Grembiale et al. BMC Geriatrics 2010, 10(Suppl 1):L83
http://www.biomedcentral.com/1471-2318/10/S1/L83

BMC Geriatrics

LECTURE PRESENTATION Open Access

Chronic obstructive pulmonary disease (COPD) treatment in the elderly

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From de Senectute: Age and Health Forum
Catanzaro, Italy. 5-7 December 2009

COPD is a common disease characterized by airflow obstruction and loss of gas exchange surface. COPD is a high prevalent disease among elderly and represent an important cause of morbidity and mortality. Despite being a treatable and preventable disease, the prevalence of COPD continues to rise because of the worldwide epidemic diffusion of cigarette smoking. COPD is associated with enormous healthcare costs. Scientific evidences demonstrated that COPD is a systemic disease, characterized by a high prevalence of co-morbid conditions such as cardiovascular disease, muscle wasting and osteoporosis, probably linked by a common mechanism related to the systemic inflammatory response. Depression, anxiety and malnutrition are also common among elderly COPD patients [1]. These factors not only affect quality of life (QoL) but also decrease patients' compliance to therapy. Malnutrition is an independent predictor of mortality and poor outcome. Pulmonary Function Test (PFT) is essential for the diagnosis of COPD, but it's still unclear if criteria defining airflow obstruction commonly used in adults (GOLD guidelines [2]) have the same specificity if applied in elderly patients, thus resulting in over-diagnosis. However, older patients have an impaired symptoms perception, therefore COPD could also be under-diagnosed in this population. Acute exacerbations result in worsening of symptoms and often require additional treatment and hospitalization, and may cause a faster decline in lung function and QoL. The management of elderly patients with COPD should encompass a multidisciplinary approach. In addition to the assessment of lung ventilatory performance and functional impairment, an evaluation of patients' nutritional status and mental health should be undertaken. Significant underlying co-morbidities should also be evaluated and treated to improve outcome. Specific therapy for COPD should start with cessation of exposure to tobacco smoke, the most important risk factor. Smoking cessation rates in the elderly have not declined, and this may reflect an underlying reluctance by physicians to counsel and offer smoking cessation therapies to the elderly. Bronchodilators and corticosteroids, the most used medication for COPD, do not decrease mortality in opposition to prolonged oxygen therapy, and they are primarily used for symptom relief. However they have a beneficial effect on QoL and exacerbation rates. The choice of delivery devices for inhaled medications is important in the elderly, and patients' should be properly trained to a correct inhaler use and their dexterity should be frequently assessed. Pulmonary rehabilitation and nutritional supplementation are other important components of the comprehensive care [3]. End-of-life issues should be adequately addressed in the elderly with COPD and an approach integrating curative and palliative interventions is strongly recommended.

Published: 27 August 2010

Reference

1. Executive Summary: **Global Strategy for Diagnosis, Management, and Prevention of COPD Updated December 2009.**.

doi:10.1186/1471-2318-10-S1-L83
Cite this article as: Grembiale *et al.*: Chronic obstructive pulmonary disease (COPD) treatment in the elderly. *BMC Geriatrics* 2010 **10**(Suppl 1): L83.

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