

The smoker's disease

New treatments can help those with lung ailments breathe easier, but the smartest route is to quit cigarettes

► The specialist: Dr. Neil Schachter on chronic obstructive pulmonary disease

As the medical director of Mount Sinai's respiratory care department, Neil Schachter oversees the care of hundreds of patients with lung problems; about half of his patients have COPD. Schachter has been practicing as a pulmonologist for the past 30 years.

► Who's at risk:

COPD stands for chronic obstructive pulmonary disease. "It's an umbrella term that covers illnesses like emphysema, chronic bronchitis, and other diseases that involve progressive damage to the lungs," says Schachter. "It's a disease that generally presents itself when people are in their 50s or 60s, with symptoms like shortness of breath or a persistent cough accompanied by phlegm." Some forms of asthma and a hereditary form of alpha-1 antitrypsin deficiency also fall under the category of COPD.

"About 12 million Americans carry the diagnosis of COPD, and probably another 12 million just haven't been diagnosed," says Schachter. "It's one of the few diseases that is out of control: The numbers are still increasing." Right now, about 120,000 people a year die from the disease, making it the fourth leading cause of death. Doctors estimate that by 2020 it will be the third leading cause of death.

Smoking causes the vast majority of COPD cases. "There's no question that the major risk factor is cigarette smoking," says Schachter. "The damage done to the lungs that leads to these conditions is the result of repeated injury, done by the toxins and irritants in cigarette smoking." Smoking is the cause of COPD in 80%-90% of patients. Other environmental factors like air pollution, secondhand smoke and workplace exposures can also predispose people to COPD.

COPD used to be considered a man's disease, but now women are slightly more likely to be affected. In most cases, COPD is the result of many years of smoking, as the lung damage increases over time. However, not every smoker will develop COPD. "Some people are more susceptible to the irritants in cigarette smoke than others," says Schachter; "15%-20% of people who smoke develop diagnosable COPD."

Adult onset asthma also appears to be a risk factor, though some doctors wonder if such symptoms are actually just different manifestations of the same disease. About 25% of people with COPD have asthma. "These are people who are much more sensitive to irritants in the environment," says Schachter.

► Signs and symptoms:

Because COPD is caused by obstructions in the lungs, its primary symptoms present as problems with breathing. "Shortness of breath, cough and phlegm are the major

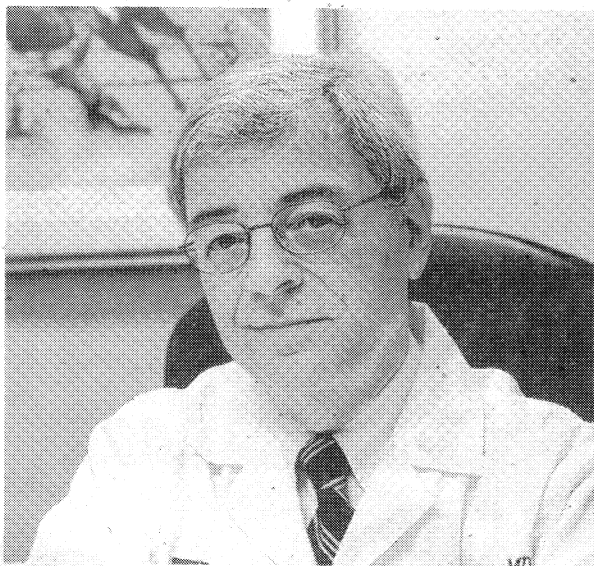
► What you can do:

Use city resources to quit smoking.

New York has great resources available to help people quit smoking, including counseling and free nicotine replacement therapy. For info, call 311 or go to www.nyc.gov/html/doh/html/smoke/smoke2-cess.shtml.

Get vaccinated.

Infections accelerate the damage being done to your lungs, so if you have COPD, you should be sure to get a flu shot and ask your doctor if you should be vaccinated against pneumonia.



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Dr. Neil Schachter says smoking cessation may be easier by using two prescription medicines.

symptoms people complain about," says Schachter. The lungs have a great reserve, and in most cases, people adapt to COPD as it comes on slowly. "Depending on how quickly the disease develops, many people can function on half of their lung capacity and feel relatively comfortable," says Schachter. Since COPD tends to be present when patients are in their 50s and 60s, they often attribute their slowing down to aging. "Some people notice they can't make it from the subway platform to the ground level without stopping, or they notice they can't walk more than a few blocks without having to stop," says Schachter. Don't hesitate to ask your doctor to screen you for COPD, which is easily diagnosed with a breathing test called spirometry. "You take a deep breath in and blow into a machine," says Schachter. "It takes about six seconds."

► Traditional treatment:

"There are two major ways that we approach treatment: prevention and symptomatic relief," says Schachter. "As yet, we don't have a cure for this disease."

Prevention is the best route. Don't start smoking, and stop right now if you're already a smoker. "It's a no-brainer," says Schachter. "Unfortunately, quitting is easier said than done. Addiction to tobacco is as difficult to kick as heroin, cocaine or alcohol." Doctors now have highly effective tools to help people quit. "Using the patch, chewing gum, a nasal spray or an inhaler can help people wean themselves off their addiction," says Schachter. "We also have two major medications: Wellbutrin and Chantix." Wellbutrin is an antidepressant that helps you lose interest in smoking, and Chantix helps you quit. "Both of these are prescriptions, and can have serious side effects, so you need to be under care of a doctor, especially if you have a mental health history."

It's important to avoid respiratory infections, which accelerate lung damage. Leading a healthy lifestyle can help you withstand infection. Once you've developed COPD, your treatment regimen will depend on how far the disease has progressed. In the early stages, doctors focus on providing symptom relief, usually through bronchodilators, which coat the airway with a medicine that relaxes it. These drugs are usually administered by inhaler, when the patient senses he or she is about to get symptoms. The

BY THE NUMBERS:

about **12** million Americans are diagnosed with chronic obstructive pulmonary disease (COPD); doctors estimate that another **12** million are undiagnosed

120,000 Americans die of COPD each year

80%-90% of COPD cases result from smoking

15%-20% of smokers will develop COPD

Source: Dr. Neil Schachter

second type of inhaler contains cortical steroids. "These inhalers are called a controller or anti-inflammatory inhaler," says Schachter. "It reduces the inflammation caused by irritants like cigarette smoke."

These inhaler treatments can be very effective over many years. "Many people still think that it's an untreatable disease and they should give up when they are diagnosed," says Schachter, "but now there's so much that's available for the treatment of COPD." One helpful approach is pulmonary rehabilitation, which puts people in a program that acts almost like physical therapy for their lungs; patients are monitored closely and educated on their disease while they participate in exercise that improves their endurance.

Doctors also have more aggressive treatments once the disease progresses to a very serious point. "Then, to maintain oxygen in the blood, we resort to things like oxygen therapy," says Schachter.

In the most extreme cases, patients can undergo surgery to have a lung transplant or lung volume reduction surgery, which removes the most damaged parts of the lung so the remaining portions can function more efficiently.

► Research breakthroughs:

One treatment that is still in the experimental phase is using valves inside the airway. "These valves are tiny stents — like the stents in heart surgery — that control air so it comes out of the lung and can't get back in," says Schachter. "The most damaged parts of the lung are like air sacs — by deflating them, you make the healthy parts of the lung function better." Doctors are hoping to discover the factors that make 20% of smokers develop COPD, while the other 80% do not.

Have you traveled abroad for medical care?

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