

# Report proposes a new definition of chronic obstructive pulmonary disease

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GOLD 2023 report shares new recommendations, including a new definition of COPD, for clinicians. Credit: ATS

Despite COPD's pervasiveness, it is generally assumed that the main instigator in its development is tobacco smoking. The 2023 Global Initiative for Chronic Obstructive Lung Disease or GOLD report is proposing a new definition of COPD, one that acknowledges the key pathogenic role of tobacco smoking but accounts for other factors that also contribute to COPD. The report is now available online in the

*American Journal of Respiratory and Critical Care Medicine.*

The GOLD 2023 report defines COPD as "a heterogeneous lung condition characterized by chronic respiratory symptoms (dyspnea, cough, expectoration, exacerbations) due to abnormalities of the airways (bronchitis, bronchiolitis) and/or alveoli (emphysema) that cause persistent, often progressive, airflow obstruction."

"The updated definition focuses on patient characteristics that then allows us to go into etiology and [diagnostic criteria](#) in more detail separately," said MeiLan Han, MD, chief of pulmonary and critical care medicine at the University of Michigan and a co-author of the GOLD 2023 report. "This is important because we now can better emphasize all of the factors that can contribute to COPD beyond tobacco exposure."

In low and [middle-income countries](#), which contribute to over 85 percent of all COPD cases worldwide, "non-smoking COPD may be responsible for up to 60-70 percent of cases," noted the report's authors. Among the other risk factors, which are laid out in the report in detail, are:

- Environmental factors, such as indoor and outdoor air pollution.
- Lung development and aging.
- Socioeconomic status.
- Asthma and airway hyper-reactivity.
- Infections.

In addition to the new definition of [COPD](#) and a new detailed discussion of risk factors, the GOLD 2023 report outlined new approaches to terminology and recommendations for their use:

- Early COPD—to be used when discussing "biological early" rather than "clinical early" when initial symptoms become apparent.

- Mild COPD—to be used only to describe the severity of airflow obstruction measured spirometrically.
- Young COPD—to be used to describe COPD in patients aged 20-50 years old.
- Pre-COPD—for identifying individuals of any age with respiratory symptoms and/or structural and/or functional abnormalities but no evidence of airflow obstruction
- PRISm—to describe individuals with no airflow obstruction but abnormal spirometry

Furthermore, Alvar Agustí, MD, Ph.D., professor of respiratory medicine at the University of Barcelona in Spain and co-lead author of the report, and his co-authors propose "a redefinition of the classification of COPD patients for [initial treatment](#) in three groups (A,B,E) to recognize the clinical relevance of exacerbations (E) and, as a result, a change of the recommendations for initial pharmacological therapy and a simplification of the treatment algorithm."

He added, "We hope that these changes will ultimately result in better treatments for a broader range of patients."

**More information:** Alvar Agustí et al, Global Initiative for Chronic Obstructive Lung Disease 2023 Report: GOLD Executive Summary, *American Journal of Respiratory and Critical Care Medicine* (2023).  
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