

Screening and Management Treatments for Chronic Obstructive Pulmonary Disease (COPD)

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DESCRIPTION

Chronic Obstructive Pulmonary Disease (COPD) is a preventable and treatable lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. Chronic Obstructive Pulmonary Disease (COPD) symptoms include coughing, sputum production, and dyspnea (difficult or laboured breathing). COPD symptoms do not usually appear until there has been significant lung damage, which usually worsens over time.

Causes

Chronic Obstructive Pulmonary Disease (COPD) is caused by a complex interaction of genes and environment. COPD can be caused by a variability of factors, according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD), including:

Genetic factors: A small percentage of people have emphysema caused by a protein disorder known as Alpha-1 Anti Trypsin Deficiency (AATD). This is the point at which the body struggles to produce one of the proteins (Alpha-1 antitrypsin) that normally protects the lungs. A lack of this protein can make a person more prone to lung diseases like COPD.

Lung growth and development factors: Any factors that affect lung growth during pregnancy and childhood, such as low birth weight, early childhood lung infections, abnormal lung growth and development (with normal decline in lung function over time), have the potential to increase an individual's risk of developing COPD.

Environmental factors: It include working or living in areas with dust, gas, chemical agents and fumes, smoke, or air pollution.

Other chronic conditions, such as asthma and chronic bronchitis, are linked to an increased risk of developing COPD (GOLD 2018). Tobacco smoking includes both active and passive smoking. Although cigarette smoking is the well-studied

Symptoms

COPD develops slowly. Symptoms frequently worsen over time, limiting one's ability to do everyday activities.

- Chronic cough (commonly referred to as "smokers' cough")
- Shortness of breath, especially during physical activity
- Coughing up a lot of phlegm (also known as sputum-a mixture of saliva and mucus)
- Wheezing
- Chest tightness
- Extreme tiredness
- Frequent respiratory infections
- Difficulty taking a deep breath

Treatment

Treatment focuses on symptom relief, improving quality of life, and changing lifestyle habits that may aggravate the condition. Stop smoking and avoid exposure to lung irritants to slow the progression of the disease.

Pulmonary rehabilitation may include the following activities to improve your health:

- A specific exercise or activity plan designed to strengthen the breathing muscles
- Breathing techniques
- Psychological guidance
- Changes in diet to maintain a healthy weight

A COPD treatment plan may include the following medications: Bronchodilators (inhalers) are used to open up the airways, Airway inflammation can be reduced with steroids, Antibiotics for the treatment of respiratory infections.

Risk factors

COPD risk factor, it is not the only risk factor, and epidemiologic studies show that non-smokers can develop chronic airflow limitation.

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- Tobacco smoking
- Indoor air pollution (such as biomass fuel used for cooking and heating)
- Outdoor air pollution

CONCLUSION

Studies reveal that approximately 15% of COPD cases are work-related, and that new agents causing Chronic Obstructive Pulmonary Disease (COPD), as well as new cases with persistent airflow limitation related to work, are still being reported. It strongly supports the idea that, in a new classification of risk

factors for Chronic Obstructive Pulmonary Disease (COPD), occupational exposure to dusts, chemicals, and gases should be considered an established, or well-supported as risk factor. Additional experimental studies, in addition to epidemiological studies, can lead to a better understanding of the occupational hazards that may cause Chronic Obstructive Pulmonary Disease (COPD) and establish a stronger link between the severity of COPD and specific occupations. Experimental studies may actually serve as models for gaining basic insights into Chronic Obstructive Pulmonary Disease (COPD) and identifying a cellular basis for the work-related disease.