against Chronic Respiratory Diseases](#)
- [Department of Chronic Diseases and Health Promotion](#)

More

Publications

- [Package of essential NCD interventions for primary health care](#)
- [Global status report on noncommunicable diseases 2014](#)
- [Prevention and control of NCDs: guidelines for primary health care in low-resource settings](#)

Related links

- [WHO Framework Convention on Tobacco Control \(WHO-FCTC\)](#)
- [Tobacco Free Initiative](#)

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