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## Editoria

### The impact of lung diseases

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The recent publication of two reports by the British Thoracic Society<sup>1</sup> (BTS) and the British Lung Foundation<sup>2</sup> (BLF) underline the dangers of complacency in the treatment of respiratory disease in primary care. Since there is no national service framework for respiratory conditions and there appears to be a perception within the primary care community itself that we are achieving good results in asthma, COPD and other respiratory conditions, these reports make disturbing and salutary reading.

The BTS report<sup>1</sup> shows that more people die from respiratory disease than from coronary heart disease or from cancer, and disturbingly the UK has one of the highest respiratory death rates in Europe. Mortality is nearly twice that of the EU average with only Ireland and former Soviet Union countries such as Kazakhstan and Uzbekistan, having comparable mortality. The morbidity and mortality from respiratory illness continues to rise, and 44% of deaths from respiratory disease are associated with social class inequalities.

Respiratory conditions result in a huge workload for GPs, with 38 million consultations in 2000 related to respiratory illnesses - more than for any other category of illness. A recent Kings Fund report on winter pressures on the NH<sup>3</sup> found that better primary care management of respiratory conditions, which cause the vast bulk of excess winter admissions, could have prevented many of the admissions and improved outcomes of care. Secondary care costs of respiratory disease are vast and increasing, yet our outcome

remain poor; a recent BTS report has highlighted the poor lung cancer outcomes and low resection rates in the UK<sup>4</sup>

The BLF survey<sup>2</sup> highlights the personal and economic consequences of lung diseases, which result in over 25 million working days lost in the UK each year. The survey, based on over 1,200 interviews with working people who took time off work during 2000 found that a third of all time off was caused by lung related illness. Over 67 per cent of respondents reported lung-related symptoms; and the average time taken off work by these people was 13.5 days.

All specialities in medicine clamour for more resources and a higher profile, but there is compelling evidence that respiratory disease has been neglected and that our patients are suffering avoidable illness and even death as a consequence; it is time for us to re-assess the way we provide care for respiratory illness in the community. ■

#### Reference

1. British Thoracic Society. The Burden of Lung Disease. 2002. <http://www.brit-thoracic.org.uk/pdf/BTSpages.pdf>.
2. British Lung Foundation. Working Days Lost. 2002.
3. Damiani M and Dixon J. Managing the Pressure 2002. The Kings Fund.
4. [http://www.scts.org/doc/6168\\_30/1/2002](http://www.scts.org/doc/6168_30/1/2002)

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