

The state of COPD in Belgium



- ▶ **561,000 people** are affected by COPD,^{1*} and **prevalence is rising.**²
- ▶ COPD is the **sixth leading cause of death.**^{1*}
- ▶ Direct costs are **over €1,900 per person**, driven by late diagnosis and hospital readmissions.^{3†}
- ▶ Annual economic loss due to COPD is estimated to be **more than €14 billion.**^{4§}

*2021 data †2019 data §2017 data

COPD is a highly debilitating and often fatal lung disease⁵

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, deteriorates people's lung function – restricting their airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.⁵ The severity of the disease increases as it progresses and people with COPD can experience flare-ups that, when severe, require emergency hospital admission.⁵ However, appropriate care can improve lung health and quality of life for people with COPD.⁵

Challenges



Identifying it early

Spirometry is not regularly performed in primary care

to detect and diagnose COPD, despite being a globally-recommended diagnostic test that is reimbursed in primary care.^{5,6} This may be due to time constraints and a shortage of professionals trained to perform assessments.⁶



Facilitating access to care

Limited awareness of COPD

creates a barrier to diagnosis, treatment and social care support services, such as disabled parking permits.^{6,7}



Facilitating access to care

Reimbursement policies for pulmonary rehabilitation are complex

, creating uncertainty about coverage, referral pathways and whether financial circumstances may be a barrier to accessing this globally recommended intervention which promotes physical activity and mental wellbeing for people with respiratory disease.^{5,6}

“There have been so many initiatives around some diseases, such as cancer for raising funds, or developing healthcare pathways such as for diabetes or chronic kidney disease. But this is not the case for COPD.”

– Prof. Dr Eric Marchand, Department of Pneumology, CHU UCL Namur, Godinne and Belgian Respiratory Society COPD Work Group

Living with COPD: Victor's story

Victor was listening to the radio on World COPD Day in 2005 and heard a doctor describing symptoms of the disease. The doctor's warning about its association with tobacco use inspired Victor to quit smoking immediately. However, when Victor presented to his doctor with those very symptoms, he was told they were a normal manifestation of quitting. Three months later, another medical appointment also failed to correctly diagnose his condition. Finally, after a further three months without improvement, Victor sought out the doctor he had heard on the radio and was immediately diagnosed with COPD.



How is COPD being prioritised?

National policies

Overall status: **moderate**

In 2022, a resolution was passed calling for the federal government to develop an effective and comprehensive approach to COPD covering all of Belgium,⁸ but it does not yet exist.

Clinical guidance

Overall status: **poor**

In the absence of national clinical guidelines, most pulmonologists refer to the Global Strategy for Prevention, Diagnosis and Management of COPD (GOLD) recommendations.⁹ However, its use is inconsistent.⁶

Data collection

Overall status: **moderate**

There is no federal registry on COPD, but data collection surveys exist.¹⁰

Case studies

Pharmacists in Belgium are encouraged to support people living with COPD and other chronic lung diseases.¹¹ During one-to-one conversations, pharmacists can deliver information, provide coaching on inhaler technique and therapy adherence, and offer advice on ways to prevent flare-ups, such as seasonal flu vaccinations and smoking cessation programmes.

Policymakers must take action to:



ensure proper and timely use of spirometry to detect COPD by training and certifying dedicated respiratory nurses to support diagnosis, care and long-term management; and incorporating spirometry training in other medical curricula



expand the use of pharmacists to support people living with chronic respiratory diseases, including in prevention, screening, management and treatment optimisation of COPD



provide clear and comprehensive reimbursement for the delivery of multidisciplinary, guideline-recommended, best-practice COPD care, including pulmonary rehabilitation.

Contributors

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