MEDIA RELEASE

One in 4 Ontarians will be diagnosed with COPD

TORONTO, **Sept. 8**, **2011** – New research done at the Institute for Clinical Evaluative Sciences (ICES) suggests that about one in four Ontarians will be diagnosed and receive medical attention for Chronic Obstructive Pulmonary Disease (COPD) during their lifetime.

COPD is the 4th most common cause of death in Canada. In Ontario alone, more than 700,000 adults over the age of 35 live with this disease. And although COPD is one of the most deadly, prevalent, and costly chronic diseases, no comprehensive estimates of the risk of developing COPD in the general population have been published, until now.

"The lifetime risk of physician-diagnosed COPD was 27.6 per cent meaning about one in four individuals are likely to be diagnosed and receive medical attention for COPD during their lifetime. It is clear that clinical evidence-based approaches, public health action, and more research are needed to identify effective strategies to prevent COPD and ensure those with the disease live full, high quality lives," says principal investigator, ICES Scientist Dr. Andrea Gershon.

COPD is a chronic, progressive respiratory disease that can be prevented mainly by decreasing the rate of smoking. Once someone has COPD, it is incurable but symptoms and other health outcomes can be improved with treatment.

The population-based cohort study set in Ontario found:

- There were 579,466 individuals diagnosed with COPD by a physician over the study period.
- The overall lifetime risk of physician diagnosed COPD at 80 years was 27.6 per cent.
- Lifetime risk was higher in men than in women.
- Lifetime risk was also higher in individuals of lower socioeconomic status than in those of higher socioeconomic status.
- Individuals who lived in a rural setting had a higher lifetime risk than those who lived in an urban setting.

"COPD has a lifetime risk comparable to diabetes, double that of congestive heart failure; and three to four times that of acute myocardial infarction, breast

cancer and prostate cancer," says Gershon, who is also a Respirologist at Sunnybrook Health Sciences Centre.

In an accompanying editorial written by Dr. David Mannino, Department of Preventive Medicine and Environmental Health, University of Kentucky College of Public Health, Lexington, KY and Dr. Fernando Martinez, Department of Pulmonary and Critical Care Medicine, University of Michigan Health System, Ann Arbor, MI, the authors wrote "it is our hope that data such as this will continue to highlight the importance of COPD as a chronic disease that has a large impact in aging populations and that this disease needs ongoing funding and research to improve prevention and treatment strategies."

Authors: Andrea S. Gershon, Laura Warner, Paul Cascagnette, J. Charles Victor, Teresa To.

The study "Lifetime Risk of Developing Chronic Obstructive Pulmonary Disease (COPD)," will be published in the Sept 10 issue of Lancet.

More detailed study findings on the ICES website: www.ices.on.ca

ICES is an independent, non-profit organization that uses population-based health information to produce knowledge on a broad range of health care issues. Our unbiased evidence provides measures of health system performance, a clearer understanding of the shifting health care needs of Ontarians, and a stimulus for discussion of practical solutions to optimize scarce resources. ICES knowledge is highly regarded in Canada and abroad, and is widely used by government, hospitals, planners, and practitioners to make decisions about care delivery and to develop policy.

Sunnybrook Health Sciences Centre is inventing the future of health care for the one million patients the hospital cares for each year through the dedication of its more than 10,000 staff and volunteers. An internationally recognized leader in research and education and a full affiliation with the University of Toronto distinguishes Sunnybrook as one of Canada's premier academic health sciences centres. Sunnybrook specializes in caring for Canada's war veterans, high-risk pregnancies, critically-ill newborns, adults and the elderly, and treating and preventing cancer, cardiovascular disease, neurological and psychiatric disorders, orthopaedic and arthritic conditions and traumatic injuries.

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