

**Original** Article

# To Assess the Prevalence and Incidence of COPD among Smokers and Non-Smokers at a Tertiary Care Teaching Hospital

# **Bharat Bhushan Sardana**

Associate Professor, Department of General Medicine, IQ City Medical College and IQ City Narayana Hrudayalaya Hospital, Durgapur, West Bengal, India.

# ABSTRACT

Article History Received: 11 Oct 2015 Revised: 06 Nov 2015 Accepted: 20 Nov 2015 **Background:** The third leading cause of death in the world is COPD. It is caused primarily by cigarette smoking. The present study was conducted to assess the prevalence and incidence of COPD among smokers and non-smokers.

**Material and Methods:** The present prospective population-based cohort study was conducted to investigate the prevalence and incidence of chronic obstructive pulmonary disease. The 150 participants of age group 30-50 yrs were selected over a period of 6 months. Participants were initially interviewed at home for information on their health status. Trained research assistants collected information from the participants. The study was approved by the Ethical Committee. All participants gave their written informed consent and permission to retrieve information from treating physicians. Statistical analysis was performed using SPSS statistical software.

\*Correspondence to: Dr. Bharat B Sardana, Associate Professor, Department of General Medicine, IQ City Medical College, Durgapur, West Bengal, India. **Results:** In our study total participants were 150, in which 90(60%) were male and 60(40%) were females. Out of the 150 participants, 47(31.33%) were smokers, while 103(68.66%) were non-smokers. Out of the Smokers, 24(51.06%) were COPD patients. On the other hand, 14(13.59%) of the non-smokers were COPD patients.

Conclusion: Our study concluded that COPD was more prevalent in smokers.

**KEYWORDS:** COPD, Smokers, Non-Smokers.

# INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death.<sup>1</sup> COPD is characterized by persistent airflow limitation that is typically progressive and associated with an enhanced chronic inflammatory response in the airways and lung tissue to harmful particles or gases.<sup>2</sup> The chronic airflow limitation in COPD is caused by the combination of parenchymal destruction (emphysema) and small airways disease (obstructive bronchiolitis), of which the relative presence varies from person to person.<sup>2</sup> Globally, chronic obstructive pulmonary disease (COPD) is one of the most important non-communicable diseases (NCDs) with a progressive downhill course.<sup>3,4</sup> It is a major cause of global healthcare burden, including in India.4-7 COPD is one of the few NCDs whose prevalence continues to rise in spite of the vastly expanded drug formulary. Population prevalence has been variously reported from different regions depending on the local prevalence of various risk factors.<sup>5</sup> In India, an average prevalence of

3.5 per cent was reported in a large population study undertaken at 16 different centres in the country.<sup>8</sup> Smoking cessation is the most effective means of appreciably reducing the rate of disease progression and minimising acute exacerbations,<sup>9</sup> but smokers need to be identified before they can be helped to stop. The Lung Health Study has shown that, with aggressive and prolonged intervention, smokers with mild to moderate COPD can be helped to stop and that this has a beneficial effect on lung function and mortality.<sup>10,11</sup> The present study was conducted to assess the prevalence and incidence of COPD among smokers and nonsmokers.

# MATERIALS AND METHODS

The present prospective population-based cohort study was conducted to investigate the prevalence and incidence of chronic obstructive pulmonary disease. The 150 participants of age group 30-50 years were selected over a period of 6 months. Participants were initially interviewed at home for information on their health status. Trained research assistants collected information from the participants. The study was approved by the Ethical Committee. All participants gave their written informed consent and permission to retrieve information from treating physicians.

Statistical analysis was performed using SPSS statistical software (SPSS for Windows, version 21; SPSS; Chicago, IL).

Gender	N(%)	
Male	90(60%)	
Female	60(40%)	
Total	150(100%)	

### Table 1: Distribution according to gender

 Table 2: Distribution according to smokers and non-smokers.

