GLOBAL STRATEGY FOR THE DIAGNOSIS, MANAGEMENT, AND PREVENTION OF COPD

INTRODUCTION

The aim of the GOLD Report is to provide a non-biased review of the current evidence for the assessment, diagnosis and treatment of people with COPD. One of the strengths of GOLD reports is the treatment objectives. Treatment objectives are organized into two groups: objectives that are directed towards relieving and reducing the impact of symptoms, and objectives that reduce the risk of adverse health events that may affect the patient at some point in the future (exacerbations are an example of such events). This emphasizes the need for clinicians to focus on both the short-term and long-term impact of COPD on their patients.

A second strength of the original strategy was the simple, intuitive system for classifying COPD severity. This was based on FEV1 and was called a staging system because it was believed, at the time, that the majority of patients followed a path of disease progression in which the severity of COPD tracked the severity of airflow obstruction. Much is now known about the characteristics of patients in the different GOLD stages – for example, their risk of exacerbations, hospitalization, and death. However, at an individual patient level, FEV1 alone is an unreliable marker of the severity of breathlessness, exercise limitation, health status impairment, and risk of exacerbation.

At the time of the original report, improvement in both symptoms and health status was a GOLD treatment objective, but symptoms assessment did not have a direct relation to the choice of management, and health status measurement was a complex process largely confined to clinical studies. Now, there are simple and reliable questionnaires designed for use in routine daily clinical practice. These are available in many languages. These developments have enabled an assessment system to be developed that draws together a measure of the impact of the patient's symptoms and an assessment of the patient's risk of having a serious adverse health event. This management approach can be used in any clinical setting anywhere in the world and moves COPD treatment towards individualized medicine – matching the patient's therapy more closely to his or her needs.

BACKGROUND

Chronic Obstructive Pulmonary Disease (COPD) is now one of the top three causes of death worldwide and 90% of these deaths occur in low- and middle-income countries (LMICs).[1,2] More than 3 million people died of COPD in 2012 accounting for 6% of all deaths globally. COPD represents an important public health challenge that is both preventable and treatable. COPD is a major cause of chronic morbidity and mortality throughout the world; many people suffer from this disease for years and die prematurely from it or its complications. Globally, the COPD burden is projected to increase in coming decades because of continued exposure to COPD risk factors and aging of the population.[3]

In 1998, with the cooperation of the National Heart, Lung, and Blood Institute, National Institutes of Health and the World Health Organization the Global Initiative for Chronic Obstructive Lung Disease (GOLD) was implemented. Its goals were to increase awareness of the burden of COPD and to improve prevention and management of COPD through a concerted worldwide effort of people involved in all facets of healthcare and healthcare policy. An important and related goal was to encourage greater research interest in this highly prevalent disease.

In 2001, GOLD released its first report, *Global Strategy for the Diagnosis, Management, and Prevention of COPD*. This report was not intended to be a comprehensive textbook on COPD, but rather to summarize the current state of the