Preface

Chronic obstructive pulmonary disease (COPD) is a major public health problem. In contrast to most of the other major causes of morbidity and mortality, COPD is increasing in prevalence and impact. In the United States, this is occurring despite the progressive reduction in smoking prevalence. While long recognized as a major health problem, novel diagnostic methods and treatments have only been introduced over the last few decades. However, the thinking about COPD has changed in fundamental ways. Risk factors are better understood and society has implemented preventive approaches that should have an impact on COPD incidence and prevalence. The use of spirometry to detect cases and make the right diagnosis has been gaining acceptance. New complementary diagnostic tools such as imaging techniques and field and laboratory exercise tests have expanded the capacity to better phenotype patients suffering from the disease. Importantly, the impact that treatment can have in ameliorating symptoms and in preventing morbidity and complications has been established. It has been recognized, moreover, that COPD is not just a disease of the lungs but that it has important systemic consequences and that the treatment of the COPD patient requires a holistic and integrated approach.

The current issue of Medical Clinics of North America focuses on COPD. This topic was last reviewed in 1996, volume 80, Issue 4. The current issue includes articles that have been selected to bring the clinician up to date with regard to the current impact of COPD in the world, current therapies, and the strategies by which these should be implemented. In addition, diagnostic approaches that are helping to provide novel understanding of the complex spectrum of disease included under the rubric of COPD are discussed. These are changing not only the nature of research studies in COPD but also should be used by the clinician to guide therapy.

Unfortunately, at the present time, COPD is underdiagnosed or misdiagnosed. Even when diagnosed correctly, it is often undertreated or treated with suboptimal strategies. It is our hope that this issue will be useful to the clinician so that the care of COPD patients can be improved to levels easily achievable. Moreover, a concerted effort by all of us involved in the care of patients will help subjects at risk for the disease reduce their risk burden. As shown in the articles in this issue of the Clinics, there is
reason to be optimistic because a lot has been done and will continue to be done for the millions affected by the disease.

Finally, for those of us who have been engaged in the study of COPD and in the care of the COPD patient for over four decades, it is a particular pleasure that the articles in this issue are written by authorities belonging to a younger generation. Some are our students, and of these we are justifiably proud. More importantly, we are delighted that there will be a future generation of COPD experts who can help advance the understanding and guide treatment for this devastating condition.

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