



## MEDIA RELEASE



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### **New standard to tackle chronic lung disease missed in half of patients**

One in 13 Australians over the age of 40 have chronic obstructive pulmonary disease (COPD), but alarmingly only half of them know they have it.<sup>i</sup>

Awareness of this incurable lung disease – which makes it difficult to breathe – lags considerably behind other serious chronic health conditions, despite COPD being a leading cause of avoidable hospitalisations.

In a bid to accurately diagnose COPD patients, keep them well and out of hospital, the Australian Commission on Safety and Quality in Health Care has developed the first national standard of care.

Published today, the [Chronic Obstructive Pulmonary Disease Clinical Care Standard](#) is endorsed by 20 peak bodies, including leading lung health organisations, the Thoracic Society of Australia and New Zealand and Lung Foundation Australia.

Each year, more than 7,600 Australians lose their lives to COPD and 53,000 people aged 45 and over are hospitalised<sup>ii</sup>. Our hospital admissions are a staggering 1.7 times higher than the OECD average.<sup>iii</sup>

Importantly, if a person consistently feels short of breath, has wheezing and a persistent ‘wet’ cough, they should talk to their doctor and get tested for COPD. While the inflamed airways and damaged air sacs in the lungs cannot be cured, treatment can reduce symptoms that make it hard to breathe, and help people avoid serious flare-ups that can lead to an emergency hospital admission.

**Medical Advisor for the Commission and general practitioner, Dr Lee Fong**, said it was important to identify COPD early, so that people could manage the condition and slow its progression.

“A breathing test called spirometry is the only way to know if you have COPD. Getting an accurate diagnosis is essential because treatment for COPD is different to other lung conditions with similar symptoms, like asthma.

“Feeling unable to breathe is an awful and scary thing. While there is no magic cure, if you’re living with COPD there are many things we can do that will make a big difference to how you live your life,” he said.

“If you smoke, quitting will certainly improve your health. Talk with your GP or healthcare provider who can help you find a way to quit.”

Once a person is diagnosed, Dr Fong said it was important to get a COPD action plan and to know the right treatment, which may involve inhaler medicines and pulmonary (lung) rehabilitation.

“Your COPD action plan is an essential road map to keep on hand when your symptoms get worse. It describes what medicines you should use and when to seek medical help. For example, antibiotics don’t always help COPD flare-ups, and can cause side effects,” he explained.

“Most COPD medicines are given through an inhaler, but with multiple inhaler types, it’s really important to know how to use them properly to get the full dose. You may be surprised what a difference it makes.”

The new guidance explains best practice care throughout a patient’s journey with COPD – starting with correct diagnosis, through to using medicines and pulmonary rehabilitation to stay well, managing flare-ups, and palliative care techniques to ease symptoms throughout the person’s illness.

The Standard aligns with current evidence-based Australian guidelines for COPD management, including the COPD-X Guidelines and Therapeutic Guidelines.

**Respiratory physician Associate Professor Natasha Smallwood** from The Alfred Hospital Melbourne, and President-Elect of The Thoracic Society of Australia and New Zealand, said the Standard describes the care COPD patients should receive to improve their health longer term.

“The new Standard recognises the immense impact of COPD as a significant illness in Australia and as one of the leading causes of preventable hospital admissions,” she said.

A/Professor Smallwood said a flare-up or exacerbation could unfold over days and was not always an instant change, so it was important for patients to know the signs and what management strategies to put in place.

“The Standard also emphasises the value of providing high-quality clinical care, for all patients living with COPD, wherever they’re being treated.

“High-quality care for COPD is a partnership between primary care including GPs, and secondary care including hospitals, because it is a condition that impacts people’s lives over many years. For all patients, it is vital they receive good care in their community close to home and that they understand how to stay well. We want to prevent people from becoming so unwell that they need a hospital admission.”

A/Professor Smallwood added: “As healthcare practitioners, we need to communicate in a timely and effective way, particularly at transitions of care – whether someone is referred for specialist care or discharged from hospital and returning home after an exacerbation.

“The good news is that this clinical care standard also empowers COPD patients to self-manage their condition, to take control and give them the best chance of living well.

“There are many strategies people with COPD can use to live their best life; our job is to help them achieve that.”

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**More information:** [safetyandquality.gov.au/copd-ccs](https://safetyandquality.gov.au/copd-ccs)

- [Highlights infographic](#)
- [Media Backgrounder](#)

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### About the Commission

The Australian Commission on Safety and Quality in Health Care is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. [www.safetyandquality.gov.au](https://www.safetyandquality.gov.au)

<sup>i</sup> Toelle et al. *The Medical Journal of Australia*, [Respiratory symptoms and illness in older Australians: the Burden of Obstructive Lung Disease \(BOLD\) study](#), February 2013

<sup>ii</sup> AIHW. [Chronic obstructive pulmonary disease](#), 17 June 2024

<sup>iii</sup> AIHW. [OECD Health Care Quality and Outcomes Indicators, Australia 2021](#), 21 April 2022