Smoking Habits	N(%)		
Smokers	47(31.33%)		
Non-Smokers	103(68.66%)		
Total	150(100%)		

#### **Table 3: Prevalence of COPD**

	Smokers		Non-Smokers	
<b>COPD Present</b>	Yes(%)	24(51.06%)	Yes(%)	14(13.59%)
	No(%)	23(48.94%)	No(%)	89(84.76%)

### RESULTS

In our study total participants were 150, in which 90(60%) were male and 60(40%) were females. Out of the 150 participants, 47(31.33%) were smokers, while 103(68.66%) were non-smokers. Out of the Smokers, 24(51.06%) were COPD patients. On the other hand, 14(13.59%) of the non-smokers were COPD patients.

### DISCUSSION

COPD has also been described in non-smokers with a variable frequency <sup>12,13</sup>. There has been a lack of focus on the non-smokers, especially because of the recognition of more common and important cause of COPD i.e., tobacco smoking. Chronic cor pulmonale due to chronic lung disease (conceptually COPD) was described in non-smoker women, possibly for the first time in non-smokers, over half of a century ago <sup>14</sup>. In the last few years, the disease is described in non-smokers with an increasing frequency and there are several reports on non-smoker COPD 8,15,16,17,18, In a Swedish report based on the Obstructive Lung Disease in Northern Sweden cohort, Lindberg et al estimated the incidence rate of COPD at 13.1/1,000 PY according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD) spirometric criteria (FEV1/FVC <0.7).<sup>19</sup> In that study, a random sample of 963 subjects aged 46-77 years were invited for a structured interview and spirometry.<sup>19</sup> The findings of Lindberg et al are similar to ours, which may be because of the similar age

categories and spirometry-based criteria for COPD used in the two studies. In a study by de Marco et al the incidence rate of COPD was found to be 2.8/1,000 PY in an international cohort of 5,002 subjects aged 20-44 years.<sup>20</sup> In our study total participants were 150, in which 90(60%) were male and 60(40%) were females. Out of the 150 participants, 47(31.33%) were smokers, while 103(68.66%) were non-smokers. Out of the Smokers, 24(51.06%) were COPD patients. On the other hand, 14(13.59%) of the non-smokers were COPD patients. Long-standing asthma and the risk for COPD as defined by the presence of non-fully reversible chronic airway obstruction has been well documented in smokers and never-smokers.<sup>21</sup> Individuals with chronic asthma have a greater than normal rate of decline in lung function with age, further magnified by presence of smoking.<sup>22,23</sup> The findings in this study that self-reported concurrent doctor-diagnosis of asthma occurred in 36% of all COPD in never-smokers and 30% of COPD in ever-smokers, are consistent with published proportions of between 15% and 55% of patients with COPD, a combination which could alternatively be labelled as the 'asthma-COPD overlap syndrome'.24 In the Copenhagen General Population Study on outcomes of COPD, Thomsen et al<sup>25</sup> reported increased risk of respiratory hospitalisations but not of total mortality for neversmoking individuals with COPD compared with smokers with COPD.

### CONCLUSION

In our study total participants were 150, in which 90(60%) were male and 60(40%) were females. Out of the 150 participants, 47(31.33%) were smokers, while 103(68.66%) were non-smokers. Out of the Smokers, 24(51.06%) were COPD patients. Our study concluded that COPD was more prevalent in smokers.

## REFERENCES

1. Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study. Lancet. 2012; 380:2095–28. doi: 10.1016/S0140-6736(12)61728-0

2. Vestbo J, Hurd SS, Agusti AG, et al. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease GOLD executive summary. Am J Resp Crit Care. 2013;187:347–365. doi: 10.1164/rccm.201204-0596PP.

3. United Nations General Assembly. Prevention and control of non-communicable diseases - Report of the Secretary-General, A/66/83; 2011. Available from: http://www.un.org/ga/search/view\_doc.asp?symbol=A/6 6/83&Lang=E,

4. WHO. Chronic Respiratory Diseases. Available from: http://www.who.int/respiratory/about\_topic/en/,

5. Buist AS, McBurnie MA, Vollmer WM, Gillespie S, Burney P, Mannino DM, et al. Interna-tional variation in the prevalence of COPD (the BOLD study): A population-based preva-lence study. Lancet 2007;370:741-50.

