



Treatment and Diagnosis of Chronic Obstructive Pulmonary Disease

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DESCRIPTION

Chronic Obstructive Pulmonary Disease (COPD) is often misdiagnosed. Many people with COPD may not be diagnosed until the disease is advanced. To diagnose the condition, the doctor will examine the signs and symptoms, discuss with the family and medical history, and discuss exposure to lung irritants, especially tobacco smoke. Many people with COPD have mild disease and quit smoking. Little or no other treatment is required. Even in the more advanced stages of the disease, effective treatments are available to control symptoms, slow progression, reduce the risk of complications and exacerbations, and improve the ability to lead an active life. The pulmonary fibrosis is usually considered incurable by medical practitioners. Pulmonary fibrosis is a progressive disease (gets worse over time). There is no cure and it is ultimately fatal.

The disorder may worsen rapidly or very slowly (over years). New drugs can help slow the progression of the disease. Research continues to focus on improving treatment. COPD is the more common form of lung disease. Diseases such as emphysema and chronic bronchitis are forms of COPD. In COPD, lung tissue is damaged, the air sacs are destroyed, and the airways become irritated and inflamed (swelling). Emphysema is the destruction of the walls of the small air sacs (alveoli) at the ends of the bronchi in the floor of the lungs. The trunk is the trachea or 'trachea', the branches are the 'bronchi' and the lobes are the air sacs or alveoli. Air sacs play an important role in delivering oxygen to the blood and expelling carbon dioxide. Damage from emphysema destroys the walls of the air sacs, making it difficult to breathe properly.

Pulmonary rehabilitation is a special training and educational program designed to help people with lung problems such as

COPD. It helps improve physical activity before it feels shortness of breath, symptoms, confidence, and emotional well-being. A pulmonary rehabilitation program typically includes two or more group sessions per week for a minimum of six weeks. Symptoms of pulmonary hypertension often improve with treatment to control the cause. If exacerbation of COPD is the cause, it can benefit from drugs that relax the airways and make breathing easier. There are several drugs that can be used to treat pulmonary hypertension. This includes administration by oral, transdermal, intravenous, or inhalation therapy. Alpha 1 Antitrypsin Deficiency (AAT) is a rare genetic disease that leads to emphysema. Alpha-1 antitrypsin is an enzyme that helps protect the lungs from the harmful effects of inflammation. With AAT deficiency, not enough alpha-1 antitrypsin is produced. Exposure to irritants such as smoke and dust increases the likelihood of lung damage. It is not possible to distinguish between COPD associated with alpha-1 antitrypsin deficiency and normal COPD. Therefore, all COPD patients should be screened for AAT deficiency with a blood test. Often the first sign of COPD is shortness of breath during light exercise, such as walking, climbing stairs, and doing yoga. Many people are unaware that they have her COPD because the symptoms are likely due to poor health and aging.

CONCLUSION

Once COPD progresses, the damage to the lungs cannot be reversed, but it can help manage the patient's symptoms and make you feel better by living a healthy lifestyle and getting treatment as soon as possible. Life expectancy varies from person to person. This depends on how quickly the doctor diagnoses of the illness, the general health (including other illnesses), and how the treatment is managed.

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Received: 01-Jan-2023, Manuscript No. JP-23-19793; **Editor assigned:** 03-Jan-2023, PreQC No. JP-23-19793 (PQ); **Reviewed:** 17-Jan-2023, QCNo. JP-23-19793; **Revised:** 24-Jan-2023, Manuscript No. JP-23-19793 (R); **Published:** 31-Jan-2023, DOI: 10.35248/2329-6887.23.11.412.

Citation: George B (2023) Treatment and Diagnosis of Chronic Obstructive Pulmonary Disease. J Pharmacovigil. 11:412.

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