6. Murray CJ, Lopez AD. Measuring the global burden of disease. N Engl J Med 2013;369: 448-57.

7. Jindal SK. Emergence of chronic obstructive pulmonary disease as an epidemic in India. In-dian J Med Res 2006;124:619-30.

8. Jindal SK, Aggarwal AN, Gupta D, Agarwal R, Kumar R, Kaur T, et al. Indian study on epi-demiology of asthma, respiratory symptoms and chronic bronchitis in adults (INSEARCH). Int J Tuberc Lung Dis 2012;16:1270-7.

9. van der Meer RM, Wagena EJ, Ostelo RW, et al. Smoking cessation for chronic obstructive pulmonary disease. Cochrane Database Syst Rev 2003;(2):CD002999.

10. Kanner RE, Connett JE, Williams DE, et al. Effects of randomized assignment to a smoking cessation intervention and changes in smoking habits on respiratory symptoms in smokers with early chronic obstructive pulmonary disease: the Lung Health Study. Am J Med 1999;106:410–6.

11. Anthonisen NR, Connett JE, Murray RP. Smoking and lung function of Lung Health Study participants after 11 years. Am J Respir Crit Care Med 2002;166:675–9.

12. Jarvinen KA, Thomander K. Long history of heavy smoking as a factor causing obstructive pulmonary emphysema. Ann Med Intern Fenn1959;48:211.

13. Halbert RJ, Natoli JL, Gano A, Badamgarav E, Buist AS, Mannino DM, et al. Global burden of COPD: Systematic review and meta-analysis. Eur Respir J 2006;28:523-32.

14. Padmavati S, Pathak SN. Chronic cor pulmonale in Delhi: A study of 127 cases. Circulation 1959; 20: 343-52.

15. McKay AJ, Mahesh PA, Fordham JZ, Majeed A. Prevalence of COPD in India: A systematic review. Prim Care Respir J 2012;21:313-21.

16. Salvi SS, Barnes PJ. Chronic obstructive pulmonary disease in non-smokers. Lancet 2009;374:733-43.

17. Gnatiuc L, Caramori G. COPD in nonsmokers: The biomass hypothesis - To be or not to be? Eur Respir J 2014;44:8-10.

18. Gordon SB, Bruce NG, Grigg J, Hibberd PL, Kurmi OP, Lam KB,et al. Respiratory risks from household air pollution in low and middle income countries. Lancet Respir Med 2014;2:823-60.

19. Lindberg A, Eriksson B, Larsson LG, Ronmark E, Sandstrom T, Lundback B. Seven-year cumulative incidence of COPD in an age-stratified general population sample. Chest. 2006;129(4):879–85.

20. de Marco R, Accordini S, Cerveri I, et al. Incidence of chronic obstructive pulmonary dis-ease in a cohort of young adults according to the presence of chronic cough and phlegm. Am J Respir Crit Care Med. 2007;175(1):32–39.

21. An official American Thoracic Society public policy statement: Novel risk factors and the global burden of chronic obstructive pulmonary disease. Am J Respir Crit Care Med 2011;182:693–718.doi:10.1164/rccm.200811-1757ST

22. A 15-year follow-up study of ventilatory function in adults with asthma. N Engl J Med 1998;339:1194–200.doi:10.1056/NEJM199810223391703

23. Lung function decline in asthma: association with inhaled corticosteroids, smoking and sex. Thorax 2006;61:105–10.doi:10.1136/thx.2004.039271

24. GOLD. Global strategy for Diagnosis, Management, and Prevention of COPD, Global Initi-ative for Chronic Obstructive Lung Disease (GOLD). 2012.

25. Characteristics and outcomes of chronic obstructive pulmonary disease in never smokers in Denmark: a prospective population study. Lancet Respir Med 2013;1:543–50.doi:10.1016/S2213-2600(13)70137-1

**Copyright:** <sup>©</sup> the author(s) and publisher IJMRP. This is an open access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

**How to cite the article:** Bharat Bhushan Sardana. To Assess the Prevalence and Incidence of COPD among Smokers and Non-Smokers at a Tertiary Care Teaching Hospital. Int J Med Res Prof. 2015, 1(3); 222-24.